Lights! Camera! Action!
Promoting Family Planning with TV, Video, and Film

In Nigeria a music video by two well-known singers asks fellow Nigerians to choose the best time to have their children. In Mexico audiences laugh at pregnant men in a hit television soap opera. In Turkey a TV spot shows a popular comedian portraying a farmer dividing the family farm among his seven children: each gets only a pot of dirt. In Zimbabwe a feature film tells the story of Rita, whose life as a student falls apart when she becomes pregnant.

Television, videotape, and film can bring family planning messages to life. These "visual electronic media" engage their audiences, and the engaged audience is an audience ready to learn. Evidence is beginning to emerge that they can influence family planning behavior. They work particularly well when they combine family planning themes and messages with entertainment in a high-quality, well-targeted production that promotes specific family planning methods, services, or types of providers.

For example:

- In Brazil the first vasectomy promotion ever on television helped increase vasectomies at the advertised clinics by nearly 80%.
- In Turkey a multimedia campaign involving humorous spots, dramas, motivational and documentary programs on televi-
sion appears to have encouraged an estimated 240,000 women to start or switch to modern contraceptives.
- In Ibadan, Nigeria, nearly one-quarter of new clients at family planning clinics cited as their source of referral TV shows that broadcast clinic addresses.
- In the Philippines calls jammed the switchboard of a hotline promoted in TV spots that accompanied music videos encouraging sexual responsibility. Some 150,000 young people may have called in a period of less than six months.

Reaching More People

Television is growing fast. While still outnumbered by radios 2 to 1, in the developing world the number of television receivers has more than doubled over the last decade. There are now nearly 350 million TV sets in the developing world—one for every 12 people, compared with one for every 2 in the developed world.

Videocassette recorders (VCRs) are spreading even faster, doubling or tripling in number since 1984. In Latin America and the Caribbean and in Asia, there is one VCR for every seven televisions. Video parlors—the television equivalent of cinemas—are springing up throughout the developing world.

With the growing reach of these mass media, their aggregate impact on family planning behavior can be substantial. Although theoretically interpersonal communication is more persuasive, in practice the time, knowledge, and counseling skills that health workers can devote to individual clients are often limited. Surveys show that people want to know more about family planning and that a large majority consider television and radio appropriate ways to learn. Linking mass-media approaches with face-to-face contact and readily available services and supplies may offer the most effective and efficient approach to increase use of family planning.

Using Professional Skills

While television, videotape, and film can reach many people, these media are not easy to use. Productions are expensive, often require scarce technical expertise, must compete with commercial productions, may be difficult to get shown, and may generate controversy. Furthermore, as with all communication efforts, they require careful planning, audience research, message development, pre-testing, dissemination strategy, evaluation, and, above all, coordination with existing services. Ultimately, evaluation is difficult: people see and hear so much that influences family planning attitudes and behavior that the connection between mass-media messages and behavior can be hard to demonstrate.

Still, TV, video, and film offer much—contact with large audiences, engaging media, and the high visibility that can attract top talent and corporate sponsorship. As these media reach out to more and more people, they become an increasingly important way to make family planning a household word, a community norm, and an informed individual choice.
Viewing Trends

Every day millions of people worldwide watch moving images on a screen. From Zimbabwe to Taiwan people watch television broadcasts, rent videotapes, or go to the cinema. While these three media are spreading at different rates in different places, everywhere more and more people are seeing them.

**Television**

**Receivers.** There are an estimated 960 million television receivers in the world—one for every five people (22). These sets are distributed among an estimated 600 million homes plus a wide variety of public places (173). Most receivers are in developed countries, where there is one television set for every two people. In developing countries there is one TV receiver for every 12 people, but people often watch TV in large groups. Within developing regions televisions are most common in Latin America and the Caribbean, where there is one receiver for every six people. In Asia, excluding Japan, there is one for every 13 people; in the Near East and North Africa, one for every 8; in Africa, one for every 29 (22).

There are still more radios than TV sets. Radios now number more than 2,000 million—one for every person in developed countries and one for every five people in developing countries (22). (See Population Reports, Radio—Spreading the Word on Family Planning, J-32, September-October 1986.) Television, however, is growing faster. Worldwide, about 100 million homes bought their first television sets in the last six years (173). Most of this growth was in the developing world since most households in the developed world already had television (see Table 1, p. 4, and Table 2, p. 6).

**Channels.** With more and more people watching TV, how much is available to watch? A rough indication of the variety of programming available is the number of channels. In regions or countries where governments own and operate broadcast stations, as in most of the developing world except Latin America and the Caribbean, the number of channels is limited. For example, in Africa only Ghana, Nigeria, South Africa, and Zimbabwe have more than one channel. About half of the countries in Asia are limited to one channel. Notable exceptions are China, with 48 channels; Indonesia, with 20; and the Philippines, with 11 (173). Where stations are privately owned, there are more channels. In Latin America and the Caribbean, there are an average of eight channels per country. Similarly, in developed countries most stations are privately owned, and there are scores of channels. Many broadcast much the same programming, however, through a limited number of commercial or publicly run networks.

While private stations are subject to government licensing and regulations, in developing countries they generally show a greater variety of programming than government stations. Because they air paid advertising, they usually have more money to buy foreign programming. Thus privately owned stations are generally more popular than government stations. In Latin America, for example, most of the few public stations have low ratings.

Increasingly, governmental broadcasting entities are being shifted to parastatal or even semicommercial stations supported at least partly by advertising revenues. This is happening in Ghana, Nigeria, Zimbabwe, and elsewhere.

**Video**

**Videocassette recorders (VCRs).** There are an estimated 190 million VCRs in the world—roughly one for every three homes with TV receivers (174). By the end of 1990, an estimated 200 million homes worldwide will have VCRs (162). The number of VCRs is growing faster than that of televisions in all regions (see Table 1).

VCRs give viewers more control over program selection. Viewers are no longer limited to watching broadcast signals. Depending on the availability of prerecorded videotapes, they can watch what they want, when they want, with whom they want. Increasingly, both feature films and internationally syndicated television programs are dubbed into local languages and distributed around the world on videotapes. Thus videos compete with broadcast television as well as with cinemas. Most films are released on videotape within one or two years of their cinema release; some are released on video only. In countries where there is little or no broadcast television, people use TV receivers as monitors and watch taped programs and films through VCRs. VCRs also allow viewers to tape TV broadcasts and to play them back when they choose.

Many of the videotapes circulated throughout the world are pirated. For example, video piracy is estimated to account for 70% of tapes in Colombia; in Argentina, 30%; in Brazil, 35 to 80% (149). In India 95% of the 45 million videocassettes in circulation are pirated (184). Often, pirated videos of a film are available even before it is shown in cinemas, substantially reducing cinema attendance.

**Video parlors.** Video parlors are a spreading phenomenon. Licensed and unlicensed viewing establishments are now common on roofs not just in Yemen but worldwide. In developing countries there is one TV set for every 12 people.
springing up throughout the developing world. They are most popular in Africa and Asia. Video parlors offer access to video for those who cannot afford VCRs and TV receivers. At the same time, they compete with cinemas for viewers. In India, for example, there were an estimated 10,000 video parlors by 1987. Under government regulations such parlors need only to have separate toilets for men and women to charge admission legally. Indian video parlors charge from Rs. 1 to Rs. 3 (US$0.08 to $0.25), about half the cost of admission to a cinema (157, 184). In Ghana both cinema-like video parlors and homes equipped with VCRs charge for showing videotapes.

In addition to video parlors, VCRs are often found in other public places. In India, for example, more than 12,000 intercity buses are equipped with VCRs. The price of a bus ticket for a journey several hours long includes the cost of viewing a film. Tea stalls, restaurants, and bars are also common public places to watch VCRs. Renting a VCR is also popular. In India it costs about $4 (US) per day (184).

**Film**

_Cinemas._ The film industry is changing as people see films more and more on video and television and less in cinemas. In most regions many cinemas are closing. In Latin America the decline has been dramatic. In the five years between 1983 and 1987, over half of the cinemas in Argentina closed. Between 1977 and 1987 the number of Brazil’s cinemas declined by 62%. In Mexico, however, the number of cinemas rose 18%, from 2,534 to 2,995, over the same period. The number of cinemas also is declining in Europe (172).

In contrast, more cinemas are opening in Asian nations. In India, for example, the number of cinemas more than doubled between 1965 and 1987. In Indonesia the number more than doubled between 1977 and 1988 (172).

In the US many new movie theaters have opened even though over two-thirds of households have VCRs (174). The number of US screens rose 72% between 1965 and 1987. Some of this increase was due to large, older theaters with single screens being divided into several smaller cinemas showing different films.

_Film production._ Not surprisingly, the US is also one of the world’s leading producers of feature films. In 1988 US companies released 513 long films, just two less than the 1987 record (161). This was nearly double the number of US long films produced in the early 1980s (211).

In most countries film production is declining, however. For example, European cinema output dropped 40% over the last 15 years (169), although a few European countries have experienced small increases in recent years. In Latin America, too, film production is decreasing (148). India’s output, while topping the US’s in total films produced annually, fell from 806 films in 1987 to 773 in 1988 (152, 154).

The decline in film production is due partly to a worldwide change in film preferences over the last decade. Western film imports now tend to dominate cinema screens in developing countries, severely straining indigenous film industries. Indonesian cinemas, for example, showed 170 imported films in 1988, nearly half of which were from the US or Western Europe. Films from the US are particularly in demand everywhere (211). There are, however, some regional exporters, such as Egypt in the Arab world, India in Asia, and Mexico in Latin America. These countries dominate the cinema trade in their regions, with some films occasionally reaching even wider markets.

_Admissions._ Cinema admissions appear to be declining as more and more people watch films on video and television. This trend is evident in some of the largest film-going nations. For example, Japan posted its highest number of cinema admissions in 1965; the US, in 1955 (167, 172). In Latin America especially, admissions are declining dramatically. In Brazil admissions were down 18 to 25% between 1984 and 1988 (148). Some of these apparent decreases may be due to underreporting of admissions since the number of admissions determines the cinema owner’s film rental fee (149).

Advantages and Limitations

In addition to their wide appeal and large audiences, television, video, and film have other advantages that make them suitable for health promotion. Of course, these advantages are balanced by some limitations. Family planning organizations need to develop strategic plans for using the media,
considering their own needs and resources and balancing advantages and limitations. Important choices in such planning include the mixture of mass media and interpersonal communication, which of the various media to use, and which services to promote.

## Advantages

- **Attractive.** Moving images attract attention. Few people can walk past a television without stopping to look. Images are often remembered longer than verbal messages (30).

- **Agenda-setting.** The mass media bring certain issues to public attention while ignoring others. This agenda-setting can influence both public and private decisions by making certain issues seem more important than others (84, 95).

- **Influential.** Television, video, and film are often seen by important audiences such as decision-makers. Usually the wealthy, who include those with political and economic power, are the first to own televisions and VCRs. They are accustomed to receiving information through these media and may pay more attention to messages from them than to messages from other sources. Political leaders consider these messages important partly because they know that many people are seeing them (106).

- **Acceptable.** Most viewers find family planning messages in the mass media acceptable. When women of reproductive age in 19 countries were asked, “Is it acceptable or not acceptable to you for family planning information to be provided on radio or television?” an average of 84% answered “yes.” Over half of these women watched television at least once a week (45) (see Table 3, p. 8).

- **“Enter-educating.”** Television, video, and film can educate while carrying out their usual role of entertaining. Everyone likes and wants to be entertained, and every culture uses some form of entertainment to teach social lessons. “Enter-educate,” the term coined to describe this concept, means that entertainment can show people how they can improve their lives (see box, p. 17). Family planning messages can be incorporated into many forms of television and video entertainment (40, 78, 216) (see box, p. 9).

- **Moving.** These media, especially when they entertain, can elicit emotions that may spur behavior change. Mass media campaigns that arouse emotions can be extremely powerful, not only in influencing individual behavior but also in changing law and policy. The emotions aroused may be negative, such as fear, or positive, such as love, hope, or aspirations (111). Emotional appeals especially influence people who are already concerned and may attract the attention of people initially indifferent to the message (14).

- **Exemplary.** Television, video, and film can offer examples of behavior. Characters in drama, soap opera, and feature film often serve as role-models to teach and avoid (116, 143, 186). Also, by depicting characters and events, they can make abstract concepts such as family planning not only concrete, but also moving.

- **Cost-sharing.** High-quality products with commercial appeal can save family planning programs money and sometimes even generate income. Projects in Latin America, the Philippines, India, and Turkey have shown that, when organizations obtain corporate sponsorship, including donation of airtime and promotional materials, they increase the reach of the message at little cost to the organization (81, 130, 186, 226).

- **Cost-effective.** Well-designed, high-quality TV, video, and film productions can reach large numbers of their intended audiences for very little cost per person. In Nigeria the songs and music videos “Wait for Me” and “Choices” cost an estimated 2.2ct (US) for each person of reproductive age reached (118) (see p. 20). In Turkey the estimated cost was 4ç (US) for each married woman of reproductive age reached by a family planning message (226) (see p. 19).

- **Educational.** Videotape, especially, is well-suited to training clients and providers and to other educational needs (see box, p. 23).

- **Illustrative.** In training films and videotapes the combination of sound and image can demonstrate and explain complicated messages and procedures (104).

- **Portable.** Portable film projectors and video players make it possible to take the message to the people, wherever they are. Films can be shown to larger audiences, but VCRs and monitors break down less often and are easier to repair than film projectors (188).

