THE SOCIAL ACCEPTANCE PROJECT – FAMILY PLANNING (TSAP-FP)

The FamPlan Hotline: Making Family Planning Information Just a Text Away to Filipinos Nationwide

SITUATION

Married Filipino women of reproductive age bear an average of four children but desire only three. The one-child gap between desired and actual fertility is wider among poor and less educated women (NDHS 2003).

High unwanted fertility is closely related to high-risk births, which is closely linked to the country’s high infant and maternal mortality rates. These numbers are brought about by the high unmet need for family planning services experienced by 17 percent of married women who want to space or limit the number of their children but are not currently using any form of contraceptives (NDHS 2003).

While lack of access to contraceptives is considered the immediate reason for unmet need, inadequate knowledge about methods, their usage, mode of action, side effects and relative effectiveness are major constraints to method adoption.

The main interpersonal sources of family planning information are neighbors, family and friends who, more often than not, disseminate wrong information. Health providers are the most credible sources of family planning information but many of them also have misconceptions (TSAP-FP 2004). Moreover, many women who have never used a family planning method have never been counseled by a health provider (NDHS 2003).

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Technical Notes / September 2006
CHALLENGES

Inadequate knowledge and rumors bring about the fear of side effects and health concerns about modern contraceptive methods. Together, these two factors are the major reasons why couples do not practice family planning (NDHS 2003).

In order to probe deeper into barriers to use and continuation of family planning methods, The Social Acceptance Project - Family Planning (TSAP-FP), a USAID-funded project aimed at increasing public approval and open discussion of family planning, conducted a qualitative study in 2003 utilizing focus group discussions and in-depth interviews, which revealed that many Filipino men and women are reluctant to go to health centers for family planning advice and information due to lack of privacy and confidentiality (TSAP-FP 2003). Another study conducted in 2003 showed that only 50 percent of those who ever practiced family planning sought the assistance of a health provider before starting a contraceptive method (TSAP-FP 2004).

In the late 1990s, reproductive health organizations began exploring alternative communication technologies in an effort to find more efficient and acceptable ways to transmit information. Osteria (2005) reports that the tangible benefit of this technology is the “connectivity” that enhances the link between the individual requesting for information and the counselor that provides the response. Such link reduces isolation and improves knowledge sharing as information is provided, strategies discussed and experiences shared in efforts to build support.

The use of hotlines to provide information and counseling is not new to the Philippines. There existed telephone hotlines operated to provide information and counseling on HIV/AIDS, adolescent sexuality concerns and marriage problems, among others. However, there was no hotline devoted to family planning. Among the latest information technologies that Osteria deemed as exciting, attractive and effective means of information transmission, particularly in the Philippine setting, is the use of the cellular phones and message texting. Osteria opines that these technologies are appropriate for inquiries since they are non-threatening and do not impose any sequence or order, allowing users to follow through on their own interests at their own pace. Moreover, she says, hotlines and message texting are effective as they provide individuals with convenient, confidential, interactive and compassionate access to information and referrals and can provide a deeper understanding of the unique sexual and reproductive health needs of vulnerable groups. In addition, the ability to communicate quickly and directly by text messaging improves information and referral systems. Text messaging can be tailored to specific target audiences, thereby becoming more responsive to the queries of the clientele. While factual information is provided, it also enables the inquirer to examine his/her values, improve communication skills and help in goal setting and decision making.

Hotlines as a tool for behavior change communication often raise questions on their effectiveness compared to face-to-face communication. Communication theorists have recently investigated mediated communication channels, such as hotlines. Rettie (2003) argues that “connectedness” or the feeling of being in touch is just as important or even more so, compared to the immediacy of social presence such as smiling, eye contact and nodding in the promotion of social relationships.

As a highly social people, Filipinos have quickly adapted to the text medium as a communication channel. There are now more than 30 million Filipinos with cellular phones, which are mostly being used for texting. Filipinos have developed their own unique shorthand for text messages
that convey not just meaning but mood. The phrase “text capital of the world” summarizes the Filipinos’ propensity to text as a means to stay connected, even without the immediacy of face-to-face communication.

