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METRO MANILA HEALTH CENTERS

Department of Health-NCR  
Immunization Program



## MANAGING A COMMUNICATION PROGRAM ON IMMUNIZATION

*a decision-making guide*

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# ANAGING A COMMUNICATION PROGRAM ON IMMUNIZATION

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## FOREWORD

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Educators in the public health sector are called upon to undertake communication programs that focus on changing practices among low-income groups for whom adequate health care is commonly elusive, unaffordable, and inaccessible. Their task, therefore, is a formidable one. They must disseminate health information to as wide an audience as possible for the least cost and with maximum efficiency. Further, communication programs must complement the reach of the public health system.

Because health educators share in the responsibility for providing health services to the disadvantaged, they must also participate in making decisions about how to provide these services. When these educators actively participate as members of the team of public health professionals, their potential is then harnessed to the fullest in helping people to change their behaviors and to embrace health practices that will reduce mortality and morbidity.

This case study is intended to provide the health educator with the framework upon which to strengthen the partnership with health service delivery staff. Drawing upon the experience of the Department of Health in the Philippines, the case study illustrates how this methodology was applied to the Metro Manila Measles Vaccination Campaign. It details how the communication team developed and implemented the program that helped double the measles vaccination coverage rates from 23 percent in the pre-campaign to 45 percent in the post-campaign. The case study also describes the decision-making approach used by the communication team in developing and implementing a health communication program.

The Department of Health believes that communication is vital to achieving public health goals. Our programs give us the opportunity to bring together the health educator and the health service provider in pursuit of a common goal—the health and well-being of the disadvantaged sectors of our society.

  
Alfredo R.A. Bengzon, M.D.  
Secretary of Health  
Republic of the Philippines



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Many people have contributed to the conduct of project activities. The authors acknowledge the contributions of numerous individuals from the Department of Health - Republic of the Philippines (DOH) National Capital Region, the Maternal and Child Health Service, and the Public Information Health Education Service (PIHES).

We, the authors, are particularly indebted to the consultant team that helped us through the various steps in the health communication methodology: to Robert Hornik and Susan Zimicki of the Annenberg School of Communications, University of Pennsylvania, for conducting the baseline research studies that guided us through the decisions regarding the communication activities, and to Mary Debus of Porter/Novelli, who helped us prepare the communication plan and undertake tracking studies to monitor the progress of the communication activities.

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# **THE METRO MANILA MEASLES VACCINATION CAMPAIGN:**

*A CASE STUDY*

**T**he Metro Manila Measles Vaccination Campaign<sup>1</sup> was intended to test the feasibility of using an integrated communication approach to assist the Department of Health (DOH) in increasing the rate of full immunization among children less than a year old. The campaign relied on the use of mass media, as well as face-to-face communication, at the health center between mothers and healthworkers. It also tested the effectiveness of using a single-minded message to persuade mothers to bring their children to the health centers. Ultimately, the campaign was an experiment in forging partnerships between the health care provider and the mother; between the communicators and the health service delivery team; and between the DOH and the private sector, composed of private research companies, advertising agencies, and nongovernmental organizations involved in health.

This case study tells the story of that partnership. It provides valuable insight into how we, the communication team, made decisions regarding the campaign, reviewed the research data and used this information to answer questions pertaining to the intended audience, designed materials, and pretested them in the field. This detailed analysis also describes how the health educator and the health care provider can become partners in the development and implementation of a program aimed at helping mothers to modify health practices.

Members of the Public Information Health Education Service (PIHES) of the Philippine Department of Health and the HEALTHCOM Project<sup>2</sup> served as the communication team for the Metro Manila Measles Vaccination Campaign. Two PIHES staff were assigned to the campaign, and they participated in day-to-day project activities. PIHES



*The measles vaccination campaign is launched in Metro Manila on February 12, 1988.*

<sup>1</sup> The word campaign is used here to denote an intensification of the Expanded Program on Immunization using existing service delivery structures. Rather than a one-time mobilization effort, it includes both an intensive phase and a sustaining strategy. Metro Manila piloted the communication strategies to be used in the nationwide EPI program.

<sup>2</sup> Communication for Child Survival, or HEALTHCOM, is a USAID-funded global project that provides technical assistance in communication for a range of child survival technologies in more than 17 countries.





functions as the communications arm of the DOH. It comprises both the communications planning and research division and the communications program implementation division. The communications planning and research division supervises the work of three sections, namely, programs/project development, monitoring/research and evaluation, and interagency collaboration technical assistance. The program implementation division includes the public relations, publication, and audiovisual sections. Two staff units report directly to the Chief of PIHES, namely, the administrative staff and the production unit staff.

## A. THE PROGRAM SETTING

The Expanded Program on Immunization (EPI), which began in 1976, received a much-needed political boost on July 12, 1986 when newly elected President Corazon C. Aquino signed Proclamation No. 6. This proclamation affirmed the government's commitment to the United Nations goal of universal child immunization by 1990.

During that time, the Department of Health, although responsible for providing vaccination services nationwide, had no administrative control over city health offices. In October 1987, through Executive Order 119, the supervision of these health offices nationwide was transferred to the DOH. The planning workshop, which initiated the development of a communication program on immunization, took place in July 1987 amidst numerous difficulties.

Following the planning workshop, the DOH decided to undertake a pilot communication program in the National Capital Region (NCR), also known as Metro Manila. This pilot project provided an opportunity to work with the Metro Manila Commission in transferring administrative supervision of city health

centers in the Metro Manila area. Overall planning, coordination, and implementation was assumed by the National Immunization Committee (NIC), which was headed by the Undersecretary for Public Health Services. Reporting to this office is the Maternal and Child Health (MCH) Service, which is responsible for the national implementation of EPI through its National Immunization Unit. At the regional level, the program is managed by immunization officers assisted by Regional EPI nurse coordinators.

## B. EPI OBJECTIVES

Our initial task as the communication team was to obtain information about the goals and objectives of the Expanded Program on Immunization. The Philippine Department of Health seeks to raise national levels of fully immunized children under the age of one from 70 percent in 1988 to 90 percent by 1993. It also seeks to increase the percentage of pregnant women with tetanus toxoid immunization from 37 percent in 1988 to 80 percent by 1993. (Program Assistance Approval document on the Child Survival Program, 1989 to 1993.) It aims to achieve these objectives through the health delivery system of the DOH, covering 2,072 rural health units, 9,184 barangay health stations, and 218 puericulture health centers, and the network of hospitals at the regional, provincial, and district levels. (DOH Planning Service, 1989.) In 1987, DOH management decided that an integrated communication component for the EPI would assist the department in meeting its goal of encouraging mothers, nationwide, to bring their children to the health centers for their full vaccination series before they reached one year of age.