- **Replayable.** Films, videos, and television programs can be played over and over again. This is advantageous when many people, such as health workers, need to hear the same messages but cannot be brought together. Also, some people need to see and hear messages repeatedly.

## Limitations

Using television, video, and film for family planning messages is not without problems, however. Productions for these media are often:

- **Costly.** The cost of television receivers and VCRs limits the audience in some areas. More commonly, the initial expense of production facilities, technicians, equipment, airtime, maintenance, repairs, and distribution limits production. Because of its cost, television production is often given the largest share of family planning com-
<table>
<thead>
<tr>
<th>Region</th>
<th>Table 2. The Reach of Television, Video, and Film: TV Transmitters and Receivers, Videocassette Recorders, and Cinemas in 69 Selected Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LATIN AMERICA &amp; CARIBBEAN</strong></td>
<td></td>
</tr>
<tr>
<td>Argentina</td>
<td>42</td>
</tr>
<tr>
<td>Bolivia</td>
<td>28</td>
</tr>
<tr>
<td>Brazil</td>
<td>150</td>
</tr>
<tr>
<td>Chile</td>
<td>6</td>
</tr>
<tr>
<td>Colombia</td>
<td>7</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>6</td>
</tr>
<tr>
<td>Dominican Rep.</td>
<td>7</td>
</tr>
<tr>
<td>Ecuador</td>
<td>11</td>
</tr>
<tr>
<td>El Salvador</td>
<td>4</td>
</tr>
<tr>
<td>Guatemala</td>
<td>5</td>
</tr>
<tr>
<td>Haiti</td>
<td>1</td>
</tr>
<tr>
<td>Honduras</td>
<td>6</td>
</tr>
<tr>
<td>Mexico</td>
<td>6</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>2</td>
</tr>
<tr>
<td>Panama</td>
<td>5</td>
</tr>
<tr>
<td>Paraguay</td>
<td>7</td>
</tr>
<tr>
<td>Peru</td>
<td>8</td>
</tr>
<tr>
<td>Uruguay</td>
<td>26</td>
</tr>
<tr>
<td>Venezuela</td>
<td>8</td>
</tr>
<tr>
<td>Region</td>
<td>337</td>
</tr>
<tr>
<td><strong>NORTH AFRICA</strong></td>
<td></td>
</tr>
<tr>
<td>Egypt</td>
<td>1</td>
</tr>
<tr>
<td>Algeria</td>
<td>1</td>
</tr>
<tr>
<td>Tunisia</td>
<td>2</td>
</tr>
<tr>
<td>Turkey</td>
<td>2</td>
</tr>
<tr>
<td>Region</td>
<td>34</td>
</tr>
<tr>
<td><strong>AFRICA</strong></td>
<td></td>
</tr>
<tr>
<td>Benin</td>
<td>1</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>1</td>
</tr>
<tr>
<td>Burundi</td>
<td>1</td>
</tr>
<tr>
<td>Cameroon</td>
<td>1</td>
</tr>
<tr>
<td>Côte d'Ivoire</td>
<td>1</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>1</td>
</tr>
<tr>
<td>Ghana</td>
<td>7</td>
</tr>
<tr>
<td>Guinea</td>
<td>1</td>
</tr>
<tr>
<td>Kenya</td>
<td>1</td>
</tr>
<tr>
<td>Madagascar</td>
<td>1</td>
</tr>
<tr>
<td>Mozambique</td>
<td>1</td>
</tr>
<tr>
<td>Mozambique</td>
<td>1</td>
</tr>
<tr>
<td>Nigeria</td>
<td>7</td>
</tr>
<tr>
<td>Senegal</td>
<td>1</td>
</tr>
<tr>
<td>Tanzania</td>
<td>1</td>
</tr>
<tr>
<td>Zaire</td>
<td>1</td>
</tr>
<tr>
<td>Zambia</td>
<td>1</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>2</td>
</tr>
<tr>
<td>Region</td>
<td>53</td>
</tr>
<tr>
<td><strong>DEVELOPED COUNTRIES</strong></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>15</td>
</tr>
<tr>
<td>France</td>
<td>8</td>
</tr>
<tr>
<td>Japan</td>
<td>6</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>4</td>
</tr>
<tr>
<td>United States</td>
<td>1,458</td>
</tr>
<tr>
<td>USSR</td>
<td>2</td>
</tr>
<tr>
<td>World</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Notes:**
- NA = Not available
- VCRs = Videocassette recorders
- TV Transmitters & Receivers = Transmitters generally in military use for broadcasts to the public
- Sources: World Radio and TV Handbook (172) and Screen Digest (173)
- Definitions of channels, transmitters, and stations vary widely among countries and statistical sources and therefore are not necessarily comparable.
- Excludes mobile cinemas
- Regional totals include countries not shown.
- Excluding Japan
Can Mass Media Affect Behavior?

Can television, video, and film influence behavior? Since many people watch television daily, and businesses spend billions on television advertising, clearly many people assume that they do. The effects are presumed to be both intentional, such as those of advertising and public service announcements, and unintentional, such as those resulting from viewing violent crime programs or sexually suggestive soap operas.

Changing behavior is difficult, however. Even laws threatening penalties often fail to change behavior. Certainly, people do not change their behavior simply because a health worker, political leader, or even a family member asks them to do so—even if that person appears on television or in film. Rather, behavior change is a gradual, step-by-step process dependent on a person's experiences and his or her perception of the personal importance of the change (96). In this process simpler actions, such as seeking information, usually come first. More difficult or long-term changes, such as using condoms, must follow these intermediate changes.

Thus it is not surprising that many studies of mass-media impact on behavior find very little or no effects or else conflicting results (82, 95). These studies cover areas as diverse as:

- Violent or aggressive behavior after seeing violent television programs (31, 41, 42, 97, 103, 199, 213, 223),
- Perceptions of cultural or demographic groups and their size (190),
- Family planning adoption (112, 135, 208),
- Children's readiness for school and positive social behavior (98, 198),
- Adolescent sexual behavior (24, 25),
- Voting behavior (28, 33),
- Smoking cessation (17, 18, 52, 220),
- Automobile seat belt use (132), and
- Fire prevention (127).

The reasons for this apparent lack of consistent impact are not clear. On one hand, some programs or campaigns may in fact have no impact, perhaps because they were of poor quality or did not reach enough people often enough to make a measurable difference, or a combination of these. On the other hand, mass media campaigns may have an impact, but it may be obscured for any of several reasons. One possibility is that, in the search for dramatic, large-scale impacts on behavior change, intermediate and less dramatic effects were overlooked. Also, research on the impacts of mass media faces considerable methodological problems, as a number of studies have pointed out (41, 84, 95, 222). For example, it is difficult to determine the direction of causality (95, 223) or to prove that observed changes resulted from mass-media exposure and not from other influences.

Conventional wisdom contends that mass media can best create awareness and inform, but interpersonal communication is more effective at changing behavior. This contention dates back to US research in the 1940s on the effects of radio advertising on voting (77, 85) and has been restated since (32, 78, 136). A number of studies now suggest, however, that under the right circumstances mass-media communication can influence overt behavior. Some of this evidence comes from studies on the use of television in family planning communication campaigns (see pp. 12, 16, 19, 20).

Indeed, mass-media communication may be a more cost-effective way to influence behavior than organized interpersonal communication. Although the impact of mass media on any individual may be slight, its cumulative effect on a entire population may be great because it reaches many people often (64, 219). In Swaziland, for example, a radio campaign on oral rehydration therapy was found to be higher in overall effectiveness than clinic and outreach workers because it reached about 70% more people (64).

Few countries can recruit, train, supervise, and support the extensive network of outreach workers needed to communicate personally with a large population. Many countries, however, can reach most of their citizens through the mass media.

A reexamination of research findings, looking for intermediate changes, shows that mass media can change behavior under certain circumstances (13). Mass-media communication is most successful at changing behavior when it:

- Is designed to reach a specific audience;
- Comes from a source—a person or group—that the audience likes, understands, and believes;
- Comes through familiar communication media;
- Provides a message that is engaging, personally relevant, and novel;
- Tells the audience what to do and how to do it; and
- Is coordinated with locally available supplies and services.

Well-researched mass-media campaigns that are entertaining as well as informative seem to have the greatest impact (59, 64, 80, 90, 91, 123, 138).
Revenue-dependent. Film-making has always been a
Television
Source: Demographic and Health Surveys (45) Tunisia.
AFP
Reproductive Age,
Health Surveys of Mali.
Mass Media
Women of
1986-1989
FP = Family planning
NA = Not available
Note: Survey populations consisted of
currently married women age 15-49 except Brazil and Guatemala—age
15-44; Ecuador, Peru, and Botswana—all women age 15-49.
Source: Demographic and Health Surveys (45)

Table 3
Exposure to Television and Attitudes Toward Family Planning Messages in the Mass Media
As Reported in Demographic and Health Surveys of Women of Reproductive Age, 1986-1989

<table>
<thead>
<tr>
<th>Region &amp; Country</th>
<th>Year</th>
<th>% with TV</th>
<th>% Watching TV Every Week</th>
<th>% Approves FP on Radio or TV</th>
</tr>
</thead>
</table>
| LATIN AMERICA & CARIBBEAN
  Bolivia                 | 1989 | NA        | 51                       | 80                          |
  Brazil                  | 1986 | 73        | 75                       | NA                          |
  Colombia                | 1986 | 75        | 72                       | 96                          |
  Dominican Rep.          | 1986 | 59        | 65                       | 89                          |
  Ecuador                 | 1987 | 66        | 69                       | 91                          |
  Guatemala               | 1987 | 36        | 31                       | 66                          |
  Peru                    | 1986 | 62        | 61                       | 94                          |
  Trinidad & Tobago       | 1987 | 90        | NA                       | 94                          |

AFRICA
Botswana                 | 1988 | 6         | NA                       | 78                          |
Burundi                  | 1987 | 1         | NA                       | 88                          |
Ghana                    | 1988 | 9         | NA                       | 75                          |
Mali                     | 1987 | 3         | NA                       | 74                          |
Nigeria, Ondo State      | 1986 | 21        | NA                       | 85                          |
Senegal                  | 1986 | 18        | NA                       | 80                          |
Togo                     | 1988 | 13        | NA                       | 12                          |
Uganda                   | 1988-1989 | 2        | NA                       | 68                          |
Zimbabwe                 | 1988 | 15        | 16                       | 95                          |

ASIA
Indonesia                | 1987 | 29        | 57                       | NA                          |
Sri Lanka                | 1987 | 19        | 30                       | 89                          |
Thailand                 | 1987 | 49        | 63                       | 88                          |
NEAR EAST
Morocco                 | 1987 | 43        | 44                       | 80                          |
Tunisia                  | 1988 | 73        | 83                       | 90                          |

Percentage of people who approve of family planning messages on radio or TV.

Sage. As surveys show, these fears may be unfounded (45) (see Table 3). Special-interest groups may be a greater problem, since broadcasters and government officials may fear their reactions. Involving the gatekeepers in project planning and consulting with special-interest groups may help avoid later objections (99).

- Technical. Trained technical personnel may be in short supply. Many people with different skills are needed to research, plan, produce, and implement a mass-media campaign or to produce a TV program or a film. In addition to project managers, talented and trained producers, directors, actors, technicians, and scriptwriters must be available to ensure a high-quality production.

- Revenue-dependent. Film-making has always been a commercial operation. So has television in some areas, and in others governments are beginning to require that television pay its own way. Dependence on advertising revenue may discourage TV stations from donating airtime and may influence program content. Also, there is little impetus for commercial stations to expand broadcast coverage beyond major urban areas, where the advertised products are readily available (78). Airtime must be bought from commercial stations, and prime time—when the most people are watching—is expensive. Many countries require TV stations to broadcast free "public service announcements," but these are usually run when no one has bought the airtime—in other words, when few people are watching. Also, since many people regard television as strictly for entertainment, there may be little commercial support for "educational" programming. Family planning programs can overcome this obstacle by making their messages more entertaining and by putting them into ongoing entertainment programs.

- Unidirectional. Lack of immediate feedback may limit behavior change in response to mass-media messages. Television and film, especially, provide little opportunity for viewers to participate. Many feature programs are shown only once, and the one-time presentation of material does not allow for different rates of learning, for people's varying needs for repetition, or for questions and clarification (62, 104). Television, video, and film work better when messages are repeated as often as possible and combined with other forms of communication. Group viewing with discussion leaders can help.

- Time-consuming. Planning, researching, and producing television, video, or film projects can take months—or even years. In this time messages may become obsolete, or the people who deliver them, unpopular, requiring even more time for revisions. Careful planning and pretesting in the early stages of project design can help keep projects on track and minimize delays.

Recognizing the potential of television, video, and film, a number of family planning organizations in the developing world, along with like-minded media professionals, are broadcasting family planning messages in a variety of formats. Many of these efforts have not been documented, and still fewer have been thoroughly evaluated. In every region, however, family planning programs are using television, video, and/or film to reach both potential and current clients. Evaluations, where available, show that these efforts can have a positive impact.
Formats: Choosing the Right Approach

Family planning promoters have a variety of formats to choose from when working with television, video, and film. Research on the viewing habits of the audience determines which formats are best.