Increasingly, text is being used not just to stay connected but also to obtain information. For example, TSAP-FP supported interactive communication activities which disclosed that there is a significant demand for family planning information by people through their cellular phones. *Payong Sigurado sa Family Planning* (Sure Advice on Family Planning), a radio call-in family planning counseling session which aired from March 2004 to July 2006 as a segment over the popular DZMM radio program *LoveLines* every Saturday morning from 2:00 to 3:30 AM received around 10 text questions every episode, mostly on what family planning method to use and how to use it.

An “enter-educate” Monday to Friday radio program in Cebu titled “Magpakabana Ka” (*Be Aware*) followed four days of soap operas from Monday to Thursday with an on-air counseling portion on Fridays. The program received an average of four text questions.

The above examples show that Filipinos will use their cellular phones to obtain family planning information.

**INITIATIVES**

In order to expand the provision of correct information on family planning in an interactive and confidential manner, TSAP-FP supported the establishment and operation of a Family Planning Hotline (FamPlan Hotline). The hotline was sponsored by the Department of Health (DOH) and launched by the Secretary of Health in a press conference on August 13, 2004.

**FamPlan Hotline Features**

The Family Planning Hotline was designed to be accessed by text, voice and email in order to reach as many potential clients nationwide. It was intended to be an information and referral rather than a counseling hotline. Text was expected to be the most accessed facility, given the Filipinos’ high usage of cellular phones and the economy of using text. Moreover, text is
anonymous and users of the hotline can ask sensitive questions that they will hesitate to ask in a face-to-face setting.

The Family Planning Hotline with text as a main facility was established with the following assumptions:

1. With more than 30 million subscribers, cellular phones have extensive penetration even among the lowest socio-economic classes (DE) which, as surveys reveal, have the lowest level of correct knowledge and lowest use of family planning methods (NDHS 2003).

2. Cellular phones can access the FamPlan Hotline anywhere in the country that has a cellular phone service. This is opposed to a phone-in hotline that can only be accessed toll free from Metro Manila. Anyone calling from outside Metro Manila will have to pay more expensive domestic long distance call rates.

3. The cost of text messaging is low and is the same nationwide at around P1.00 (US$0.02) per text for most cellular phone users.

A computer-based data system was developed so that call respondents can provide quick and accurate responses to queries and easy tracking of queries and inquirers. The system consisted of a local area network that is linked to the cellular phone system by means of data modems and to the Internet by means of a Digital Subscriber Line (DSL); and computer databases that store answers to the most frequently asked questions (FAQs) and referral and caller information.

The system automatically scanned incoming text questions for key words and came up with possible answers to the questions. Thus, it was easy for the call respondent to decipher the question and select the correct answer.

A database of answers to FAQs was developed and continuously updated. The FAQs were developed by first culling most popular questions asked during the LoveLines radio call-in program. The answers were developed with the assistance of the DOH.

Since the hotline was an information and referral hotline, a database of referral clinics consisting of public health centers and private facilities offering family planning services was consolidated and inputted in the computerized data system. Referral was made if a text sender or caller asked about a specific family planning method and gave his/her approximate location. This information enabled the call respondent to identify a referral point closest to the text sender or caller that offered the appropriate information, counseling or service.
One easily remembered cellular number for the two major cell service providers was obtained: 0917/0918 U-FAM-PLN or 0917-832-6756 for Globe and 0918-832-6756 for Smart. These numbers were prominently displayed in the Family Planning Hotline logo, which followed the form of a cellular phone screen.

**Selection and Capacity Building of Hotline Operator**

A non-government organization (NGO) was selected, through an open bidding process, to operate the hotline based on its low cost, staff capacity and its extensive experience in operating a telephone hotline on HIV/AIDS.

Three NGO staff were trained to be “call respondents”, i.e., receive text messages or calls and respond to queries using the computerized data system. A five-day training held in July 2004 developed the knowledge and skills of the staff on:

1. How to use the computer system and the databases
2. The different family planning methods, their mechanisms of action, benefits, risks and myths and misconceptions and evidence-based information which counter these myths
3. How to answer difficult questions

From the start, attention was paid to highlighting “connectedness” even while text messaging is “telegraphic” and limited to 160 characters for each message.