Full immunization meant that the child would be vaccinated against six childhood diseases before the age of one, according to the following regimen: one dose of BCG vaccine for newborns, three doses of DPT vaccine, three doses of oral

polio vaccine, and one dose of measles vaccine. A fully immunized child would be protected against tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis, and measles.

PIHES, as the communication arm of the Department of Health, was responsible for undertaking communication activities to support the activities of the health centers and for providing informational materials for mothers, healthworkers, and the general public on a variety of health interventions. For the Expanded Program on Immunization, PIHES had developed printed materials for mothers and healthworkers, which were distributed exclusively through the health centers. Several attempts had been made to incorporate mass media, but these were sporadic and covered a limited geographical area.

## C. THE MANDATE FOR COMMUNICATION

A new mandate was given to the communication team to design, implement, and evaluate a program that would promote the acceptance of vaccination among mothers and support the activities at the health centers. We were to collaborate with the health service delivery staff who provide health services, to decide on the objectives of the Metro Manila Measles Vaccination Campaign, and to develop a plan that would enable us to achieve those objectives. The health service delivery team was composed of officials of the National Capital Region. EPI policy guidelines were provided by the Maternal and Child Health Service of the DOH.

The Department of Health's EPI goal was to increase the number of children who had become fully immunized by the age of one. The health communicator's task was to help the program achieve that goal. As described in subsequent chapters, the health communicators decided on a strategy that focused the mass media messages on a single disease, measles, in an effort to persuade mothers to have their children fully immunized. Chapter two describes the health communication methodology. The remaining chapters detail how we used this methodology to develop the Metro Manila Measles Vaccination Campaign.

In this case study, the five-step health communication methodology is described within the specific context of the Metro Manila Measles Vaccination Campaign. The intent is to present a general process and its application in a specific communication program on immunization. Applications of this general principle vary according to the health practice being promoted and to the characteristics of the target audience. Materials listed in the reference section provide further information on the methodology.



*Metro Manila health centers are now under the administrative supervision of the Department of Health*



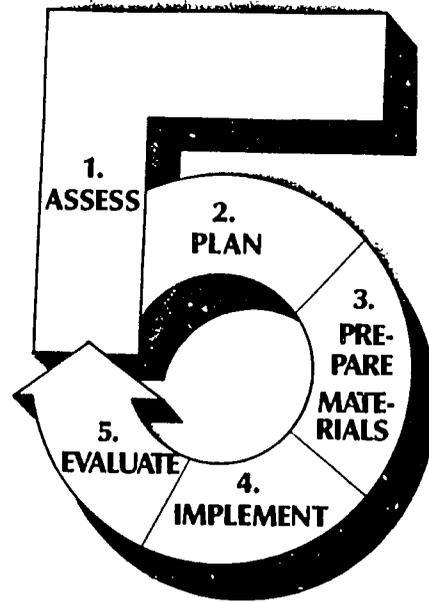
### **THE PROGRAM MANAGER AND THE HEALTH EDUCATOR: A PARTNERSHIP**

Promoting health behavior change is a difficult task requiring a single-minded and consistent effort from a multidisciplinary team. A critical element of successful health education programs has been the partnership between the public health program manager and the health educator. Each has a unique contribution to make to the effort. The program manager determines program goals, identifies the range of activities that will be undertaken by the program, and selects the team members who will contribute to the effort. The health educator has usually been called upon only after the program manager has designed the service delivery component and the promotional materials need to be produced. This is a circumscribed role for the health educator, which neglects to take full advantage of the capacities of a health educator. A health educator can bring into the program the perspective of the "consumer" or the target audience. As such, the health educator, if called upon to participate in the early planning stages of the health program, is able to provide information on the knowledge, attitudes, and practices of mothers regarding child care. More importantly, the health educator is able to provide insights into how the program can communicate with the mothers so that they will be predisposed to try and sustain these new practices over time.



# THE METHODOLOGY FOR HEALTH COMMUNICATION:

*A DECISION-MAKING APPROACH*



In developing the communication component of the Expanded Program on Immunization, we followed a five-step methodology that involved (1) assessing; (2) planning; (3) developing, testing materials, and refining the elements of the plan; (4) implementing communication activities; and (5) evaluating results and using feedback to refine the program. We found it useful to adopt a decision-making approach. At each step, we would ask ourselves: "What decision do we need to make at this stage?" Following is a list of the questions that were asked concerning each stage of the process.

## ASSESS

An assessment of the communication needs of the Expanded Program on Immunization required that the communication team first consider the

following questions: what health practices are being promoted; which are the primary target groups that the EPI is trying to reach; how successfully has the program reached these target groups? We then focused our attention on the mother and asked ourselves the following questions:

- What are her reasons for not practicing what the program is attempting to promote? Is she aware of these childhood diseases? Is she concerned that these diseases endanger her child's health?
- Do mothers believe that vaccination will protect their children against these diseases? If mothers are unaware of the diseases, the first task of the communication program will be to make them aware before encouraging them to bring their children to the health center for vaccination. If mothers are aware of the

### FOCUS ON THE TARGET AUDIENCE

Because the target audience is the foundation upon which to build the communication program, it is critical to pose the following questions: Whose behavior is to be changed? What is known about the target audience? How will the audience be persuaded to accept your messages and to adopt the health practices being promoted?

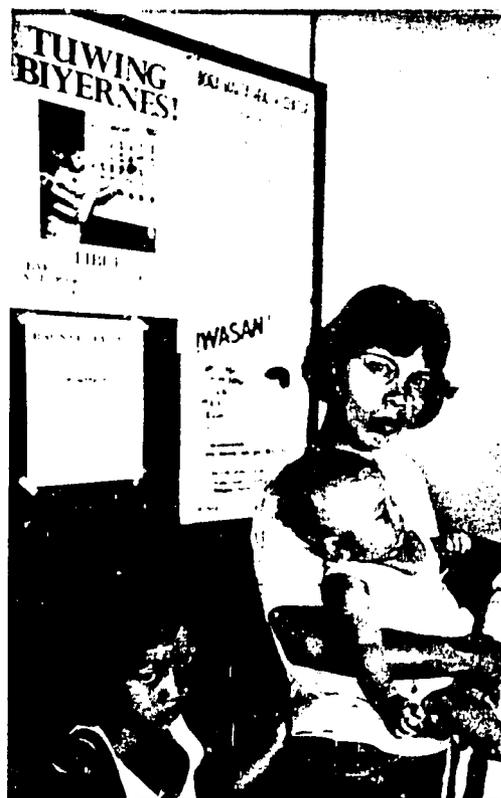
Communicators and health educators need to know some basic information about their program's target audience. Such information includes the audience's knowledge about the problem, reasons for not behaving according to prescribed practice, and motivational factors that will encourage the audience to accept new health practices. An understanding of these elements will help the communicator design an appropriate and effective communication strategy. After the message has been decided, the communicator will need to understand the most effective channels to use in delivering the message. Rather than debating whether to use radio or television or print or face-to-face channels, the relevant exercise is to determine the best "mix" of channels that can be used for maximum impact at an affordable cost. At any point, however, in the process of designing, implementing, and evaluating a communication program, the ultimate question is: "What does the target audience have to say about this?"



diseases, but are unconvinced that vaccination is the solution to the problem, the role of the communication program will be to produce a change in attitudes concerning vaccination.