**Advertising spots** are the most common format. Although usually less than a minute long, spots are very versatile. They can inform, remind, promote, and/or teach audiences about family planning. Often spots advertising the locations of family planning clinics are televised before and after longer family planning programming. Spots also can be shown before feature films in cinemas, as can films up to about 10 minutes long, which are known as shorts.

**Soap operas and telenovelas** are dramatic serials that can incorporate family planning themes into their storylines. Soap operas and telenovelas have promoted family planning in such countries as Egypt, India, Kenya, Mexico, Morocco, and Nigeria.

**Televised mini-dramas and variety shows** can include family planning themes in their scripts. For example, in Enugu, Anambra State, Nigeria, 43 drama episodes involving family planning were incorporated into In a Lighter Mood, a popular television variety show (see p. 20).

**Music videos** add a visual dimension to popular songs. They are indispensable today for promoting songs. The visual component can reinforce the messages in the songs, which also are distributed to radio stations and to the public on record albums and tapes. The videos are broadcast between television programs, during variety or music shows, and in some countries on special music video channels. They also are shown on tape in public places such as stores and bars. Music videos have been used in family planning campaigns in Latin America, the Philippines, Indonesia, and Nigeria.

**Feature-length films** can focus on family planning themes, work them into their story lines, or even just make references to family planning as an everyday matter. Films made in Bangladesh, India, Mexico, Uganda, and Zimbabwe have taken family planning as a major theme. Feature films can be shown on television as well as in cinemas and are often transferred to videotape.

**Training and educational videos** for clients or for family planning workers can be easily transported. Thus the same message can be consistently delivered to many groups (see box, p. 23).

**Documentaries** explore real-life situations in a rational, factual manner. Their subjects can range widely—from personal stories that illustrate the importance of family planning for the individual to accounts of the effects of population growth on national economic welfare. Documentaries usually have less impact than entertainment formats on most viewers but may influence policy-makers and other gatekeepers.

**News coverage** of family planning program activities can provide inexpensive, credible exposure, especially where the news media are considered independent and objective. Getting positive news coverage involves careful planning, including establishing on-going relationships with journalists and providing them with accurate and newsworthy information.

Latin America and the Caribbean

Latin America has about 79 million television sets and more televisions per capita than the other developing regions—one for every six people (22). It also has more channel selections than other regions, and this number is growing. The high number of television receivers reflects a relatively high per capita income. The greater number of channels is explained by private, commercial ownership of broadcasting facilities as opposed to government ownership. Latin American television has remained financially strong even in the face of severe economic problems in the region (168). In Venezuela alone, three new commercial channels began broadcasting in 1989 (156).

The popularity of VCRs and videotapes is growing quickly in the region. There are more than 9.6 million VCRs in Latin America, concentrated in the two largest countries, Mexico and Brazil. Venezuela has the most video titles available in Latin America—about 10,000—followed by Mexico with 9,000 and Argentina with 6,250. In Brazil sales of prerecorded videos grew from 1.75 million in 1988 to almost 5 million in 1989 (146, 170).

The spread of VCRs is partly responsible for the decline of Latin American cinemas. Cinema admissions have plummeted in recent years, although ticket prices have remained low despite rapid inflation. In 1988 Argentina, Brazil, Colombia, and Mexico all reported declines in admissions of 15 to 30% from the previous year (148, 150, 163).

Economic problems contribute to a decline in film production. The Brazilian government has stopped its support to the film industry. Argentina’s National Film Institute, which is funded from a levy on cinema ticket sales, was forced to decrease production from 32 films in 1988 to 9 films in 1989 because of reduced ticket sales (145, 157).

**Simplemente María**

One of the first demonstrations of the power of television to influence behavior took place in Peru in 1969. Simplemente María (Simply Mary) was a telenovela about a hard-working
young woman, María, who rose from rags to riches after learning how to sew on a Singer sewing machine. The sales of Singer sewing machines increased dramatically as young Peruvian women, copying María, took up sewing. Also, more young women enrolled in sewing classes. Although this result was unintentional—the telenovela was meant only to entertain—the lesson was clear: dramas with educational themes and inspirational role models could attract large audiences, change behavior, and earn a profit. Singer became a commercial sponsor of the show when it was broadcast in other Latin American countries. Singer estimated that by 1977 it had earned profits of over $20 million (US) from Simplemente María (137, 181, 184, 186).

Mexico

Telenovelas. In 1974 Miguel Sabido of Televisa, the largest Mexican commercial television network, began developing pro-development soap operas—telenovelas like Simplemente María with educational themes. The first, Ven conmigo (Come with Me), encouraged nonliterate adults to sign up for literacy classes. Each of the 280 episodes was seen by an average of 3.9 million people in the Mexico City area alone—a rating as high as any achieved in that period. Over 800,000 adults enrolled in literacy classes during the broadcast period, nine times the number during the previous year (65). Ven conmigo was sold to more than 15 other Spanish-speaking countries (143).

Family planning was introduced to television audiences in Sabido’s second telenovela, Acompáname (Come Along with Me). Some 180 episodes were broadcast between August 1977 and April 1978. Acompáname promoted family planning as a means to achieve family harmony. The Coordination Office of the National Family Planning Program reported that over 500,000 Mexicans visited family planning clinics and began contraceptive use while the program was running, an increase of 32% over the previous year. Televisa contends that part of this increase was due to Acompáname and part due to secular trends. A study of 319 people conducted by Televisa, however, did not find a significant difference in contraceptive use between those who watched the show and those who did not (65), although the study had some flaws.

Four additional telenovelas, all commercially sponsored, were broadcast between 1979 and 1981. They promoted better treatment for children, adult literacy and nationalism, sex education for young people, and an improved role for women (65). Sabido is currently producing a soap opera about family planning and about acquired immune deficiency syndrome (AIDS). Sangre joven (Young Blood) will be broadcast in several Latin American countries as well as to Spanish-speaking people in the US in 1991 (181, 183).

Using music to spread the message. Many of Mexico’s family planning projects address young people. In 1986 an innovative project combined music recordings, radio, and television. Patrick Coleman, project director of Johns Hopkins University/Population Communication Services (JHU/PCS), developed the project. Its goal was to reach young people in Mexico and 10 other Latin American countries with messages encouraging sexual responsibility. Two songs were chosen through a contest among professional songwriters—“Cuando estemos juntos” (When We’re Together) and “Detente” (Wait). Two popular young performers, Tatiana Palacios, a Mexican singer, and Johnny Lozada Correa, of the Puerto Rican band Menudo, were chosen; and accompanying music videos and TV spots were produced. The records and videos were sent to radio and television stations throughout the region and heavily promoted (35, 38). “Cuando estemos juntos” debuted on Siempre en domingo, a popular TV variety show that reached over 150 million people. “Detente” was released a few months later (80).

“Cuando estemos juntos” reached the top of the Mexican music charts in only six weeks and remained there for over three months. “Detente” was a top-10 hit as well. Both songs were in the top 20 in the other countries where they were released (37, 80).

Young people understood the social messages of the songs. For example, more than 64% of 2,296 people age 10 to 19 surveyed in four metropolitan areas of Mexico six months after the campaign knew that “postpone sex” was the main message of “Detente.” They also discussed the songs and their messages with friends and family. More than half said that they discussed the songs with female friends; 32% discussed them with male friends; and more than one-third, with their mothers. (The data have not been analyzed by the sex of the respondent.) The impact on behavior could not be analyzed because the referral centers mentioned in TV and radio spots and on the record cover did not track clients by age or source of referral (80).

The popularity of the songs snowballed. At the peak of its popularity, “Cuando estemos juntos” was played over 20 times per day on various Mexican radio and television stations. The performers appeared on television talk shows, and the news media gave the project extensive coverage. All this attention amounted to free publicity for the family planning message. Together, the songs, videos, television spots, and related publicity received over one million hours of free airtime. Tatiana’s record album, which included the two songs, sold over half a million copies—a best-seller by Mexican standards. (Album royalties from the two songs were donated to the project.) Three years after the project ended, the songs were still being played on the radio, and over 50% of 1,200 young people surveyed in Mexico City and Lima in 1989 recalled both songs unaided (66).

The “Tatiana and Johnny” project, as it is commonly known, cost
$300,000 (US). It was a collaboration between Fuentes y Fomento Intercontinentales, a Mexican marketing and production company, and JHU/PCS. Funding was provided by the United States Agency for International Development (US AID) (37, 81).

A second music project involving music videos did not have the same impact on Latin American adolescents. “Creo en ti” (I Believe in You) and “Frena” (Stop), both sung by Karina of Venezuela and Charlie Masso of the band Menudo, were not big hits. Many survey respondents, especially younger adolescents, did not understand the messages in “Creo en ti” and “Frena” and did not interpret the songs correctly. Young people also confused the songs with others that had similar words (66). Only one-third of young people surveyed in Mexico three months after the campaign recalled either song. Still, because of the reach of radio and television, that one-third amounts to more than one million young people.

Three important lessons were learned from this project:

- The performers must be credible to the intended audience. Many young people thought Karina or Charlie were ill-suited to the messages that they were delivering. Many young people felt it was inappropriate for Charlie to sing “Frena” since it is usually the young woman who says “stop,” not the young man.
- Heavy promotion with both the audience and media gatekeepers is necessary. Neither Karina nor Charlie promoted the songs after their release, and there was little promotion among broadcast executives and programmers. There were no promotional activities linking the audience with the songs or performers. Consequently, the songs were not played as often as they might have been.
- Many viewers did not think the quality of the songs or videos was as good as in Tatiana and Johnny’s campaign. Although subjective, this opinion and the lower novelty value of the later songs mean that later songs might have needed even more promotion and support to achieve the same impact as the first songs.

Commercial movies and television comedy. The Mexican Ministry of Health is using a commercial film and a television comedy series to reach Mexico’s young adults. Va de nuez (Let’s Try It Again) is a feature-length comedy film. The plot concerns young couples facing common problems: infertility, perinatal death, and unplanned pregnancy. The movie is intended to promote communication about sexual relations and childbearing (215). Over 950,000 people saw the film in 1988 and 1989 through eight public screenings by the Ministry of Health and distribution of over 2,250 videotapes. It will be shown in commercial theaters in 1990 (214).

Las buenas costumbres (Polite Society) was a weekly soap opera shown on the government-owned Imevisión TV network in 1988–9. The same characters appeared each week, but each of the 26 episodes touched on a different family planning theme. For example, one episode used a dream sequence to depict pregnanct men—provoking thought about men’s and women’s roles and at the same time amusing the audience (214, 215).

Va de nuez and Las buenas costumbres exemplify collaboration between family planning and entertainment professionals. The Ministry of Health provided technical guidance and coordinated the projects, working closely with professional screenwriters, producers, and other technical staff. The United Nations Population Fund (UNFPA) provided half of the funding for the television series and 70% for the film. The remainder came from private producers (215). No evaluation has been undertaken.

Peru

TV and radio spots. In September 1984 Peru began promoting family planning, immunization, and diarrheal disease control on television and radio as part of its Alfabetización Sanitaria (Health Literacy) campaign. A variety of TV and radio spots up to 1 1/2 minutes long were produced. The most memorable and controversial were family planning TV spots that depicted quickly reproducing rabbits. The tag line “remember the rabbits” became a popular phrase, but some politically influential people thought comparing rabbits and people was denigrating (63).

The immunization component helped raise complete immunization coverage of children under age 4 from 34% to 47%. In contrast, the family planning component did not increase demand at public family planning clinics any more than was expected without the campaign. Lack of coordination with family planning service providers may have been part of the problem. Changes in knowledge and attitudes towards family planning were not measured. There were not enough data to evaluate the ORT component (63). This project was carried out by the Peruvian Ministry of Health with technical assistance from the Academy for Educational Development and funding from US AID.

Claymation for AIDS prevention. In 1988 Proyecto SIDA (Project AIDS) was established by the Ministry of Health to confront AIDS in Peru. Part of the project was a pilot mass-media campaign to increase public knowledge of AIDS transmission and methods of prevention, including condoms. Televised spots, developed by an advertising agency, used claymation—animation using clay dolls—instead of live actors (see photo, this page). Not only did this new animation technique attract attention, but it also allowed depictions of condom use and suggested changes in sexual behavior (108).
A Brazilian TV spot featuring animated “male” and “female” hearts (right) won awards. More importantly, it brought calls and visits to the vasectomy clinic that it advertised and helped raise the number of vasectomies performed (see below).

For the public, the television campaign quickly replaced newspapers as the major source of AIDS information (108). According to pre- and post-campaign surveys, its greatest impact was to correct false beliefs about transmission of human immunodeficiency virus (HIV), which causes AIDS. For example, the percentage of people who thought that saliva is a major mode of transmission dropped from 67 to 43. Condom sales by street vendors and self-reported use of condoms increased. Inadequate supplies and a suspension of commercial sales and importation may have limited increases in condom use, however. Proyecto SIDA was implemented by the National AIDS Prevention Program under the auspices of the Ministry of Health with assistance from JHU/PCS, US AID, and The Population Council (108).

**Brazil**

**First vasectomy TV spot.** Two animated hearts entwine...and produce a baby. And then two more. The female heart decides that three are enough and runs from her mate when he approaches her again. He returns with a vasectomy—his “act of love” (see photos, this page). The hearts unite once again, no longer worried about making more children. Viewers are then told where to call for further information on “the act of love.” So goes the first Brazilian TV spot promoting vasectomy. This humorous spot, aired in two phases—May to June and two weeks in October 1989, helped increase the monthly average number of vasectomies performed at the advertised male health clinics in three Brazilian cities by 80%, from 347 to 627 per month. The number of new clients visiting the clinics increased by 97%, and telephone inquiries about vasectomy increased by 174% (26).