After analysis of the first full month’s worth of text exchanges, a two-day retraining of call respondents was done in March 2005 with particular emphasis on further developing the skills of call respondents on how to answer difficult questions, improve the rate of referrals and strengthen the sense of empathy and “connectedness”.

**Promotion of FamPlan Hotline**

Since a hotline can only be as effective as its level of use, extensive promotion was done to maximize use of the FamPlan Hotline by the public.

1. A launch press conference on August 13, 2004, presided by the Secretary of Health, received extensive coverage in the print and broadcast media.
2. A launch event was held in a popular mall outside Metro Manila on August 15, 2004. The choice of the venue was deliberate as it highlighted the fact that the Hotline could be accessed nationally, not just in Metro Manila. The launch event was highlighted by a popular Extensive promotion was done to maximize use of the FamPlan Hotline by the public.
male dancing and singing group who sang the family planning jingle Sigurado (Safe).

3. Collateral materials were produced such as a Family Planning Hotline Vest, which was distributed to tricycle drivers, stickers for posting inside tricycles and jeeps and leaflets for distribution during mall events. The Family Planning Hotline logo was featured prominently in all promotional materials produced by TSAP-FP.

4. The Hotline was promoted through television public service announcements produced and aired by the DOH using their own resources. These TV spots, which featured the Secretary of Health, ran from the last week of November to the middle of December, 2004.

5. The Hotline was advertised through announcer-on-board radio spots (spots actually voiced by the announcer as if it were part of his/her program) in Manila and Cebu and foot ads in popular tabloids in Metro Manila, Cebu and Davao from July to August 2005, and again in top rating tabloids in Manila, Cebu and Davao from February to May 2006.

RESULTS

The FamPlan Hotline received a total of 60,916 text messages and 4,131 phone calls since its first day of full operation on August 16, 2004 until August 31, 2006 - an average of almost 2,500 text messages and 170 calls per month. There was a significant increase in text and calls when media promotional activities for the hotline were conducted. For example, during the radio and print campaigns in the third quarter of 2005, the number of text messages and calls multiplied eight times compared to the previous quarter. It is possible that each of these messages and calls contained more than one question. Many texters asked follow up questions, allowing some sort of two-way communication and promoting “connectedness”.

Table 1: Quarterly number of texts and calls

<table>
<thead>
<tr>
<th>Year</th>
<th>Quarter</th>
<th>Texts</th>
<th>Calls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>August to September</td>
<td>4,226</td>
<td>519</td>
<td>4,745</td>
</tr>
<tr>
<td></td>
<td>October to December</td>
<td>6,072</td>
<td>679</td>
<td>6,751</td>
</tr>
<tr>
<td>2005</td>
<td>January to March</td>
<td>2,046</td>
<td>165</td>
<td>2,211</td>
</tr>
<tr>
<td></td>
<td>April to June</td>
<td>1,413</td>
<td>161</td>
<td>1,574</td>
</tr>
<tr>
<td></td>
<td>July to September</td>
<td>11,869</td>
<td>705</td>
<td>12,574</td>
</tr>
<tr>
<td></td>
<td>October to December</td>
<td>2,690</td>
<td>175</td>
<td>2,865</td>
</tr>
<tr>
<td>2006</td>
<td>January to March</td>
<td>11,394</td>
<td>628</td>
<td>12,022</td>
</tr>
<tr>
<td></td>
<td>April to June</td>
<td>15,686</td>
<td>803</td>
<td>16,489</td>
</tr>
<tr>
<td></td>
<td>July to August</td>
<td>877</td>
<td>99</td>
<td>976</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>60,916</td>
<td>4</td>
<td>65,047</td>
</tr>
</tbody>
</table>