- Can mothers practice the health behaviors being promoted? If the DOH intends to encourage mothers to have their children fully immunized, can mothers, in fact, take the necessary action? Are health centers accessible? Are healthworkers trained to provide vaccinations? Do mothers know where to go for vaccinations? Are these services provided free or at a cost that the mothers could either afford or be willing to pay for?

During this stage of assessment, members of the health service delivery team were active participants. Their experience in service delivery, and their perception of mothers' attitudes and knowledge about immunizations and mothers' use of health center services were critical at this stage of the program.



*The Department of Health seeks to increase rates of full immunization among children less than one year of age*

### THE METHODOLOGY APPLIES TO ALL HEALTH INTERVENTIONS

The methodology describes a decision-making process that a communicator and health educator can use in developing, implementing, and evaluating any health intervention. It is useful given any number of different target audiences or health practices. Although the answers to the questions on which decisions are based will change from intervention to intervention, the decision-making process remains the same.

In child survival programs, the child under five is the ultimate beneficiary of the health programs aimed at reducing child morbidity and mortality, but the caretaker, who is usually the mother, is the primary target audience for the communication program. It is the caretaker who will decide whether the child will receive vaccinations, or oral rehydration therapy for diarrhea, or basic health services.

## PLAN

After describing the program situation, the team developed a communication plan that documented decisions regarding the following:

- Target audience for the communication program
- The health practice to be promoted
- The key consumer benefit or the reason why the target audience would be motivated to adopt the health practice being promoted
- The evidence to be provided so that people will believe the message
- The channels of communication to be used in reaching the target audience
- The communication objectives in terms of what percent of the target audience is to be reached with messages
- We also specified our goals for producing an awareness of the messages and for generating trial, and eventual adoption, of the health practices being promoted.

This communication plan, which described the strategy to be used, specified the target audience, the response we wanted to generate from that audience as a result of the communication activities, and the manner in which we would communicate with the target audience to achieve the intended response. The written communication plan enabled us to determine whether the various interpersonal communication activities, mass media materials, and messages were consistent with the strategy. It also was beneficial in helping to focus on the objectives and in enabling us to determine whether the activities were going to help achieve those objectives.

## DEVELOP, TEST, AND REFINE

When the communication strategy was clearly defined, we found it easier to determine what materials needed to be developed, what communication channels could be used to deliver these messages, and how often these radio-TV messages needed to be aired so that the target audience would hear these messages and recall the principal messages amidst the **media clutter**<sup>3</sup> that result from all other messages being broadcast by various groups. The questions posed at this stage included the following:

- What communication materials do we need to produce, and what will be the purpose of each of these materials?
- What is the **media mix**, or the combination of communication channels, that we will use? Should we decide to use radio as the primary medium followed by television, we would need to document why we chose this "mix" of channels. Was radio the most accessible medium for the target audience? Was it cost-effective in reaching a large segment of the audience frequently enough so that the messages would be heard and recalled and at a reasonable cost per person reached?
- How are we going to reach the network of healthworkers with messages about the communication program? It is important that they be knowledgeable about the objectives of the campaign and also feel a part of the undertaking and realize the value of their participation in achieving the goals of the communication program. Healthworkers are the program's

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<sup>3</sup> Highlighted terms in the text are defined in the Glossary.

field-based service provider. They have face-to-face contact with the target audience. They provide the immunization services and counsel mothers regarding the health care of their children. The communication program must, therefore, spell out how healthworkers will be trained. They should become effective communicators who are able to make the best use of their face-to-face interaction with the mothers in encouraging long-term adoption of health practices.

The materials that were developed were then tested with a sample of the target audience for comprehension, believability, and acceptability. We listened to what the target audience had to say and, if the messages we thought we were communicating were either not understood or not believed, we revised the materials and tested them again with the target audience until we obtained an acceptable level of comprehension of the messages. Because members of the target audience had little education and were poor, the messages had to be crafted in such a way as to ensure that they were understandable and acceptable to this segment of the population.

## IMPLEMENT

At this stage, we were ready to deliver the messages. Members of the communication team produced **press kits** for the press conference that would launch the program. Healthworkers were given an orientation on the objectives of the communication program; health center policies were reviewed; supplies were audited; and monitoring systems, which included the monitoring of communication materials and sources of information, were developed. An advertising agency in Manila produced broadcast materials on audio and video cassettes for airing, printed the posters and stickers, and placed the ads in the newspaper.

Questions that we posed regarding the communication program included the following:

- Are the messages reaching the target audience? Are the television and radio spots broadcast according to the schedule we indicated to the radio and television stations?
- Are print materials reaching the health centers? Are healthworkers giving mothers the advice they need? Are messages given in

### MOTIVATING THE TARGET AUDIENCE

Communication programs are aimed at behavior change. To make communication programs effective, the health educator must know what motivational approach can be used so that the audience will pay attention to the message, accept the idea, and try the new health practice. In advertising, the driving force behind the strategy is the key consumer benefit. Consumers must perceive the benefit to themselves before they will either adopt a new practice or purchase a product. Benefits are usually weighed by the consumer against the "price" of adopting the new behavior. The "price" of immunization programs may be the loss of a half-day's wages to take the time to go to the health center or the long waiting time at the clinic. It could also be the mother's loss of sleep following vaccinations because the child is listless, is uncomfortable, or has a low-grade fever. When the benefits perceived by the mother outweigh the "price" of adopting the behavior, she will be more amenable to accepting the health practice.

face-to-face interactions supportive of the mass media messages?

- Are there any operational problems, such as lack of vaccines, which may prevent the mother from obtaining the services promised through mass media channels, thereby leading to the loss of credibility of the health communication component?