In São Paulo, for example, the impact of the campaign was immediately apparent. Phone calls to the clinic increased from an average of 30 per day before the campaign to almost 180 per day immediately after the first phase of the campaign began. The average number of vasectomies performed doubled, rising from 15 to 30 per day. By the end of June the number of daily calls had dropped to an average of 70 per day, and over the next four months it gradually returned to the precampaign level. The number of vasectomies leveled off at 26 per day after the first phase of the campaign, for an increase of 73% over the pre-campaign level (116) (see Figure 1). The data for the second phase of the campaign have not been analyzed.
The spot, which won, among other awards, the 1990 Bronze Lion award at the international film festival in Cannes, France, was part of an integrated mass-media effort that also involved radio, print materials, and an electronic billboard in Sao Paulo. Also, the campaign and related activities generated free publicity and press coverage valued at more than $100,000 (US)—equal to one-third of the total project budget of $300,000 (US). The campaign was planned and coordinated by PROMOÇÃO DE PATERNIDADE RESPONSÁVEL (PRO-PATER), the private, nonprofit family planning organization that operates the male clinics, with assistance from JHU/PCS and US AID (26).

Dominican Republic

Vickiana’s “daily secret.” In August 1986 the Asociación Dominicana Pro-Bienestar de la Familia (PROFAMILIA), the Dominican Republic’s affiliate of the International Planned Parenthood Federation (IPPF), released a controversial television advertisement. The spot showed Vickiana, a popular Dominican singer, dressed in a lace nightgown, along with a man wrapped only in a towel. She embraces him, turns toward the camera, and shows the audience a Microgynon oral contraceptive—her “daily secret for enjoying love.” Opinion leaders, including church officials, were disturbed, however. These projects include:

• A series of videos produced by the Fundación Mexicana para la Planeación Familiar AC (MEXFAM), Mexico’s IPPF affiliate, for use by its “Gente joven” (Young People) groups. The videos stimulate discussion about contraception and responsible parenthood. The goal of the program is to delay childbearing until after age 20 (11). Teaching booklets are provided to help the group leader guide discussion (75, 133). One video, El último tren (The Last Train), is the love story of two adolescents involved in their first sexual relationship. Another recent video, La paloma azul (The Blue Pigeon), is an animated film for younger adolescents that describes the physical and emotional changes of adolescence (72, 124). Música para dos (Music for Two) is an animated video for older adolescents facing sexual and lifestyle choices and problems. It is being released in mid-1990 (1). All were produced with technical and financial support from the Japanese Organization for International Cooperation in Family Planning (JOICFP) (75). An English version of Música para dos was supported by UNFPA and IPPF.

Working with Celebrities

Involving a celebrity in a mass-media project can be good for both the project and the celebrity. Celebrities are often seen as more credible and trustworthy sources of information than other people, especially among young people (12). In addition to giving a professional, high-quality performance, a celebrity can:

• Attract public attention,
• Stimulate news coverage for the project and the issue,
• Generate corporate sponsorship,
• Attract the attention of gatekeepers,
• Afford to volunteer his or her services in exchange for good publicity and press coverage, and
• Make use of his or her production and promotion infrastructures—e.g., record companies, agents, promoters—that might not otherwise be available to a family planning organization.

Using a celebrity can have its drawbacks, however. First, a celebrity may be popular with some audiences but unpopular with others. Second, the celebrity may compete with the message for attention. The audience may remember the person but not the message (105). Third, celebrities may be hard to work with. Their schedules, agents, and production companies all must be accommodated. Fourth, a celebrity who appeared to be a good role-model at first may do something later that undermines his or her credibility.

Celebrities work best when:

• The celebrity is an appropriate source of the message and is popular with the intended audience (212),
• The audience knows little about the subject or is unaware of its importance (14), and
• The celebrity is willing to participate in promotional or campaign activities (73).

Why should a celebrity promote family planning? If the resulting video, song, film, or TV program is of high-quality, widely distributed, and popular, the celebrity will get attention and exposure. Stars also benefit from the increased product sales and the positive publicity associated with supporting an important social cause such as family planning. Also, many celebrities want to help because it is a cause that they believe in.
Now Available:
“VIDEO FOR FAMILY PLANNING”
Population Communication Services Packet No. 13
A 26-minute video illustrating the uses of video and television for family planning information, education, and communication is available to selected family planning, health, and population organizations. The video features segments of family planning programming from Asia, Africa, Latin America, and the Near East. It is available in English, Spanish, or French.

Also Available:
FAMILY PLANNING FILMS
A number of 16 mm films are available from Johns Hopkins University/Population Communication Services. Family planning, health, and population organizations in developing countries may receive these films free of charge. Commercial institutions in developing countries and public and private organizations in developed countries may purchase these films. The films were produced in the 1970s by The George Washington University Airlie Center with funding from US AID.

For information on cost and availability of the video or to request a list of films, write:
Media/Materials Center
Population Communication Services
Center for Communication Programs
The Johns Hopkins University
527 St. Paul Place
Baltimore, MD 21202, USA

Television and radio spots and a song that reminded young Jamaicans, “Before you be a mother, you got to be a woman” and “Before you be a father, be a man.” The reggae tune, written and performed for the National Family Planning Board by Gem Myers and the Fab Five, became a hit with young people in 1985 and 1986. The National Family Planning Board obtained free and discounted airtime from the Jamaica Broadcasting Corporation and Radio Jamaica Limited to broadcast the spots. A 1986 evaluation found that 90% of respondents recalled the family planning message in the song (141).

Asia

There is one television set for every 13 people in the developing countries of Asia. There are almost 1,800 television transmitters (including main stations and low-power relay stations) sending signals to more than 210 million receivers (22, 175) (see Table 2). Malaysia, the Philippines, South Korea, Taiwan, and Thailand, all of which have commercial stations, account for almost two-thirds of all stations in the region. Most stations in other countries are government-run (211). The number of commercial and private stations is growing, however, and many existing private stations are increasing their broadcasting power (166).

The TV, video, and in some places even film industries are growing in Asia, often through international investment or government support. Japanese companies are stepping up joint-venture television manufacturing in India to meet rapidly growing demand there as well as to export to India’s neighbors (160). US companies plan to build cinemas in Indonesia, Singapore, Taiwan, and Thailand (171). The South Korean government plans to spend $39 billion (US) over the next five years to upgrade its high-technology industries, including television and VCR development and production (164).

VCRs and videotape production and distribution are gaining a foothold in many countries in the region. In the Philippines, for example, the number of VCRs has nearly doubled in the last five years, rising from 380,000 in 1984 to 750,000 in 1989. Many directors and producers who used to work exclusively in film have shifted to video (172, 217).

Asia is the home of some of the largest film industries. India’s film industry is the largest in the world, having produced 781 films in 1989 (154, 158). China, Indonesia, and the Philippines also have large film industries. In 1988 China produced 158 films, and Indonesia, 82 (147, 153). In 1987, the latest year for which figures are available, 139 films were produced in the Philippines, making it the world’s seventh largest film-producing country (217).

India

India began its national family planning program—the world’s first—in 1952. Ever since then it has used a variety of media, including film and television, to promote family planning. The Ministry of Health and Family Welfare has produced over 270 family planning films through the Films Division of the Ministry of Information and Broadcasting. These films range from detailed explanations of sterilization techniques for health care providers to motivational films for the public on the advantages of 2- or 3-child families (76). In the past decade restrictions on ownership of TV receivers were relaxed, satellite relays were expanded, and the gov-
government set up community televisions in villages. Thus many more Indians now see television.

**First soap opera for development.** On the streets of North India shopkeepers and merchants closed their stores early to celebrate the wedding of Badki and Ashwini, two of India’s most popular television characters. What was the cause of this excitement? A TV soap opera called *Hum Log* (We People). *Hum Log* was India’s first long-running television soap opera deliberately promoting development. In an entertaining and educational manner, *Hum Log* promoted equal status for women, family harmony, and smaller family size norms. An average of 50 million people watched each of the 156 episodes during the 17-month run in 1984 and 1985—the largest audience ever for a television program in India (179, 187). The creation of *Hum Log* was stimulated by David Poindexter, president of Population Communications International, who arranged for Mexican telenovela producer Miguel Sabido to conduct a seminar for Indian broadcasters on family planning soap operas (113). *Hum Log* was produced by an independent production company at a cost of $6,000 to $12,000 (US) per episode, funded by advertising revenue. It was broadcast by Doordarshan, the government television network (186).

**Why was *Hum Log* so popular?** There are two main reasons. First, satellite transmission was expanding the coverage of television in India. The TV viewing audience increased from 30 million in 1983 to 80 million in 1987. *Hum Log* was broadcast during this expansion, when television itself was new to many people. Second, the *Hum Log* characters seemed real to the audience, and millions of viewers identified with them. Viewers sent more than 400,000 letters, many of them addressed to the characters rather than to the actors and actresses. Many of these viewers identified with one or more of the characters, and many commented on the social issues raised by the show.

*Hum Log* was not a success at first, however. The first 13 episodes overplayed the family planning themes, including violent scenes between husbands and wives in family planning clinics. These proved unpopular with the audience. This initial “hard sell” approach was contrary to the lessons learned by Sabido in Mexico. He found that the first episodes should concentrate on introducing characters and plot lines and adopt a “soft sell” approach to the development theme. Under pressure from the Indian Parliament, the Ministry of Industry and Broadcasting, and the show’s sponsors and viewers, *Hum Log*’s writer and producers decided to tone down the family planning content of the show and emphasize other social themes. *Hum Log* more subtly promoted smaller family size norms later in the series (181, 187).

To evaluate the impact of *Hum Log*, 1,170 viewers were surveyed after the series ended. Also, 500 letters from viewers were analyzed. Both indicated that the audience liked the show but that its educational impact was slight (179, 185, 189). Approximately 8% of the letters analyzed implied some behavior change. For example, some letters mentioned that *Hum Log* had led women to seek help from women’s welfare organizations. Also, enrollment of potential eye donors increased after the issue was mentioned on *Hum Log*. Changes in family planning behavior were not mentioned. Although these letter writers may differ from the average viewer, given the size of the viewing audience even a small percentage change meant a large number of people responded to the show. *Hum Log* was evaluated by researchers from the Annenberg School of Communications at the University of Southern California (40, 181).

*Hum Log* also had other effects. It was the first commercially sponsored program on Indian television. *Hum Log*’s popularity, and the increased sales of Maggi 2-Minute Noodles, the advertised product, convinced many other advertisers to sponsor television programs. This led to an increase in locally produced television serials and encouraged the Indian film industry to become more involved in television production (186).

**Bangladesh**

Cinema is a major entertainment medium in Bangladesh, and films are popular with all social classes. A certain basic format is popular and familiar: glamorous stars in the lead roles, melodramatic plots, music, and dancing. Working family planning messages into this format is not difficult. The result: since 1985 over 10 million people have seen *Amra Dujon* (Together), the story of a newlywed couple who decide to delay childbearing and to use family planning. Its major theme is how the couple overcomes traditions that prevent couples from discussing family planning (47, 126, 192).

A subsequent film, *Sonamoni* (The Golden Pearl), finds the same couple with their first child. When their child becomes ill, they give her oral rehydration therapy, and the child survives. They also fight the village villain to ensure a clean water supply. Both films were directed by the late Bangladeshi director Alamgir Kabir with an all-Bangladeshi techni-

![The Bangladesh film Amra Dujon features stars Sazzad Khan and Mitali Banerjee as newlyweds who use family planning to delay having their first child. Over 10 million people have seen the film.](image-url)
The Philippines

In the spring of 1988 "That Situation," a song and video performed by a relatively unknown Filipina named Lea Salonga and the internationally renowned group Menudo was one of the most popular songs in Metro Manila. What made the song different from other hits was its message: Love can wait; don't fall too hard, or you'll get caught in "that situation." A second song encouraging sexual responsibility, "I Still Believe," sung by Lea and former Menudo member Charlie Masso, was an even bigger hit a few months later (125, 130).

The two songs and accompanying music videos were products of the Multimedia Campaign for Young People—a campaign designed to promote sexual responsibility among adolescents in the Metro Manila area. The campaign had two phases: the commercial and the institutional. The commercial phase established the songs and videos as hits on radio and television. The institutional phase linked the songs with the message of sexual responsibility through print, TV, and radio spots; a telephone counseling hot line, called Dial-A-Friend, that Lea promoted in TV spots; a tour of schools by Lea; and essay-writing and art contests for young people. The project was designed and implemented by the Population Center Foundation of the Philippines (PCF) with financial support from US AID and technical assistance from JHU/PCS.

An innovative feature of the project was the cost-sharing strategy. PCF negotiated a total of $1.4 million (US) worth of corporate sponsorship including free and paid television and radio time, press coverage and other publicity, promotional posters, t-shirts, prizes, and picture cards of the artists with the song lyrics—almost six times the $250,000 (US) direct cost of the project. At the completion of the project, the Philippine Long Distance Telephone Company, one of the corporate sponsors, donated funds which PCF used to pay the salaries of the hot line counselors and airtime for Dial-A-Friend promotional spots in order to continue the hot line for another six months (130).