Source: Remedios Aids Foundation, FamPlan Hotline database

TSAP-FP analyzed six months’ worth of text questions before and during the print advertising campaign (November 2005 to January 2006 and February to April 2006, respectively). The
number of texts and calls during the campaign increased dramatically compared to the pre ad campaign period. Most of the questions received were on family planning e.g., what is the best of safest method, how to detect one’s fertile period, how to use the pill or injectable. There were many questions on pregnancy and sexuality concerns. Table 2 illustrates the type of questions received from November 2005 to April 2006:

<table>
<thead>
<tr>
<th>Types</th>
<th>Pre-Print Ad Campaign November (2005)</th>
<th>During Print Ad Campaign</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning</td>
<td>445</td>
<td>1,414</td>
<td>3,927</td>
</tr>
<tr>
<td>Pregnancy related concerns</td>
<td>43</td>
<td>72</td>
<td>142</td>
</tr>
<tr>
<td>Sexuality</td>
<td>32</td>
<td>116</td>
<td>525</td>
</tr>
<tr>
<td>Medical</td>
<td>39</td>
<td>46</td>
<td>322</td>
</tr>
<tr>
<td>Menstruation</td>
<td>39</td>
<td>88</td>
<td>182</td>
</tr>
<tr>
<td>Maternal and child health</td>
<td>11</td>
<td>61</td>
<td>122</td>
</tr>
<tr>
<td>Infertility</td>
<td>0</td>
<td>11</td>
<td>131</td>
</tr>
<tr>
<td>Anatomy and physiology</td>
<td>8</td>
<td>20</td>
<td>78</td>
</tr>
<tr>
<td>HIV/AIDS/STI</td>
<td>16</td>
<td>21</td>
<td>78</td>
</tr>
<tr>
<td>Relationship</td>
<td>1</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Referrals</td>
<td>13</td>
<td>19</td>
<td>121</td>
</tr>
<tr>
<td>Others</td>
<td>5</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>651</strong></td>
<td><strong>1,943</strong></td>
<td><strong>5,087</strong></td>
</tr>
</tbody>
</table>

*Source: Remedios Aids Foundation, FamPlan Hotline database*

Based on the analysis of call respondents’ records, most text messages were answered within the target time frame of two seconds to two minutes if sent within hotline operating hours of 8:00 AM to 8:00 PM, Mondays to Saturdays, except holidays. Again, quick answers to questions were strived for to enhance the feeling of “connectedness”. Text questions sent outside of these hours were answered on the following working day. TSAP-FP, through USAID, funded hotline operations from its launch in on August 16, 2004 until July 15, 2006. The Department of Health committed to sustain funding of the Family Planning Hotline operations starting July 16, 2006.

**RECOMMENDATIONS**

A text-based hotline is a cost-efficient way to make correct information on family planning matters accessible to the public all over the country. The text-based hotline can be used for other health concerns. Moreover, due to the speed and efficiency of the computer-based system, the facility can be used to send messages to health providers around the country for other health concerns, e.g. alerts on avian influenza.

Because of limitations of the medium, hotlines using text can only provide information rather than counseling. Thus it is important to build the referral database which can provide additional information, counseling and services to texters or callers.

A hotline needs to be regularly promoted via mass media to sustain awareness and maintain high use of the service by the public. Based on TSAP-FP’s experience, the most successful channel to promote the FamPlan Hotline were popular local language tabloids which ran foot ads (full width ads that are printed at the bottom of newspaper pages). These print ads
prominently showed the hotline numbers for easy recall, which is difficult if broadcast media is used.

There is a need to regularly update knowledge and skills of hotline call respondents on the latest developments and research results on the health area concerned. Correspondingly, there is a continuing need to update the database including referral information.

Regarding the family planning hotline itself, there is a need to fully evaluate the level of satisfaction of text senders to the service. It is recommended that a text-based survey be done among a random sample of those who have sent in questions. This survey will address clients’ satisfaction on the consistency, accuracy and adequacy of the information given.

The hotline computer can easily be programmed to send in the questions, which will be developed by researchers, and collate the answers. The text-based survey has the advantage of being interactive, meaning that follow-up questions will depend on the answers to previous questions. Moreover, the cellular system in the Philippines is sophisticated enough that incentives can be given to those who completely answer all questions.

REFERENCES


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