## EVALUATE COMMUNICATION EFFECTS

Regular monitoring of the communication program, coupled with an evaluation of the pre- and post-campaign measures of knowledge, attitudes, and practices helped us to understand whether the elements of the plan worked and to identify what elements were successful. We reviewed the following aspects of the communication program:

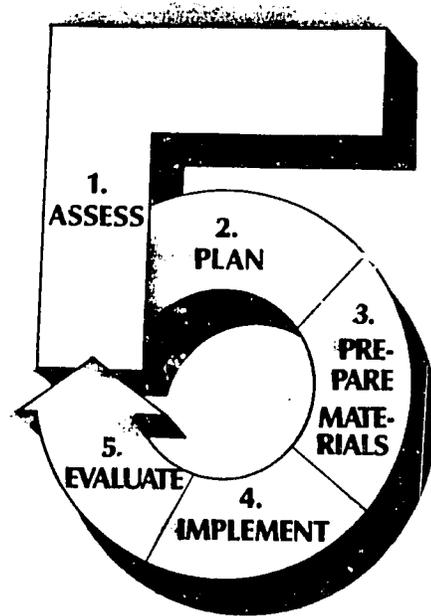
- Access to the messages—Did the target audience receive any of the messages? Through which channels?
- Attitudes about the diseases and the value of vaccinations in protecting children from these diseases
- Behavior change—Was there an increase in the number of mothers who brought their children for immunization after the

communication program was initiated? If so, were these increases a result of the communication program?

It was also important for us to understand what actually occurred in the health centers where vaccination services were being provided. The communication program may have been successful in bringing mothers to the health centers, but it was the healthworker who provided vaccination services and counseled mothers. The evaluation indicated whether the health centers were able to provide vaccination services to the mothers who heard the messages. It also described the mother's experience at the health center. Did she have to wait long? Did she understand what the healthworker had told her? If the experience was positive, it was more likely that the mothers would adopt the health practice being promoted.

Although these questions were beyond the purview of the communication team, it was important to understand the factors that led to either adoption or rejection of the proposed health practice. Actions that needed to be taken to solve operational problems, such as availability of vaccines or long waiting times, were health center staff responsibilities. The communication team, however, contributed to diagnosing the problem and to understanding implications for communication efforts. Finally, we identified the elements of the communication plan that worked well and used the experience to refine the program and to suggest overall improvements for expansion nationwide.

# STEP ONE: ASSESS



Assessment is the first step in the health communication methodology. This chapter sets forth the process of assessing the communication needs of a public health program prior to developing a communication component. It describes the assessment phase of the Metro Manila Measles Vaccination Campaign.

The first step in preparing the health communication methodology was to examine the immunization program in its entirety and to consider with whom it was communicating, through what channels, and by providing what messages. Although the child was the ultimate beneficiary of the immunization program, the target audience for the messages would be the mother. Our first consideration, therefore, was: "Who is our target audience, and what do we know about it?" After identifying the group to which the messages would be directed, we had to determine what health practice to promote and how the messages could be crafted so that the audience not only would understand the message but also would take the desired action. We searched for the answers in various ways. First, these inquiries were directed to the DOH health service delivery personnel. These were the people who were administering the EPI activities, who were in contact with the mothers who came into the clinic, who were in the field providing health services to the people, and who had opportunities to discuss with mothers their health practices and beliefs.

## A. A COMMUNICATION PLANNING WORKSHOP

A Communication Planning Workshop was held in July 1987 in Manila. The participants, who included senior-level staff from the central and regional offices of the DOH, determined the questions fundamental to designing a communication program:

- Who is the target audience?
- What health practice should be promoted?
- What channels of communication can be used to reach this audience effectively?
- What are the opportunities, as well as the constraints, that the

communication program will have to address?

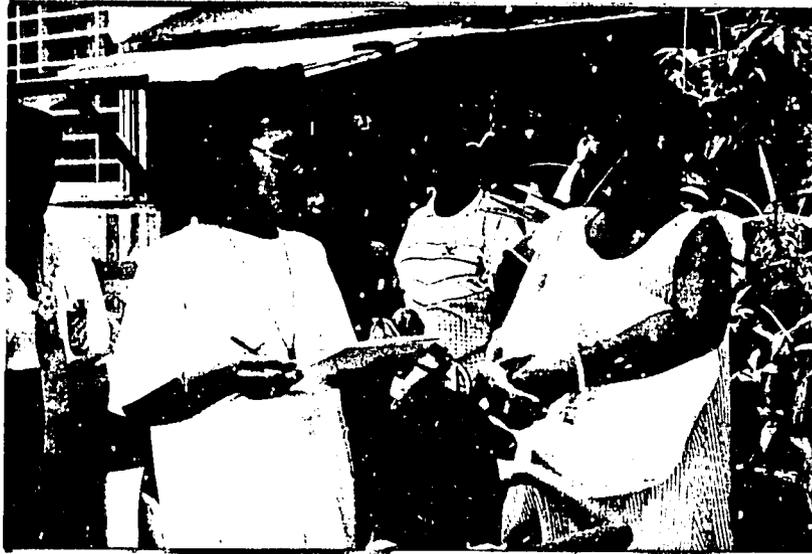
The foregoing questions served as the basis of a research plan on EPI that was then presented to the Undersecretaries and the Secretary of Health in a meeting of the Executive Committee.

At the Communication Planning Workshop, the participants agreed that much of the existing information was based on anecdotes relayed by the health center staff. Data were available from the EPI monitoring system that provided information on the numbers immunized from a base of eligible children in the community. A need existed for information concerning knowledge about immunizations and an understanding of the reasons why some mothers would bring their children for a complete series of vaccinations while others would not.

To provide further insight into other issues, the communication team reviewed previous studies conducted by the World Health Organization, the Demographic Research and Development Foundation, and the communication plans developed by UNICEF. These studies provided background information on EPI efforts, furnished knowledge-attitude-practice data on mothers from various regions of the Philippines, described the trends in vaccination coverage, and discussed the strengths and weaknesses of the health service delivery system. The review of available literature provided us with the background information needed to design a study that would address the issues that are of special importance to communication planners.

## B. BASELINE RESEARCH

With the technical assistance of the Annenberg School of Communications, we launched a baseline study among low-income mothers. The study was conducted in October 1987 among 320



*What do we know about our target audience?*

low-income mothers in eight cities or municipalities of Metro Manila. Then, with our marketing and advertising consultants from Porter/Novelli, we used the research results to formulate the communication strategy.

It was important for us, the communicators, to understand not only what mothers' knowledge and practices were but also what went on during the interactions of the mother with the health center's staff. As a result, a study of eight health centers in Metro Manila was initiated. We interviewed the head of the health center and observed the interactions between health center staff and at least ten children and their mothers. These interviews and observations were followed by an interview with mothers as they left the health centers. The study of the health center was conducted in October and November 1987, prior to the launching of the campaign, and repeated in May and June 1988 after the campaign was under way.