A survey of 600 people age 15-25 taken in Metro Manila just after the release of "I Still Believe" indicated that the songs and their messages had reached their audience. Over 90% recalled the songs and lyrics; 70% interpreted their message correctly; and more than 40% had talked to their friends and parents about them. One-quarter said that they had sought contraceptive information (see Figure 2) (130, 178).

The hot line attracted more calls than it could handle. Over 8,200 calls were received on four telephone lines during the first five and a half months of the campaign, but it is estimated, based on survey responses, that about 150,000 calls were attempted (130). This reinforces the lesson that service providers should not underestimate the impact of any well-designed mass-media campaign and must be ready to respond. Within one year 22,285 calls were logged (79). Most hot line callers were single women age 15 to 24. The most common problems involved relationships with parents, peers, and boyfriends and girlfriends; sexual behavior; and self-esteem (178). The telephone counselors referred callers to 22 referral centers if further counseling was necessary.

The Demand-Generation Campaign. Between September and December 1988 "Dolores," a tired, old-looking mother, warmed television viewers in Manila, Cebu, Iloilo, and other Philippine cities that women should not have babies every year. And former movie star, now senator Joseph Estrada urged couples to use family planning. For the first time the names of contraceptive methods were listed at the end of each TV spot. Meanwhile on radio, TV and radio personality Helen Vela countered common rumors about contraception in a series of spots.

To evaluate the Demand-Generation Campaign, six questions were added to a market research survey in the Metro Manila area six months after the campaign ended. Of the 2,900 men and women surveyed, 62% remembered the campaign. Of these, 96% saw it on television, 45% heard it on the radio, and 14% saw newspaper or other print advertising. Over 85% said that the most important message they
 remembered was that couples should plan their families and avoid having too many children. Over 90% approved of the list of contraceptive methods, even though Catholic Church representatives had objected. Most importantly, among those aware of the campaign, 56% said that they intended to visit a family planning clinic, and 26% said that they would definitely do so. Intention to visit a clinic was highest among women age 18 to 34, the primary intended audience. Actual clinic attendance was not measured, however. The campaign was funded by US AID through the Philippine Commission on Population (POPCOM). It was produced by Campaigns, Inc., a Philippine advertising company, for PCF, with technical assistance from JHU/PCS (35, 129, 221).

Other TV and Film

Several other family planning organizations in Asia have used or are currently using television, video, and/or film in their projects, but many of these have not been closely evaluated. These include:

- "Jangan Dulu" (Wait a While, My Love), the first Indonesian song promoting family planning. Irianti Emingpura, an up-and-coming singer, recorded the song and released it on her 1988 album. The song advises young people to wait before marrying and to take time for "studying and reflection." The song was used in a 60-second TV spot with a soundtrack also suitable for radio. The album sold over 100,000 copies. Expenses for "Jangan Dulu" totaled $3,000 (US). Its production was supported by the Indonesian National Family Planning Coordinating Board (BKKBK) and the United Nations Population Fund (UNFPA) (109).
- The Blue Circle campaign of Indonesia, which is designed to promote the family planning services of the private sector and to reduce reliance on public clinics. The campaign uses TV spots featuring various providers as well as radio and print advertising to urge people to "come to the sign of the Blue Circle" (201). After an initial 5-month media campaign in 1988, one-third of physicians and over half of midwives surveyed reported an increase in family planning clients (202).
- A weekly 15-minute program, Population and Family Planning, produced by China Central Television (CCTV). The program covers population policy and theory as well as health information on pregnancy and childbirth. The National Communication and Education Center for Family Planning provides free copies of the program to local stations for rebroadcast (225).
- Sixty family planning television spots produced by the Government of India. These are broadcast during evening prime-time viewing hours and via closed-circuit television.

The Enter-Educate Concept at Work

"Mama Olu Told Me to Come"

A young woman comes to a Nigerian family planning clinic for the first time. Asked why she is there, she answers, "Mama Olu told me to come."

Mama Olu is a grandmother, played on television by an actual health worker, who scolds her granddaughter for having too many children too quickly. The young woman at the clinic has seen the television spot and has decided that she does not want to be like Mama Olu’s granddaughter. She has decided to use family planning (112).

"Enter-educate" is the term now widely used to describe what happened in that Nigerian clinic. An idea or behavior, such as the use of family planning, is personified or made real through entertainment (37).

Why entertainment? Because entertainment is:

- Personal. It moves people so that they share the joys, sorrows, and crises of the characters.
- Popular. Everybody likes to be entertained.
- Pervasive. Entertainment is everywhere.
- Persuasive. It can encourage people to change their behavior.
- Profitable. It can attract the commercial support necessary to pay for good health messages (40). (See "Entertainment Educates!" poster included with this issue of Population Reports.)

The enter-educate approach builds on social learning theory, as outlined by Albert Bandura and others (16). An important part of social learning is modeling: a person observes other people and uses their behavior as a model for his or her own behavior. But people cannot learn new behavior unless they pay attention to demonstrations of it. Entertainment both attracts attention and provides role models that demonstrate new, desired behavior or, as in the case of Mama Olu’s granddaughter, behavior to be avoided.

In enter-education, entertainers, producers, writers, directors, technicians, and health professionals work together to produce high-quality products that appeal to the audience and at the same time deliver powerful, accurate social messages. This task is not an easy one. To have the greatest impact, an enter-educate project should:

- Be original, dramatic, and moving;
- Choose the media that reach the target audience;
- Enlist skilled and talented professionals;
- Research and pre-test concepts, scripts, and materials with the intended audience (see pp. 24-30);
- Keep entertainment in the foreground and education in the background; and
- Attract support from the commercial sector—financial, promotional, or "in-kind"—donated airtime, for example (37, 48).

Does the enter-educate approach work? Systematic research in countries as diverse as Brazil, Nigeria, Turkey, and the Philippines demonstrates that enter-educate projects can influence family planning behavior (80, 112, 117, 226) (see pp. 12, 16, 18, 20).
ision at railway stations. The spots have focused on the importance of later marriage for young women as well as on contraceptive methods (4, 34).
- The 1989 30-minute dramatic film Nishjay (The Decision), about the consequences of early marriage, produced by the Indian Ministry of Health and Family Welfare. It was broadcast nationwide to an estimated audience of 50 million TV viewers, and 630 copies were made for distribution via mobile cinema units. The film was made with technical assistance from DSR (193).

**Near East and North Africa**

Television is expanding in the Near East and North Africa, where there is currently one receiver for every eight people and a total of about 41 million sets. There are now about 420 stations in the region, and the number is growing. About three-quarters are state-owned (22).

Use of VCRs is increasing as more titles become available on videotape. In Egypt, for example, there are an estimated 850,000 VCRs, over 1,000 video rental clubs are registered, and at least another 2,000 operate unofficially. Egypt heavily taxes video hardware and tapes, and Egyptians reportedly smuggle thousands of VCRs and videotapes into the country when they return home from pilgrimages (165).

**Egypt**

**Widely seen TV spots.** In mid-1988, Egyptian television viewers saw spots such as this:

* * * * *

**Wife:** You know Mother wants us to have another baby.

**Husband:** Look, Mother-in-Law, don’t we thin out our cotton plants and leave adequate space between them so that they can grow strong and healthy? Children are like that, too. You have to leave two or three years between them so that they can grow healthy.

**Mother-in-Law** (sarcastically): So where did you learn these smart things, Son-in-Law?

**Husband:** From you, Mother-in-Law! (9).

* * * * *

Ana Zanana, the mother-in-law in this TV spot, became a familiar figure to the Egyptian public. She appeared as many as five times a day with family planning messages in humorous dialogues. The campaign received favorable press coverage, and soon newspapers were referring to and joking about the stereotypical character, Ana Zanana.

The “Ana Zanana” spots reached the Egyptian public in a survey of 1,789 men and women from different areas of Egypt, all had seen at least one of the spots. Virtually all—99%—understood the messages, and 70% could recall one or more of the phrases used in the spots (218).

The spots were produced by the State Information Service (SIS), which promotes the national family planning program through the mass media. The spots were made by the Center for Development Communication (CDC), a private production company in Egypt. The Academy for Educational Development (AED) provided technical assistance, with financial support from US AID through JHU/PCS.

**Video magazines for clinic waiting rooms.** Clients in family planning clinic waiting rooms often feel anxious, bored, and uncomfortable. To put waiting time to use, in 1990 the Clinical Service Improvement (CSI) project of the Egyptian Family Planning Association developed a “video magazine.” Each 2-hour video consists of excerpts of well-known entertainment from Egyptian television, interspersed with previously broadcast family planning spots, messages about specific contraceptive methods, and spots about CSI. The videos are designed to entertain, educate, and make clients feel more comfortable and confident while they wait.

Preliminary evaluation of the first video, entitled *Health and Happiness,* found that, surprisingly, clients liked the specific information about family planning better than the entertainment. The best liked segment described IUD insertion. Clients also liked segments in which they recognized the clinic personnel. The video made them more confident about CSI, but it did not encourage them to ask more questions about family planning (196). The video was made for CSI by CDC with funding from US AID and technical assistance from JHU/PCS.

**Turkey**

An estimated 240,000 Turkish women began using or switched to modern methods of contraception after an intense multi-media family planning campaign in late 1988. Between October and December Turkish audiences saw more than five hours of family planning programming on

The comic mother-in-law Ana Zanana, played by popular actress Sana Younis, became familiar throughout Egypt in television spots countering rumors about family planning.
television. Each of the feature programs reached at least 20 million people, or 55% of adult TV viewers, including an estimated 6 million married women of reproductive age—over 80% of the intended audience (207, 227).

In all, the campaign produced and aired 10 humorous and dramatic spots, a 3-part drama, a documentary, and a family planning motivational program. The spots were shown a total of 145 times, often during prime viewing hours. A radio drama, eight radio spots, two posters, brochures, calendars, a photo exhibit, and an educational film for use at family planning clinics also were produced (207, 224, 227).

The campaign enlisted the help and support of both political leaders and the mass media. It began with a one-day symposium for more than 600 policy-makers and journalists to introduce the campaign and to enlist their support. Because of this symposium and because of the high quality of the productions, Turkish Radio and Television donated airtime. Press coverage provided free publicity. In fact, donated airtime, press coverage, and related publicity were valued at about $2 million (US), more than six times the $232,000 (US) cost of the project (207, 226, 227).

Baseline and postcampaign surveys in September 1988 and February 1989, involving more than 2,000 married women age 15 to 44, found significant increases in awareness and approval of family planning and in use of modern contraceptive methods (see Figure 3). Also, 63% of those surveyed reported discussing family planning with their husbands after seeing a family planning message. More than 10% said that they had visited a family planning clinic, and more than 20% intended to do so. Use of modern methods increased from 39% to 42%. Use of IUDs—the major modern method in Turkey—increased from 16% to 22%. Some of the new IUD users had been relying on withdrawal previously, while others had been using condoms or oral contraceptives. Projected to the national population, the increase in IUD use would amount to about 450,000 new IUD users (226).

The campaign had its greatest impact on women with one to five years of education. In this group contraceptive use increased from 31% to 44%. Contraceptive use did not change among women with no education. Among women with more than five years of schooling, it increased slightly. One explanation for these differences may be that 55% of uneducated women said that they saw any of the campaign compared with 82% of women with some education (116).

The campaign was planned and carried out by the nonprofit Turkish Family Health and Planning Foundation with support from US AID and technical assistance from JHU/PCS.

**Other TV and Video**

The use of TV and video in family planning projects in the Near East and North Africa is expanding. Current or future projects include:

- A training program conducted by the Egyptian Ministry of Health using a 30-minute video, *Counseling: An Art and A Science*, to teach counseling techniques to its clinical staff. The video follows the GATHER acronym developed by JHU/PIP (see *Population Reports*, *Counseling Makes a Difference*, J-35, November 1987, and *Counseling Guide*, J-36, December 1987). The video was produced by the CDC with funding from US AID and technical assistance from JHU/PCS (205).

---

**Figure 3. Impact of the Turkish Multimedia Campaign of October–December 1988 on Family Planning Awareness, Attitudes, and Behavior**

*Note: MWRA = Married women of reproductive age. Sample size = 2,147 before campaign, 2,145 after campaign. Statistically significant difference.*

- The *Family House*, a commercial “public health” soap opera planned for TV broadcast in Arabic-speaking countries. Topics for the first 15 episodes include child spacing, ORT, and prevention of accidents in the home. The *Family House* will be produced by the CDC in Egypt with initial funding from US AID, the Ford Foundation, and the International Development Research Centre of Canada and with technical assistance from JHU/PCS. After initial funding ceases, CDC plans to continue producing *The Family House* with advertising revenue.

- A series of 11 TV spots introduced to Egyptian audiences by SIS in March 1990. Known as the “Diary of a Doctor” series, each spot features Karima Mukhtar, a well-known Egyptian actress, as a caring doctor telling stories that she has heard about family planning users and their troubles.

Most African countries cannot afford to produce their own shows. Nigeria and Cameroon are among the few that have developed their own production capacity (206). Programs from the US and Western Europe are imported at low cost, increasingly via satellite. Francophone Africa, for example, has been receiving satellite programs from the International French Channel (TV5 Europe) since May 1989. MTV Europe, the music video entertainment channel, began broadcasting five hours a day on the Kenya Television Network in June 1990 (87, 88).

In Africa more and more people are seeing television, although there are still relatively few receivers—about 17.2 million, or one for every 29 people (22). Televisions are affordable to middle-class, urban dwellers, and it is common to find homes with television but no telephone (197). There are about 300 broadcasting stations in Africa (175). Television transmissions cover from 20 to 80% of national territories (131).

The growth of VCRs and videotapes in Africa presents serious competition both to national TV broadcasts and to local cinemas. The number of VCRs, at about 1.2 million, is still...
small, but it has tripled in the last five years, a percentage increase almost four times that for TV receivers (see Table 1). In Ghana, for example, nearly 10% of all television owners have VCRs. Since TV broadcasting is limited to 39 hours per week, many people are watching videotapes (174).

Nigeria

Using the “enter-educate” approach. The power of television to bring clients to family planning clinics was demonstrated in three cities in Nigeria—Ilorin, Enugu, and Ibadan. In all three areas, the enter-educate approach was used to develop entertaining spot announcements and to incorporate family planning messages in existing shows that already attracted large audiences. In Ilorin five TV spots were part of a 3 1/2-year multi-media campaign designed to bring clients into Ministry of Health clinics. Clinic attendance increased from 254 in January 1984 to 3545 in March 1987—a 13-fold increase. Part of this increase can be attributed to the campaign and part to other factors (112).

In Enugu 43 dramatic episodes on family planning were incorporated into the popular variety show In a Lighter Mood. During this period attendance at the major clinic in Enugu increased from 50 clients per month to more than 120. After the first month an average of 45% of clients mentioned the show as their source of referral. In a streetcorner recall survey, more than half had watched In a Lighter Mood the night before. More than two-thirds of those could give the address of the clinic mentioned (see Figure 4).

Based on In a Lighter Mood, a similar project was developed in Ibadan. For six months starting in October 1987, family planning themes were incorporated into two ongoing television programs: 26 episodes of the drama Koko Close, the most popular show in Ibadan, and 13 episodes of Mulo, a weekly magazine program for women. Spots advertising family planning clinics also were aired. The number of new clinic clients grew almost threefold during the broadcast period. Clinic clients said that the shows brought them to the clinic. The two sources of referral most often cited were hospital and clinic personnel (30%) and television (24%). Initially, radio was the third most important source, but in the second month of the campaign it was overtaken by friends, spouses, and relatives. The findings are notable because (1) such surveys rarely find the mass-media mentioned more often than interpersonal sources—possibly because the mass-media usually carry so little family planning information—and (2) the increase in friends/spouse/relatives referrals suggests that the TV programs may have encouraged interpersonal communication (112).

All three of these projects were developed with support from the state and federal ministries of health and the Nigerian Television Authority and with funding from US AID and technical assistance from JHU/PCS. Because the family planning messages were incorporated into existing programs, the cost was relatively low. The In a Lighter Mood project cost $38,297 (US) over two years, and the one-year Mulo close project cost $13,606 (US) (112).

Using music to create awareness. In September 1989 “Wait For Me” and “Choices,” two family planning songs performed by stars King Sunny Ade and Onyeka Onwenu, were released in Lagos on King Sunny Ade’s album “Wait For Me.” Two music videos, launched on Morning Ride, a popular Saturday morning TV program, accompanied the songs. The songs were heavily promoted among both gatekeepers and the intended audience. A press conference featuring the performers launched the songs. King Sunny Ade and Onyeka toured hospitals and clinics, trailed by TV news cameras. Over 30 newspaper and magazine articles were written about the album’s release.

A preliminary evaluation of the project five months after its launch found that 57% of 1,500 urban people and 22% of 300 rural people saw the videos or heard the songs. In the urban areas 48% said that they had spoken to their friends about the songs, and 27% said that they had spoken to their sexual partners about them. The interviews also found that more than 90% agreed or strongly agreed with the messages that couples should practice family planning and have only the number of children that they can care for (121). The impact of the songs on family planning behavior has not yet been evaluated.

The project demonstrates the cost-effectiveness of mass-media promotion. The total cost of the project was $293,400 (US). Because of the extensive reach of mass media, the project reached 46 people of reproductive age for each $1 (US) spent, or 2.22 (US) per person (118). The project was implemented by the Planned Parenthood Federation of Nigeria with funding from the Federal Ministry of Health of Nigeria and US AID and technical assistance from JHU/PCS. The two stars provided their services free to the project, and King Sunny Ade donated the royalties from the two songs to charity. Commercial recording companies produced and distributed the album and audio cassettes (120).

Mali

The Koteba project in Mali combined the popularity of traditional theater with the wide reach of television. A koteba is a traditional Malian theater piece used to express the everyday concerns of the people. In this family planning koteba, Pade, who has two quarreling wives and many small children, is compared with his friend who has one wife and fewer children because he uses family planning. Eventually, Pade decides to use family planning, and he brings his wives to the clinic, where they learn about various methods. The koteba was shown on Malian television three times in late 1987.

The show was not only immediately popular but also made a lasting impression. About a year after the broadcasts the
In Nigeria more than half of city-dwellers and almost one-fourth of rural residents have heard King Sunny Ade and Onyeka’s songs encouraging family planning. While most viewers enjoyed the video, not all understood its messages. About half remembered one message from the video. Viewers with lower levels of education had more problems understanding the messages. One possible reason for comprehension problems is the sophisticated level of English used in the video and the unfamiliar British accent of one of the narrators. The video was produced by Medex, Inc., a local media production firm, with funding from USAID and technical assistance from JHU/PCS.

Zimbabwe

Rita and Richard are high school students. They are in love and looking to the future. Suddenly, Rita’s world falls apart: she discovers that she is pregnant. *Consequences*, a film produced in Harare, is their story. As with many adolescents’ pregnancies, it is not a happy one. The messages of the film were developed through focus-group discussions with adolescents and parents across Africa. Several African writers developed a script that is entertaining and at the same time delivers a powerful message. *Consequences* is the first dramatic film made in Zimbabwe entirely with a local cast and crew. It was produced...
by John Riber of DSR in Harare with funding from the Pathfinder Fund and IPPF. The total cost for the 3-year project was approximately $350,000 (US) (193).

Pre-testing of the film with 300 adolescents, adults, and family planning providers in Kenya, Nigeria, and Zimbabwe found that 99% enjoyed the film, and 98% said that they would recommend it to friends (46). A pre-test audience in Ghana was so enthusiastic that they insisted the film be shown to an additional 2,000 villagers (101). Over 900 copies have been distributed throughout Africa, and it has been broadcast and rebroadcast on television in a number of countries. Pirated copies can be found in video clubs, further indicating that a film with a social message can be popular (192).

Versions of Consequences have been produced in English, French, Portuguese, Swahili, and a number of local dialects. It is available to qualified organizations through DSR (see box, p. 28).

Other TV, Video, and Film

Many other family planning projects using TV, video, or film are completed or underway in Africa. Among them:

- Approximately 100 episodes of Tusshauriane, a Kenyan soap opera, were aired between 1987 and 1989. Tusshauriane dealt primarily with family planning but also with conflicts over land, intertribal marriages, and the differences between urban and rural cultures. The soap opera closely followed Miguel Sabido’s approach. It was described at the time as the “most popular program on Kenyan TV” (7). The program was eventually cancelled, however, due to lack of funds and loss of political support (7, 102, 142, 181).
- La Mésaventure (The Misadventure) is the story of Gisèle, a young student in Brazzaville, who discovers that she is pregnant and the difficulties that she has telling her parents and friends. She advises her friends not to make the same mistake. The 1989 video was made in the Congo by IPPF. It will be distributed by the Union of National Radio and Television Organizations of Africa (URTNA) to broadcasters throughout francophone Africa (68, 83).
- In May 1990 URTNA conducted a workshop for television broadcasters in Dakar. One result of this workshop was Afrique: Santé (Africa: Health), a talk show featuring African broadcasters appealing to donors for support of family planning radio and TV programming. The show also featured eight minutes of a family planning drama staged at the workshop. Afrique: Santé was broadcast in Senegal in June 1990. Funds for the workshop came from US AID with technical assistance from JHU/PCS (86).
- The Last Pregnancy is a traditional Ghanaian drama that tells the story of two classmates 20 years after their graduation. One man is very successful and has two children, while the other is poor, has many children, and wants more even though his wife is weak and sick. One of the most popular drama troupes in Ghana performed the drama. It was videotaped for TV broadcast, distribution on videocassette, and transfer to 16 mm film for showing to rural audiences from Ministry of Health viewing vans. One unexpected off-shoot of The Last Pregnancy was the popularity of its theme song, “Awo Dodo.” Audiences at a pre-test began singing the song as they were leaving the showing. The song was then further pre-tested and chosen for use in a year-long mass-media campaign to promote family planning in three regions of Ghana. The drama was produced by the Ministry of Health—Health Education Division and Lintas Ghana Ltd., an advertising agency, in early 1990 (100).
- The Ghanian Ministry of Health—Health Education Division and the Ghana Broadcasting Corporation are currently producing Our Concern, a 45-minute television drama of a secondary school debating contest on the subject “Large families: Are they a thing of the past?” The drama alternates scenes of the debate with flashbacks to situations illustrating the debating points. By the end of the film the students conclude that smaller families are preferable in modern-day Ghana. The film is scheduled for completion and distribution in mid-1990 (101). It was (Text continues on p. 24)

URTNA: Promoting Family Planning Broadcasts

The Union of National Radio and Television Organizations of Africa (URTNA) represents broadcasting agencies in 47 African countries. In the field of health and family planning programming, URTNA provides:

- “Family Health and Communication,” a newsletter published four times a year. Published in English and French, each issue contains ready-to-broadcast information on health and family planning subjects. Recent topics include child spacing, AIDS, family planning services in the workplace, and a discussion of population issues for journalists.
- Training and financial support for radio and television broadcasters. URTNA has conducted two workshops on television production, one in English and one in French, and a conference for policy-makers to increase their awareness of population issues. Family planning films and videos are being made in Burkina Faso, Cameroon, Côte d’Ivoire, Ghana, Kenya, Nigeria, Senegal, and Zimbabwe. URTNA will distribute these films and videos throughout Africa (83, 209).
- Distribution and exchange of materials among member countries. The Programme Exchange Centre (PEC) in Nairobi promotes and coordinates the exchange of programs among URTNA member countries. For example, the PEC distributed the film Consequences (see p. 21) to every TV organization in Africa. As a result, Consequences is now the most widely seen “made in Africa” film. URTNA also will distribute the video La Mésaventure to broadcasters in francophone Africa in late 1990 (see above) (83, 210).

Funding for these specific activities has been provided by US AID, with technical assistance from JHU/PCS. For more information write:

URTNA
Mr. Kassaye Demena, Secretary General
101, rue Carnot B.P.3237
Dakar, Senegal

22 POPULATION REPORTS
Video Expands Training and Teaching Possibilities

The development of portable, inexpensive, and easy-to-use video equipment offers an important new opportunity for training and instruction of both providers and clients. Already, family planning programs are using video equipment to:

- Play prerecorded tapes that explain contraceptive methods to clients and orient them to clinic procedures,
- Teach counseling skills or technical procedures to providers,
- Develop specific training materials for local situations,
- Market services and products to clients and prospective projects to funding agencies,
- Provide immediate feedback on trainees’ performance in role-model exercises, and
- Document program accomplishments.

Although not yet universally available, video is cheaper and easier to produce and show than film. The videotape and equipment are less expensive. Videotape is reusable and does not have to be processed. Depending on how the video is used, production standards need not be as demanding as they are for broadcast television and film. Little technical training is required to use simple video equipment or to produce nonbroadcast videos. VCRs are more durable than film projectors, and replacement parts may be easier to find (188).

Another advantage of video in training is that videotapes can be viewed immediately after recording. For example, a training program in Egypt used video cameras to record trainees’ role-playing exercises. The videos were played back at once. Trainees could see their own performances and could benefit from their colleagues’ critiques (205). Video cameras also can record project progress—a visual record-keeping. Meetings with visitors and officials can be recorded. So can field situations that can be shown to training sessions or used to demonstrate local conditions.

Videos, like film, usually work best as part of a larger training or educational program that may include classroom training, hands-on practice, interpersonal counseling, and/or role-playing. In family planning programs videos are most often used to teach providers interpersonal communication skills, to demonstrate technical procedures, and to teach and inform clients.

Counseling Training Videos

Prerecorded training videos can help family planning providers improve their teaching and interpersonal communication skills. Training videos have been produced in such places as Kenya, Colombia, and Egypt (see p. 19). In Kenya a video produced by the Family Planning Association of Kenya (FPAK) and the Association for Voluntary Surgical Contraception (AVSC), teaches counseling principles to new family planning providers. The video, Counseling: Helping People Make Family Planning Choices, features Kenyan counselors, field workers, physicians, nurses, and clients talking about their experiences. The Program for Appropriate Technology in Health (PATH) developed the script, supervised production, and conducted extensive pre-tests in Kenya (2). The video adapts the steps in counseling developed by JHU/PIP (see Population Reports, Counseling Guide, December 1987). The video has been translated into French and is currently being used in a number of African countries.

In Colombia Ciné Mujer, a women’s film collective, collaborated with the Pathfinder Fund to produce Calidad, a video on quality of care. Calidad uses skits, caricatures, and interviews with clients to show family planning providers how they can improve services and make clinics more comfortable for clients. It points out that clients served with care are less likely to be afraid and more likely to respond positively to family planning. Over 200 copies of Calidad have been distributed to family planning projects and associations in Latin America (19).