Research results from the October 1987 study included the following:

- Only 40 percent of the mothers of children less than 23 months of age could show a vaccination card on the day of the interview.
- The vaccination coverage rate for measles was 28 percent; this rate was similar for the third DPT and the third OPV vaccination. Coverage rates for other antigens were higher. For DPT 2 and OPV 2, the coverage rates were 33 percent; for DPT 1, OPV 1, and BCG the coverage was approximately 40 percent. Information on coverage rates was based on verification from the immunization card.
- Knowledge of the best starting age correlated well with the actual practice of starting vaccinations on time. Among those who said that children should start by three months, 48 percent had children who had received vaccination at that age; of those saying the best age to start was three to five months, only 13 percent had children starting before three months.
- Knowledge of the best finishing age also correlated with the behavior of finishing the vaccination series on time. Among those who said that all vaccinations should be finished between 6 and 12 months of age, 41 percent finished on time.



*Mothers considered the health centers to be the appropriate source for vaccination services*

The primary caretakers of children less than two years of age were the mothers, who also made the trek to the health center to have their children vaccinated. In deciding whether the children would be brought to the health center for vaccinations, mothers were influenced by the health center staff (27 percent), the private physician (15 percent), friends or neighbors (11 percent), their mother (10 percent), their sister (7 percent), government hospital staff (4 percent), her husband (4 percent) and others, including the mother-in-law, sister-in-law (25 percent). A large segment of mothers said that their decision was not influenced by anyone (40 percent). (Percentages add up to more than 100 percent due to multiple responses.) Mass

media were not a significant influence, because there were virtually no mass media messages concerning immunizations at that time. During the first quarter of 1987, there were special polio vaccination campaigns in some municipalities of Metro Manila undertaken by the Rotary Club, but these used some mass media in a limited and sporadic fashion. Also in 1987, the DOH launched a public service announcement on television describing general well-being and health as a goal. It included vaccination among other health practices.

We prepared a profile of our target audience and examined its media characteristics. It had been decided that the campaign would target mothers in the

### PRIMARY AND SECONDARY AUDIENCES

The target audience for your message is the people whose behavior you want to influence. They are your **primary target audience**. Their decision to adopt a health practice, however, is influenced by other sources of information—people around them whom they trust and consult regarding health practices. This group of *influencers* is called the **secondary target audience**. To be able to communicate persuasive messages to your target audience, it is important to understand the role of other influencers. In health programs, the training of physicians, nurses, and midwives is a core activity. Health providers are an important authority figure for mothers. Further, healthworkers are the field-based communicators who will be communicating face to face with mothers.

TC

lowest socioeconomic classes. The initial survey showed that 40 percent of the mothers had some or had completed secondary education; another 38 percent had some or had completed elementary education, and 22 percent either completed or had some college education.

An ability to read in the Philippine language, Tagalog, was very high at 92 percent, while 73 percent of the women said they could read English. Exposure to mass media was determined by asking mothers whether they owned either a radio or television set and whether they watched TV or listened to the radio during the last week. If they listened to the radio or watched TV, they were asked to identify their favorite station, the time of day when they generally listened to the radio and watched TV, and their preferred

program format. Mothers were also asked about their reading of newspapers, comics, and magazines.

Results showed that in the Metro Manila area 57 percent of the mothers owned a working TV, with 83 percent of the mothers reporting that they were watching during the last week and only 13 percent reporting that they did not watch at all. A total of 68 percent owned a working radio. Forty-six percent read newspapers daily, while 27 percent claimed reading less often than once a month. Comics were read less often than once a month by 55 percent of the mothers, while 22 percent claimed reading daily. Seventy percent of the mothers reported reading magazines less often than once a month, while 18 percent said they read nearly everyday. On the basis of these media characteristics, we

#### CHANGING HEALTH BEHAVIOR: WHEN THE "REWARDS" EXCEED THE "COST"

Mothers make decisions about their children's health, and although they do so in a rational way, public healthworkers often do not appreciate their reasons. It is only by understanding the mother's mode of thinking that the health communicators can ever hope to develop messages that influence and persuade.

The rationality inherent in mothers' decisions about child care and ways of keeping the child healthy lies in the mothers' assessment of what the "rewards" are to her child, to her family, and to herself that the proposed health practice will bring. Mothers would like to see their children grow healthy and strong. They will make every effort to prevent the child from getting ill or from dying from disease. On the other hand, they weigh these "rewards" against the "cost" of performing those health practices. When the "cost" of performing a given health practice exceeds the "rewards" that occur as consequences of the behavior, they are unlikely to adopt and sustain that health practice over time. Mothers may define "cost" as the loss of working hours whenever they take a child to the health center either because the health center is inaccessible or the waiting time for medical attention is too long. The "cost" of adopting a nutritious new weaning food may involve long cooking times, slower feeding, or the husband's lack of support because it "tastes bad."

Communicators and healthworkers need to understand the **antecedents** and **consequences** of health behavior. **Antecedents** refer to those conditions that precede the occurrence of a given behavior. **Consequences** refer to those conditions that follow the behavior; these **consequences** can either be **rewarding** or **punishing** to the mothers. Only when the **rewards** exceed the **costs** will mothers sustain the new behavior. An **antecedent** may be a TV spot reminding mothers to bring their children to the health center for vaccination. The **consequence** of her behavior of having the children vaccinated may be that the healthworker congratulates her for being a good caretaker of her children's health.

decided to use TV as the primary medium, followed by radio, newspapers, and posters displayed at health centers.

Mothers were asked where they go for medical services for sick children. Fifty-five percent said that they went to the public health services, while 45 percent reported that they went to the private-sector health services, primarily the private physician at a clinic rather than the private hospital or the traditional healer, called the *herbolario*. Seventy-one percent of the mothers said they had visited the city or municipal health center at one time or another. The communication team decided that the mothers perceived that the government health centers were a credible source of vaccination services. It was therefore feasible to launch a mass media campaign that would encourage mothers to bring their children to the health centers for vaccination.

We differentiated the target audience in terms of its behavior in getting children vaccinated on time or not. We did not, however, undertake a separate campaign aimed at these two segments of the audience, namely, those who were getting their children vaccinated on time versus those who were postponing vaccinations. Rather, we decided that the mass media messages would reach these two segments or groups of the total target audience of mothers with children less than two years of age.

### C. OPPORTUNITIES AND CONSTRAINTS FOR COMMUNICATION PROGRAMS

Study findings enabled the communication team to make the following decisions:

- *The mass media component of the communication campaign would focus on measles rather than promote the concept of*

full immunization. At the health centers, healthworkers were to provide information and services for all antigens. Measles was chosen for various reasons: it was the last vaccination needed to complete the series and it had the highest dropout rate; measles was a disease that mothers readily recognized, and they believed their child was susceptible to this disease. We hypothesized that if measles could be used as a *hook* to get mothers into the health centers, then DOH would be able to increase not only the rates of measles vaccinations but also the proportion of mothers who would have their children complete the series.