Video also can train trainers. Facilitation: Techniques in Training is a 54-minute video that shows African trainers attending a workshop on common training problems. It shows the trainers’ different leadership styles. The video is designed to be stopped periodically so that viewers can discuss the situations shown on the screen. The video was produced in Harare, Zimbabwe, by the Media for Development Trust with support from Norway’s Redd Barna (8).

Technical Training Videos

Technical training videos for family planning practitioners provide a visual demonstration of what the viewer needs to do. For example, FPAK, AVSC, and PATH worked together on Minilaparotomy for Voluntary Surgical Contraception, a technical film on voluntary female sterilization. It is intended to be shown as part of a complete week-long training program for doctors and operating-room nurses. In addition to demonstrating key points about surgical techniques, the video describes how to make the patient comfortable and how to reassure her. Thus it is also appropriate for counselors, educators, and program directors. (Continued on next page)
The International Planned Parenthood Federation (IPPF) is so popular in Bangladesh that the Family Planning Association (APROSA) is working on a Spanish version. The next video, The Johns Hopkins Program for International Education in Reproductive Health of Bangladesh wants to translate it into Bengali. In Chile, the Asociación Chilena de Protección de la Familia (APROSA) is working on a Spanish version. The next video in this series will be on barrier contraceptive methods (35).

The Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO) also has produced a training video on the IUD. This video is more clinical than the IPPF video. It demonstrates use of the "no touch" technique for insertion and removal of the Copper T-380A IUD. The techniques are demonstrated on an actual client. The video also covers patient selection, screening, and counseling. It is intended for training physicians, nurses, and midwives. The video was produced in Thailand by the Regional Training Center in Reproductive Health, Department of Obstetrics and Gynecology, Chulalongkorn University in collaboration with JHPIEGO at a cost of less than $10,000 (US). It is available in Thai and English and will be available in French and Spanish in late 1990 (92).

**Videos for Clients**

Some recent videos are designed to teach clients about family planning and how to use methods correctly. These videos are shown in clinic waiting rooms or community centers where it is difficult to show films. For example, IPPF produced Two Mothers, a video that contrasts the lives and health of two Kenyan mothers—one who has spaced her children and the other who adopts family planning only after she has had 12 children. It investigates the benefits of family planning for both the mothers and their children. Clients can take home a companion booklet that explains the story and reinforces its lessons (35, 67). In Egypt "video magazines" specifically for clients in clinic waiting rooms combine contraceptive information with entertainment (see p. 19).

**Building a TV, Video, or Film Project**

Family planning organizations that want to use television, video, or film need to know how to develop a communication project, what research is involved, and some basic lessons about influencing behavior through the mass media. The communication project process can be visualized as the letter "P." The "P" consists of five steps. These steps apply to any communication project or medium but here are discussed in terms of television, video, and film.

**The "P" Process**

**Step 1: Analyze the Situation**

The analysis, or planning, step provides the foundation for the entire "P" process. In this step the problem, the audience, and the media environment are studied. The following questions should be considered:

- What is the problem and what is already known about it? Is there a feasible solution? Will a communication project help people take advantage of that solution?
- Who is affected by the problem? Whose actions can help solve the problem? These people are usually the intended audience or audiences. The answers to the above questions help define the goals of the project.
- What is the best way to reach the intended audience? What are the audience's media preferences and habits? Are there any legal or social obstacles to using television, video, or film to bring family planning messages to this audience?
- What internal and external resources are available to the family planning organization—in-house experts, links...
with performers, corporate sponsors, funding, technical assistance, and so on? What organizations and individuals can be enlisted to design, produce, distribute, and market the communication products?

The problem should be clearly defined in order to specify potential solutions and audiences. For example, the problem "low clinic attendance" could mean that the clinic is not attracting enough new clients, that clients are not returning for follow-up care, or both. These are different problems, which require different strategies and involve different audiences. Thus a clearer definition of the problem is necessary.

A thorough understanding of the intended audience is needed to develop an effective message. Preliminary research on the interests, attitudes, and activities of the intended audience, including media preferences and habits, is crucial. The audience's attitudes towards a particular health behavior must be gauged, including willingness to adopt new behavior, perceived benefits and barriers to adoption, and common rumors and misperceptions. Even the language people use in talking about family planning is important. To gather such information, focus-group discussions, surveys, and interviews are usually needed.

An examination of the media environment reveals the channels of communication available. Legal or social obstacles may rule out certain media or restrict their content. For example, in many countries contraceptive advertising on television is prohibited, but general programs about family planning are not. Media gatekeepers—politicians, broadcasting executives, television programmers, radio announcers, journalists, and others who control access to media—should be involved in this stage. Their support is crucial because they determine what is shown.

Also, the capabilities of the family planning organization to carry out a mass-media project must be analyzed. Television, video, and film projects are time-consuming and expensive. Are there personnel and money to carry out the project? What should be done in-house, and what by outside organizations? Who could be in charge? What other organizations, consultants, and corporate sponsors can be enlisted to help? Who could supply technical advice and production facilities and services? Usually, local advertising agencies and production companies are identified at this point. While nontechnical training videos for in-house use might be made by amateur directors and actors from the family planning organization staff, anything more widely circulated—and certainly anything intended for the public or for clients—should be made by media professionals. Producing an attractive, high-quality project requires talent. Without imaginative, creative people in key roles from project managers to directors and performers, a good, well-produced product is possible, but a real hit is unlikely. For the project manager, finding talented people is as important as following the "P" process.

Finally, it is important to begin planning early for evaluation. Evaluation is crucial in all projects to determine their effectiveness, to identify areas for improvement, and to contribute to better planning for the next project. Evaluation should begin as soon as specific, measurable objectives are set for a project. Communication projects should be designed to change the knowledge, attitudes, or practices of specific audiences, and from the start, evaluation methods must be chosen that can measure those anticipated changes. Thus data must be collected both before a project begins, to establish a baseline and to guide further planning, and after implementation.

**Step 2: Design the Project**

In Step 2 the messages, formats, and media are chosen, based on information gathered in Step 1. The design step should stress strategic planning and development of the basic theme, or pitch, of the project. The basic questions that need to be answered in this step are:

- What are the best messages, sources, and media to influence the intended audience, and,
- Given available resources, what is the best project design?

**Message development** begins with specifying the awareness, attitudes, or practices that need to be influenced and determining which can be most influenced through communication (15). The next step is deciding what information to give to the audience and how to appeal to it. Messages with high or moderate emotional appeals are most persuasive (55). In general, positive appeals—messages and/or situations that stress the benefits of healthy behavior, that give a person a sense of control, and that reduce anxiety or fear—are more likely to be remembered and to change behavior than negative ones (55, 74).

Humor and fear are often used in family planning messages, but their effectiveness is unclear. In many cases humorous messages are not understood and thus do not influence behavior as well as dramatic or straightforward approaches (50, 55). In Kenya pre-testing of five comedy shorts and one drama found that the shorts were not as well liked as the drama, and viewers found their messages unclear (50). In the Brazilian vasectomy campaign, however, the humorous ap-

---

**The “P” Steps in the Communication Project Process**

Adapted from JHU/Population Communication Services (117)
LESIONS FROM EXPERIENCE

Strategy and Planning
1. Base messages on audience research, including pre-testing.
2. Thoroughly pre-test outputs, revise, and pre-test again.
3. Follow a planned process.
4. Promote only services and supplies that are available and ready.
5. Direct people to services or providers—familiar ones if possible.
6. Encourage scriptwriters and directors to build family planning themes and messages into ongoing shows.
7. Promote heavily to both the audience and the gatekeepers. Involve celebrities in the promotion as much as possible.
8. Look for corporate sponsors. They can share costs, provide or pay for airtime, and arrange for promotional events and materials.

Content
9. Each product should have a single, clear message.
10. Make the messages specific. Direct messages work best, especially with hard-to-reach audiences such as young men.

11. Express the same theme in different ways to keep viewers interested.
12. Tell people what they can do now, such as “Visit your neighborhood family planning clinic” or “Call this number for answers to your questions.”
13. Show it instead of telling it. One memorable image can take the place of much dialogue and may be remembered longer.

Quality
14. To ensure high quality, use skilled and talented professionals.
15. Use sources—spokespersons, stars, actors—that the audience will trust and believe.
16. For broadcast productions to attract attention, make sure production quality meets or exceeds media standards.

Quantity
17. Use multiple media. Combine TV, film, or video with print, radio, and interpersonal communication to multiply impact.
18. Plan for long-term, extensive distribution. Distribute in various forms—film, home videotape, and broadcast tape—to reach as many people as possible.
19. Work with the news media. They can provide free, positive coverage and publicity. Develop ongoing, friendly relationships with news personnel.

20. Broadcast the message as often as possible, when and where the intended audience will see it.
21. Keep up promotion to sustain the response.

Entertainment and Education
22. Be original, dramatic, and moving. The audience should become emotionally involved with the characters and their situations.
23. Keep entertainment in the foreground and education in the background.
24. In serial dramas introduce characters and plot lines first and family planning messages later.
25. Develop strong characters to serve as role-models and to inspire the audience to action.

Evaluation
26. Begin evaluation with project design. Set objectives that are SMART—Specific, Measurable, Agreed, Realistic, and Time-bound—at the start of the project.
27. Gather comparable information before, during, and after the project.
28. Evaluate the project in several different ways to cross-check findings.

In a TV spot the message should attract attention and specifically address the concerns of the intended audience. The best messages are short and simple. A spot should not present more than one or two points. The information should be new to the intended audience, accurate, and relevant. Important information should go at the beginning or end of a spot or program and should be repeated elsewhere as often as possible.

The best messages tell the viewer very specifically what he or she can do. For example, the TV spots in the Philippines Multimedia Campaign for Young People showed people telephone numbers to call for advice (see p. 16). The TV spots shown with In a Lighter Mood in Nigeria told people where to get contraceptives (see p. 20). The Indonesian Blue Circle campaign tells people whom to see for family planning services (see p. 17). Giving all the information needed to act not only facilitates action but also reduces anxiety and increases motivation (27, 54).

Choosing an appropriate source for any message is crucial because the message is associated with the person who delivers it (14, 53). For example, women in the Dominican Republic still ask for the “Vickiana pill” because Vickiana was the singer seen in the TV commercial (see p. 13). In contrast, adolescents in Mexico discounted the song “Frena” (Stop) partly because they did not think that a male singer was a credible source for that message (69, 73) (see p. 11).

The audience must be able to identify with the source. A homologous source—one who is very similar in language,
values, personality, and social characteristics to the intended audience but more experienced and knowledgeable on the subject—is usually best. Generally, the more homologous the source, the more likely that the audience will perceive the source as trustworthy and will heed the message (135). For example, the characters in the Indian soap opera Hum Log resembled members of the intended audience and so served as positive or negative role-models (16, 181) (see p. 15).

The media selected should, of course, be those most likely to reach the intended audience. Television, video, and film each has its own advantages and disadvantages (see pp. 5–8). The preliminary research on the media preferences and habits of the audience, conducted in Step 1, as well as the budget and goals of the project, help determine which medium or media to use.

Once basic messages, sources, and media are chosen, rough scripts can be developed. A professional scriptwriter, songwriter, or advertising agency should be hired to write the script. The script should reflect research findings about the intended audience and should address its concerns. At this point the family planning organization, media gatekeepers, and others should review the script and suggest changes. It is much easier to change the script at this point than during or after production.

**Step 3: Message Pre-Testing and Materials Production**

With Step 3, actual production and testing of preliminary versions begins. At this point a work plan should be developed, with checkpoints for monitoring progress. This plan should cover materials development, pre-testing, production, editing after production, and final preparation of the product, a preliminary dissemination plan including a broadcast schedule or distribution plan, a schedule of promotional activities, and an evaluation schedule.

Pre-testing is a way of finding out from members of the intended audience how to improve preliminary versions of material. Pre-testing helps avoid costly errors by pinpointing problems before final production and distribution. Pre-testing should answer the following questions:

- Is the message understood? Is the language appropriate?
- Does the material hold the viewers' attention?
- Are the messages relevant to the intended audience?
- Are there enough but not too many messages?
- Is the source appropriate and believable?
- Does the audience like the spot, film, or video? Would they tell their friends about it?
- Does the spot, film, or video offend anyone? Could it be changed to reduce the offense without losing the message?
- What is wrong with the material? What can improve it?

Materials are revised after pre-testing and are tested at least once more before final production. Implementation and work schedules may have to be revised at this point.

Pre-testing in groups is especially important where television or film viewing is a group activity, since the pretesting will mimic how the piece will actually be seen.

Messages and materials should be pre-tested with gatekeepers as well as members of the intended audience. Their approval or disapproval may determine how much the material is seen or, indeed, whether it will ever reach the audience. Pre-testing also introduces the gatekeepers to the project and is often a good time to solicit support (212).

Who conducts the pre-testing? Trained interviewers and focus-group moderators should be used whenever possible. Sometimes a clinic or staff worker with some training in interpersonal communication or group interaction is used. University students also can be recruited to pre-test; the experience helps them develop their skills.

**Step 4: Implementation and Monitoring**

Implementation means turning the design into action. The materials must be ready and available for distribution, promotions ready to run, and family planning services prepared to respond. Questions to consider at this step include:

- Are the materials delivered?
- Have sufficient promotional and support materials (posters, brochures, and clinic record sheets, for example) been produced and distributed? Can more be produced and distributed quickly if needed?
- Are gatekeepers aware of the implementation schedule?
- Is the program staff prepared to respond to inquiries? Are services ready to meet the expected demand?
- Have all organizations involved (media, family planning organizations, and corporate sponsors) been contacted?