- *The communication campaign, which would cover only the Metro Manila area, would serve as a pilot project where the communication strategy would be tested. It also would provide the DOH National Capital Region staff with practical experience concerning the logistics and management of the service delivery system when a communication program aimed at increasing demand for health services was made part of the program.*
- *Two types of mass media messages would be given to mothers. The first set of messages, called **thematic messages**, would provide the theme of the campaign. It would tell mothers the "what and the why." The second set of messages, called **tactical messages**, would address the "when and where," thereby giving mothers practical information on where to go for measles vaccinations and when.*
- *A single day of the week, Friday, was designated as measles vaccination day to encourage*



## TUWING BIYERNES!



**LIBRE!**  
**BAKUNA LABAN SA TIGDAS**  
**SA INYONG HEALTH CENTER**  
**8:00 A.M. - 8:00 P.M.**

DEPARTMENT OF HEALTH - METRO MANILA

*Tactical messages address the "when" and the "where"*

*mothers to take timely action and not to postpone the measles vaccination. It also assured healthworkers of a heavy turnout, thereby preventing vaccine wastage. Although the mass media messages were to focus on measles vaccinations on Fridays, vaccinations for all antigens were to be given every day, including Fridays. In an effort to make health center services convenient for the working mother, we extended office hours from 8:00 a.m. until 8:00 p.m. Regular office hours are from 8:00 a.m. to 5:00 p.m.*

We believed that we could convince the target audience about the value of vaccinations to protect their children against the oftentimes fatal complications due to measles. The challenge to us, as communicators, was how. Research data showed that mothers recognized measles as a common childhood disease and that they recognized vaccination as a means of protecting the child against these diseases. Yet, measles had one of the lowest vaccination coverage rates. In the January

## "SA TIGDAS LANG ITO NAGSIMULA ..."



Marunghang ang tawag.  
 Labi na kung nabura ang karaman  
 ni bak. Ang mga kanyang sarap na  
 ay pulitista, maraming ito ay para  
 mag sila na nakalamas.  
 Ilang tawag na maraming ito.

**ILIGTAS SI BABY SA TIGDAS...**  
**PABAKUNAHAN SIYA.**

**LIBRE! BAKUNA LABAN SA TIGDAS**  
**TUWING BIYERNES, SA INYONG HEALTH CENTER.**  
**8:00 A.M. - 8:00 P.M.**

DEPARTMENT OF HEALTH - METRO MANILA

*Thematic messages are concerned with the "what" and the "why."*

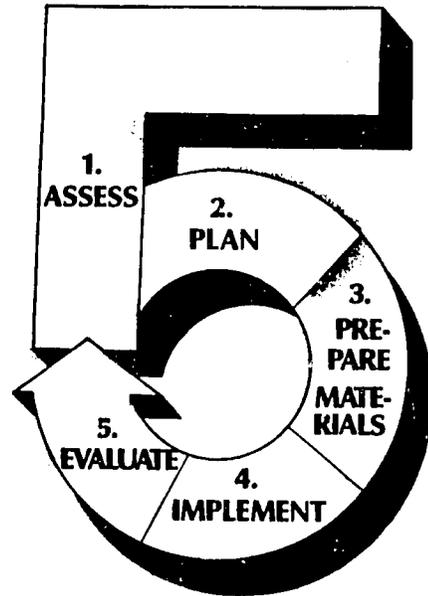
1988 pre-campaign survey, the highest coverage rates reported were for BCG, DPT1, and OPV1 and the lowest for the third DPT and OPV vaccines and for measles.<sup>4</sup> The measles vaccination coverage rate was 22.9 percent based on card-verified data in January 1988. Coverage rates for BCG were higher based on card-verified data (31.4 percent in January 1988); as well as for DPT1 (37.1 percent in January 1988) and OPV 1 (36.7 percent in January 1988). Coverage rates for the third DPT and the third OPV (26.2) were slightly higher than the coverage rates for measles.<sup>5</sup>

The Metro Manila mothers were exposed to mass media channels, such as print, radio, and television. The health centers were accessible, involving short travel times for mothers. Vaccines and supplies were adequate, and because the DOH Central Office was located in Metro Manila, resupply problems could be readily addressed. In addition, health center staff in Metro Manila had undergone training using the updated EPI policy guidelines. These factors signaled the readiness of the Metro Manila area for a communication component that would encourage mothers to bring their children to the health centers for vaccinations.

<sup>4</sup> January 1988 Pre-campaign Survey Among Mothers in Metro Manila. This study surveyed 600 mothers coming from predominantly low-income groups

<sup>5</sup> *Ibid*

# STEP TWO: DEVELOP THE COMMUNICATION PLAN



The second step involves preparing a communication plan. This plan must be supportive of the overall plan for the public health program.

Preparation of the communication plan follows the assessment phase. This plan, which served as a basic guide for all of the team members, documented our decisions regarding the proposed communication program.

## A. THE COMMUNICATION PLAN

The plan described the following:

- The target audience—mothers with children, aged 9 to 12 months, residing in Metro Manila.
- The health practice to be promoted—to have children less than two years of age fully immunized. The mass media message, however, encouraged mothers to bring the children 9 to 12 months of age to the health center on Fridays for a measles vaccination.
- The key consumer benefit to the mother and her child — that the child will be protected from the complications of measles, such as pneumonia, which can be fatal. The reason why mothers should believe that vaccination against measles will protect her child from life-threatening complications was noted. The mass media messages featured Secretary of Health Dr. Alfredo R.A. Bengzon as an authority figure who advised mothers to have their children immunized against measles.
- The channels of communication to be used—an integrated marketing communications scheme was proposed, which included the use of face-to-face

communication between the mother and the health center staff, the use of television as the primary medium, followed by radio, then print materials in mass circulation newspapers. As an aid to healthworkers at the health centers, several types of materials for use and distribution at the centers were produced. These materials included the following: one poster that carried a message on the theme of the campaign; one poster on the what and when, or the tactical message; three comics posters; one brochure on the EPI; streamers, bunting to “dress up” the health centers, and T-shirts bearing the campaign theme for the health center staff to wear every Friday. Outside the health centers there were tables with beach umbrellas where staff distributed pamphlets.

- The communication objectives in terms of the number of homes that will be exposed to the messages—these objectives are expressed in terms of **reach** and **frequency** measures for mass media messages. Briefly, “reach” is the technical term used to measure the number of people in the target audience who are exposed to a TV or radio commercial at least once during a given period of time. “Frequency” demonstrates the number of times a household or person in the target audience is exposed to a message during a period of time. **Gross Rating Points**, or **GRPs**, refer to the sum of rating points of all broadcast programs in a given media plan or schedule regardless of the number of times the same target audience is exposed. Reach and frequency are used to analyze different media schedules

which would help us to achieve our media objectives.<sup>6</sup>

The communication objective for the Metro Manila Measles Campaign was to reach 70 percent of low-income mothers during a three-month mass media campaign. Frequency was set at a minimum of two times per week among heavy viewers. In Metro Manila, TV viewers see an average of 100 TV commercials a day (Starweek News Magazine, 1989). We estimated that to get mothers to recall our messages, we had to use an advertising schedule that would give our messages an opportunity to be seen or heard frequently enough to be remembered by the target audience while at the same time keeping within budgetary limitations. These translated to more daytime media buys than nighttime. Even if we felt that our campaign addresses children's health which would require mothers to make a considerable effort to bring their children to health centers for vaccination, we had to be content with a moderate level of frequency because of budgetary considerations. In comparison, commercial products launched would generally aim for a reach of 90 percent and a media weight of 35 spots per week for the first four weeks (PAC/BBDO advertising agency) during the initial months that the product is advertised on television.