Making an effective video or film requires carefully following a process of planning, research, design, pre-testing, production, distribution, and monitoring. Filming is only part of the process.
• Are mechanisms in place to monitor progress, identify potential problems, and collect data for evaluation?

The implementation period should be as long as possible. Messages repeated over a long period are better remembered and more often acted on. Very few people change their behavior after hearing or seeing a message just once. Up to a point, the more familiar people become with a message, the more positive they feel about it. Too much exposure to the same message may reduce the positive response, however (14, 53). Thus different messages with the same theme are better than identical messages repeated over and over.

Communication projects may not actually influence behavior unless family planning programs are ready to respond to the demand created. If new clients go to clinics or stores and there are not enough workers and/or supplies, many may not return.

Monitoring is the process of tracking project implementation. It is important to make sure, for example, that television spots are broadcast when scheduled, especially if airtime is purchased. Monitoring determines whether the project is proceeding as planned and helps identify problems quickly.

Monitoring is also part of the evaluation process (see Step 5). For example, data on ticket sales, TV ratings, or video sales and rentals can help to determine how many people saw the production.

**Step 5: Evaluation**

Evaluation should be designed to measure what changes occurred among the intended audience and how these changes compare with initial objectives. Ideally, evaluation can take three forms: often called process, outcome, and impact evaluation but also known by other names. Each looks at a different aspect of the project.

Process evaluation provides information about project implementation. It evaluates whether and how efficiently project activities took place. It is similar to monitoring, but retrospective. Process evaluation does not assess whether messages were understood and approved or if behavior changed. It answers the questions:

---

**Sources of Assistance for TV, Video, Film**

Many organizations provide various forms of assistance to family planning and/or health-related activities using television, video, and/or film. This assistance ranges from technical and financial support to distribution of films and videos. The organizations listed here are among the major sources of assistance and information. Types of assistance are coded as follows:

- $ = financial assistance
- TA = technical assistance
- IM = information and materials

- **Academy for Educational Development (AED), 1255 23rd Street NW, Washington, D.C. 20037, USA. $, TA, IM**
- **Asia Mass Communication Research and Information Center (AMIC), 39 Newton Road, Singapore 1130, Republic of Singapore. TA, IM**
- **Association for Voluntary Surgical Contraception (AVSC), 122 East 42nd Street, New York, New York 10168, USA. $, TA, IM**
- **Canadian International Development Agency (CIDA), Population Sector, 200 Portage Avenue, Hull, Quebec KIA 0G4, Canada. $, TA**
- **Clearinghouse on Development Communication of the Institute for International Research, 1815 North, Myer Drive, Suite 600, Arlington, Virginia 22209, USA. IM**
- **Development through Self-Reliance, Inc. (DSR), 9650 Santiago Road, Suite 10, Columbia, Maryland 21045, USA. TA, IM**
- **Ford Foundation, 320 East 43rd Street, New York, New York 10017, USA. $**
- **Friedrich-Ebert-Stiftung (FES), Godsdmeer Allee 149, 5300 Bonn 2, Federal Republic of Germany. $, TA**
- **The Futures Group (SOMARC and RAPID projects), 1101 14th Street NW, Suite 300, Washington, D.C. 20005, USA. $, TA, IM**
- **International Development Research Center (IDRC), P.O. Box 8500, Ottawa K1G 3H9, Canada. $, TA**
- **International Planned Parenthood Federation (IPPF), Regent’s College, Inner Circle, Regent’s Park, London NW1 4NS, United Kingdom. $, TA, IM**
- **Japanese Organization for International Cooperation in Family Planning (JOICFP), Hoken Kaikan Bekkan 11-1, Sadahara-cho, Ichigaya, Shinjuku-ku, Tokyo 162, Japan. $, TA, IM**
- **The Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO Corp.), 1615 Thames St., Baltimore, Maryland 21231, USA. $, TA, IM**
- **Johns Hopkins University/Population Communication Services (JH/PCS), Center for Communication Programs, 527 St. Paul Place, Baltimore, Maryland 21202, USA. $, TA, IM**
- **Martha Stuart Communications, Inc., 147 West 22 Street, New York, New York 10011, USA. TA, IM**
- **Media for Development Trust, 135 Union Avenue, P.O. Box 6755, Harare, Zimbabwe. TA, IM**
- **Norwegian Agency for International Development (NORAD), Boks 8142 Oslo Dep., Oslo 1, Norway. $, TA**
- **Overseas Development Administration (ODA), Eland House, Stag Place, London SW1E 5DH, United Kingdom. $, TA**
- **The Pathfinder Fund, 9 Galen Street, Suite 217, Watertown, Massachusetts 02172, USA. $, TA**
- **Program for Applied Technology in Health (PATH), 4 Nickerson Street, Seattle, Washington 98109, USA and 1990 M St, NW, Suite 700, Washington, D.C. 20036, USA. TA, IM**
- **Redd Barna, P. Boks 505 Sentrum, 0105 Oslo 1, Norway. $**
- **Swedish International Development Authority (SIDA), Birger Jarlsgatan 61, S 105 25, Stockholm, Sweden. $, TA**
- **United Nations Educational, Scientific and Cultural Organization (UNESCO), P.O. Box 20 Grand Central Station, New York, New York 10017, USA. IM**
- **United Nations Population Fund (UNFPA), 220 East 42nd Street, New York, New York 10017, USA. $, TA, IM**
- **United States Agency for International Development (USAID), Washington, D.C. 20523-1819, USA, or contact the local USAID mission. Assistance from the USAID Office of Population is provided through a number of cooperating agencies including JH/PCS, JHPIEGO, AED, AVSC, The Futures Group, and the Pathfinder Fund. $, TA, IM**

---

28 POPULATION REPORTS
Were the materials produced and distributed? In what quantity?
When and how often was the show, film, video, or television programming shown?
How many in the intended audience saw it?

Outcome evaluation answers the questions:
- Was the material appropriate, understood, and liked by the audience?
- What was the effect of the project on the target audience? Was there any change in knowledge, attitudes, or behavior because of the project?
Usually, audience knowledge, attitudes, and behavior before the project are compared with those afterwards. Alternatively or preferably in addition, the audience may be compared with a similar group that did not see the programming.

Impact evaluation measures the long-term health or demographic effects of the program. For family planning programs a major intended impact might be longer birth spacing or lower birthrates. Since such changes usually occur gradually and are subject to many influences besides communication programs, impact is rarely measured except in very long-term programs (139, 212).

Different information is needed to answer different evaluation questions. But any rigorous evaluation requires at least data establishing conditions before the intervention and comparable data on conditions during and after. Depending on the size and type of the evaluation, these data can come from these sources:
- Focus-group discussions;
- In-depth interviews, surveys, and written questionnaires;
- Contraceptive sales, clinic service statistics, and distribution trends;
- Viewer feedback—for example, letters, calls to hot lines, and requests for information;
- Content analysis of scripts, songs, and press coverage;
- Broadcast monitoring; and
- Television ratings, ticket sales, video sales or rentals, airtime, and number of showings.

Once the evaluation of a project is completed, the results should be shared. The lessons learned may be valuable to someone else planning a similar project. The evaluation report also may justify the program with funding institutions and gatekeepers and increase support for future family planning communication projects (60).

Challenges of Evaluating Mass-Media Communication
Evaluating the effects of mass-media projects is especially difficult. Among the problems that complicate these evaluations are:

- No comparison groups. People receive information about family planning—both pro and con—from many sources besides a mass-media project. In evaluation, the best way to take account of this is to compare those who were exposed to the project with those who were not—before, during, and after exposure. But by definition the mass media reach much of the population. It may be difficult to find unexposed members of the intended audience. Even those who did not see the programming may have talked about family planning with—and been influenced by—those who did see it. Many evaluations make do with pre- and post-test comparisons, which cannot easily exclude other influences. Also, these 2-point comparisons do not take into account pre-existing trends. Thus it is difficult to determine how much change is due to the project and how much would have occurred without it.

- What to measure? The ultimate goals of a family planning program, such as decreasing birthrates or maternal mortality rates, take too long and are influenced by too many other factors to be clearly attributed to mass-media communication. Most evaluations of communication campaigns look instead at intermediate steps such as requests for information, clinic attendance, or contraceptive use. Thus evaluation of communication projects depends on a good understanding of the steps that people take in changing their behavior.

- Difficult to evaluate quality. The impact of a communication effort, no matter how it is defined, often depends on the quality of the production. While technical quality can sometimes be gauged, the quality that comes from talent, creative genius, promotional finesse, and even skilled management cannot be objectively defined except in terms of its own success. If a project has little impact, is that due to poor quality or to other factors? And, addressing the larger question of whether the mass media can influence behavior, how can evaluators judge whether some behavior is resistant to the influence of any mass media or, alternatively, whether a specific mass-media communication effort was inadequate?

In a video drama to be shown in rural Nigeria, renowned comedian Baba Sala plays a man whose wife refuses to sleep with him because he will not use family planning. When he pursues her, she takes refuge in the king's palace, where the guard stops him.
Evaluation is improving. Evaluation of communication interventions is growing more sophisticated. Increasingly, project objectives are being stated in terms that will be easy to measure, such as clinic attendance or calls to a hot line. Multiple evaluation measures are being used. For example, IUHPF's projects often use several different research and data collection techniques in their research designs and evaluations. Known as the Media Impact Research System (MIRS), these measures include baseline and follow-up surveys with probability samples, time series analysis of clinic records before, during, and after the intervention, exit interviews with clinic clients, and structured interviews with small samples of clients, providers, and community leaders (115, 116). Management information systems for service providers are being made more sensitive to changes in promotion strategies as well.

Challenge for the 1990s. The goals of family planning communication, regardless of the media, can be described as making family planning a household word, a community norm, and an informed individual choice (110). Family planning communication efforts began, in the 1960s and 1970s, focusing chiefly on creating awareness of family planning— in other words, making family planning a household word. In the 1980s these efforts expanded and a new task was added: generating approval of family planning so that it is seen as appropriate, socially endorsed behavior—in other words, a community norm. In the 1990s family planning communication is facing the ultimate challenge: influencing people's behavior—that is, making family planning an informed individual choice. The roles that television, video, and film can play in meeting this new challenge are now emerging.

An asterisk (*) denotes an item that was particularly useful in the preparation of this issue of Population Reports.

25. DESAI, R. S. (Printed program) (Presentation) (Abstract). Personal communication, Apr. 9, 1990.
POPLINE is a comprehensive guide to family planning and population information—a computerized collection of over 200,000 citations with abstracts. Searches of POPLINE are free of charge to developing countries. You may use the form below to request a search. In the United States, users can subscribe to POPLINE through the National Library of Medicine, Bethesda, MD 20820. In other developed countries, searches can be obtained through MEDLARS search centers or from the Population Information Program for a fee. POPLINE is now available on compact disc, making the entire database accessible with a microcomputer. Write for more details.

POPLINE production is funded primarily by the United States Agency for International Development. The compact disc version of POPLINE is funded by the United Nations Population Fund.

TO ORDER POPULATION REPORTS OR TO REQUEST A POPLINE SEARCH, please complete the form below. (PRINT or TYPE clearly.) Mail to:

Population Information Program, The Johns Hopkins University
527 St. Paul Place, Baltimore, MD 21202, USA

Family name ___________________________ Given name ___________________________
Organization ___________________________ Address ____________________________
City and postal code ___________________________ Country ___________________________

Population Reports in Print
1. Send __ copies of each future issue of Population Reports.
2. Language: □ English □ French □ Portuguese □ Spanish.
3. Check (+) the issues you want:

- ORAL CONTRACEPTIVES—Series A

- INTRAUTERINE DEVICES—Series B
  - B-5 IUDs—A New Look [1988] (F,P,S)

- STERILIZATION, FEMALE—Series C
  - C-9 Minilaparotomy and Laparoscopy: Safe, Effective, and Widely Used [1985] (F,P)

- STERILIZATION, MALE—Series D
  - D-4 Vasectomy—Safe and Simple [1983] (F,P,S)

- LAW AND POLICY—Series E

- BARRIER METHODS—Series H

- FAMILY PLANNING PROGRAMS—Series J
  - J-29 The Impact of Family Planning Programs on Fertility [1985] (F,P,S)
  - J-32 Radio—Spreading the Word on Family Planning [1986] (F,P)
  - J-34 Employment-Based Family Planning Programs [1987] (F,P,S)
  - J-35 Counseling Makes a Difference [1987] (F,P,S)
  - J-37 Pharmacists and Family Planning [1990]
  - J-38 Lights! Camera! Action! [1990]

- INJECTABLES AND IMPLANTS—Series K
  - K-3 Hormonal Contraception: New Long-Acting Methods [1987] (F,S)

- ISSUES IN WORLD HEALTH—Series L
  - L-7 Mothers’ Lives Matter: Maternal Health in the Community [1989] (F,P,S)
  - L-8 AIDS Education—A Beginning [1989] (F,S)

- SPECIAL TOPICS—Series M
  - M-7 Migration, Population Growth, and Development [1983] (F,P)
  - M-8 Fertility and Family Planning Surveys: An Update [1985] (F,P,S)
  - M-9 Youth in the 1980s: Social and Health Concerns [1985] (F,P)

POPLINE Search
1. Topic: ________________________________________________________________

2. Purpose: ______________________________________________________________