## B. WHAT IS THE MESSAGE?

The message is the heart of the communication campaign. It is critical, therefore, that the message that reaches the mother be clear and precise so that she knows what she is being persuaded to do. There must be a **call to action**. We agreed that the "call to action" that our message should contain would be for the mothers to take their children, 9 to 12 months of age, to

the health center, specifically for measles vaccination. Once the child was at the health center, the healthworkers would determine whether he or she still required other vaccinations in addition to the measles vaccination. If lacking other vaccinations, the healthworker would provide these according to a medically sound regimen. The main function of the mass media component was to bring the mothers to the health centers—it would generate a demand for vaccinations. The creative strategy describes the message and how it is to be delivered in order to produce the desired results.<sup>7</sup>

Although mothers knew about measles and other immunizable diseases, this knowledge, coupled with the ready accessibility of the health centers, were not producing high levels of compliance. Mothers had to perceive the "price" of adoption of the new health practices to be less than the benefits that the mother and the child would obtain by adopting the



*The message is the heart of the campaign*

<sup>6</sup> For a more detailed explanation of the concepts of "reach," "frequency," and "GRPs," please refer to *MEDIA PLANNING: A PRACTICAL GUIDE* by Surmanek, J. Bibliographic data are included in the References to this document.

<sup>7</sup> An example of the creative strategy statement is shown at the end of this document

health practice. We decided to promote measles vaccination rather than the concept of full immunization, which may entail detailed messages on the number and types of vaccines needed to become fully immunized. Measles was used as the "hook" to get mothers to bring their children to the health centers where they were to be given all of the other vaccinations that were required. The mood created was one of urgency—the child must be given measles vaccination to protect him or her against measles and its fatal complications.

To summarize, we decided that our message would have two components, namely, the tactical message and the thematic. The thematic message would encourage mothers to become concerned that measles can lead to life-threatening complications, such as pneumonia and meningitis. Mothers would be asked to invest time and energy to bring their child for vaccination against measles as a precautionary measure. The tactical message would provide the answers to the "where" and "when."

### C. HELPING HEALTHWORKERS PARTICIPATE IN PLANNING THE CAMPAIGN

The healthworkers are the field-based communicators. They have direct, face-to-face contact with the mothers who come to the health centers and, therefore, they must be involved in, and supportive of, any communication program. We brought in the healthworkers during the early stages of planning the communication component. The DOH National Capital Region staff called at least two representatives from each of the 331 health centers for a series of meetings with the communicators. During these meetings, we brainstormed on how to increase the

rate of measles vaccination in Metro Manila. We addressed such important questions as:

- Could we identify a single day, weekly or monthly, when we could encourage mothers to come to the health centers for measles vaccination? The purpose of such a strategy was twofold. First, it was necessary to urge the mother not to postpone going to the health center. Second, it was important to assure healthworkers that on this particular day they could expect a sufficient number of mothers to come for measles vaccination; therefore, the wastage of vaccines would be less of a concern. In the past, healthworkers would ask mothers to come back to the clinic for measles vaccination if there were not enough children to consume a 10- or 20-dose vial at that particular session. The communication team recognized that turning away mothers who have already shown up at the health center was a missed opportunity for vaccination.



*Healthworkers participate in planning the campaign.*

- How could we ensure that all healthworkers would be knowledgeable about DOH policies and immunization guidelines before the mass media materials were produced?
- How could we ensure that the health centers would have adequate supplies of vaccines and syringes for the projected increased demand for measles vaccinations? Are the cold chain facilities working?
- How could we monitor the distribution and utilization of the print materials developed for mothers and the promotional items to be given at the health centers?
- How could we monitor the campaign effects while the campaign was continuing and institute corrective action, as needed?
- How could we generate the support of the local political leaders for the measles vaccination campaign?

With the assistance of the DOH National Capital Region staff, we participated in meetings with the health center staff in preparing for the campaign. Once the campaign was launched, we discussed how to monitor the progress, to discuss problems, and to evaluate the effects of the campaign.

## D. THE MEDIA PLAN

The **media plan** described how we would achieve a reach of 70 percent among low-income mothers in Metro Manila during a three-month mass media campaign at a frequency of twice a week among the heavy viewers. It also identified the radio and TV programs where we would purchase air time to reach our target audience and determined how much of the advertising budget would be spent on each medium—radio, TV, and print. It presented the **cost per thousand**, or **CPM**, which is a technical term used to measure

### THE MEDIA MIX CHANNEL EFFECTIVENESS AND THE NEED FOR MULTIPLE CHANNELS

The debate over which channel of communication to use for public health systems continues. Is it better to use face-to-face communication between the healthworker and the mother rather than the impersonal approach of mass media? Which one is more cost-effective? Which one will be effective in inducing behavior change as against merely providing information? Which one can be used to instruct and teach health practices?

The debate seems unnecessary. Communicators use multiple channels of communication in an integrated and an interactive fashion. They decide how radio, print, and television can be used to complement the face-to-face communication occurring at the health centers between the mother and the healthworker. Mass media plays a role in reaching large, dispersed audiences with simple, creatively crafted messages that are standardized and released in a sequence that is meant to catch people's attention, capture their imagination, and spur them to action. Face-to-face communication is a necessary channel to use; the healthworkers are the field-based communicators who have direct access to the "consumer" or the target audience. They are ultimately going to be responsible for "closing the sale."

the cost per 1,000 individuals (or homes) reached by a given media vehicle.<sup>8</sup>

To summarize, we decided on the following media plan to achieve our objective of a 70 percent reach at a frequency of twice per week:

- TV was the primary medium, followed by radio. Print was a minor medium for the campaign. Public relations activities, which are special events designed to generate public interest were a part of the communication package.
- The advertising budget would be allocated as follows: 65 percent of the advertising budget was allocated for TV, 30 percent for radio, and only 5 percent for print.
- We produced the following communication materials for the 90-day campaign (February 12 to May 19, 1988):
  - one, 30-second TV spot (thematic)
  - two, 15-second TV spot (tactical)
  - one, 60-second radio spot (thematic)
  - one, 15-second radio spot (tactical)
  - one full-page newspaper ad
  - one newspaper "ear ad"
  - one thematic poster (18"x24")
  - one tactical poster (18"x24")
  - T-shirts for health workers
- In addition, there were materials prepared for the campaign but released after the intensive 90-day mass media period as part of materials aimed at sustaining the enthusiasm of health workers and mothers. They included three sets of comics in poster format, one

comic presentation, and one EPI brochure for mothers.

Promotional items included a jeepney and tricycle sticker design, bunting, and streamers for the health centers.

## E. THE MONITORING AND RESEARCH PLAN

We prepared a plan to monitor the campaign activities so that appropriate changes could be made, if needed. This plan was instrumental in determining whether the print materials for health centers were available throughout the campaign, whether mothers received their copy of the EPI brochure, whether the health centers were "dressed up" on Fridays, and whether the healthworkers were wearing their campaign T-shirts.

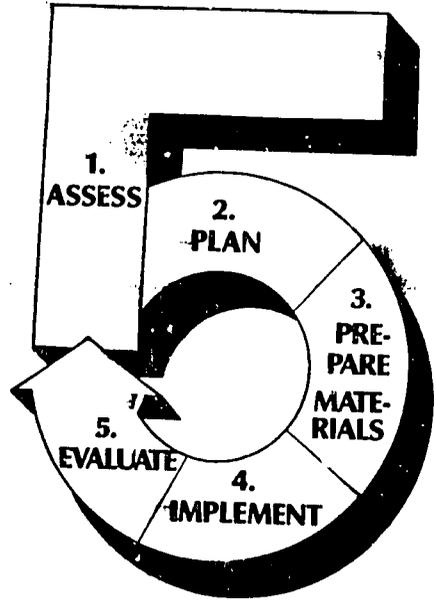
We were also concerned about the service delivery component. Were there adequate supplies of vaccines and syringes? Were the mothers waiting too long? Did the mothers receive the information needed to deal with low-grade fevers following the vaccination? Were the mothers, in general, satisfied with the services they received? We know that the mother is like a "buyer" who walks into a store to purchase a service or a product, and she must be satisfied with the treatment and the service given her.

We knew that the campaign would be successful only if the healthworkers, EPI managers, and communicators worked together to furnish the mothers the information they needed and the services that would protect their children from disease. Although each member of the team had distinct roles to play, it was apparent that the successful outcome would be dependent upon our combined efforts.

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<sup>8</sup> For further information, see *Media Planning: A Practical Guide*.

# STEP THREE: DEVELOP AND PRETEST MATERIALS; REFINE THE PLAN



At this stage, communication materials are pretested and elements of the communication plan are reviewed, refined, and prepared for implementation.

Having prepared the communication plan, we were now ready to contact the graphic artist, the TV scriptwriter, the radio scriptwriter, and the copywriter. The communication strategy had been carefully planned, and we now needed the writers and the artists to give life to these ideas and put them on paper and on screen and on audio for us. Members of the team gave them a briefing, usually referred to as a "creative brief," to inform them of the plans for the campaign. The creative brief summarized the decisions we had made regarding the target audience, the key consumer benefit, and the reasons why the audience should believe our messages concerning the benefits of measles vaccination. The graphic artists and writers were to find creative ways of communicating the messages in an effective and persuasive fashion. At this stage, a well-written communication plan was helpful. It is important to be aware that sometimes materials are executed in a creative fashion but that they do not support the overall communication strategy of the extant public health system. In such an instance, the materials should not be used.

## PREPARING AND PRETESTING THE MATERIALS

In developing the TV and radio spots, the print ads, and the posters and brochures, we continuously asked ourselves "what do these materials contribute to our communication objectives?" Once the writers and artists presented drafts of TV storyboards, radio scripts, and mock-ups of print materials, the communication team worked with them to pretest the materials with a representative sample of the target audience. Pretesting allowed us to assume the perspective of the mother. Through her perceptions of what the messages were, we were able to determine whether we were



*Communication materials are pretested among members of the target audience.*



*TV celebrities used in the TV spot are tested for credibility as spokespersons for vaccination.*

communicating the intended message. Certain production elements, such as the voice of the radio talent or the credibility of the TV talent that we used, were commented on by the mothers. We were particularly interested in determining whether the mothers would suggest credible figures who could appear in the television spots.

We conducted two focus group discussions (FGDs) with low-income mothers in Metro Manila to determine whether young movie celebrities could serve as spokespersons for measles.<sup>9</sup> During the discussions, the mothers reported that celebrity mothers would never bring their babies to the health centers for vaccinations. This task would be assigned to their nursemaids. Celebrity mothers, therefore, were not perceived as credible endorsers of vaccination at health centers. The mothers noted, however, that medical doctors and older celebrities engaged in social work and civic activities were credible. Thus, the TV commercials (thematic and tactical) used a medical authority who also was viewed as a credible spokesperson for the public health system, Dr. Alfredo R. A. Bengzon, the Secretary of Health. We also used older, respected movie celebrities who were admired for their social work activities, namely, Ms. Rosa Rosal and Mr. Robert Arevalo.

The thematic materials, which described why mothers should have their children vaccinated against measles, consisted of one TV spot, a radio spot, and an 18" x 24" poster. The thematic message is described in the statement: "It only started as measles." This same theme was portrayed in different settings, situations, and formats. The "tactical" message was straightforward. It stated: Fridays are days for free measles vaccination at your health center. The health centers are open from 8:00 a.m. to 8:00 p.m. The standard tag line

that came at the end of all materials was: "Save baby from measles, have him or her immunized." (The appendices contain the copy and layout for the thematic and tactical materials.)

## TEACHING HEALTHWORKERS HOW TO USE THE MATERIALS

Communication materials, by themselves, should be able to effectively relay the message to the target audience. To optimize their effectiveness and impact, however, healthworkers need to know how they are to be used and displayed. This information is especially relevant for print or point-of-purchase materials.



*Healthworkers are taught how to use the materials.*

<sup>9</sup> A focus group discussion is a research technique used to discover peoples' perceptions, feelings, and motivations concerning a certain topic, in an in-depth fashion. It brings together a group of eight to twelve participants who share similar characteristics relevant to the purpose of the study, such as, mothers with young children

For the measles campaign, we briefed health center staff on how to use and display the print materials. This activity was carried out during the "sales conferences" for the National Capital Region health center physicians, nurses, and midwives who provide the vaccination services. During these conferences, each communication material (its purposes, message, where it is to be installed, to

whom it was to be given) was explained to health center staff. This briefing was carried out for both the print and broadcast media materials. A one-page document containing guidelines for use and installation of the print or "point-of-purchase" materials was distributed to each of the health center staff attending the conference.

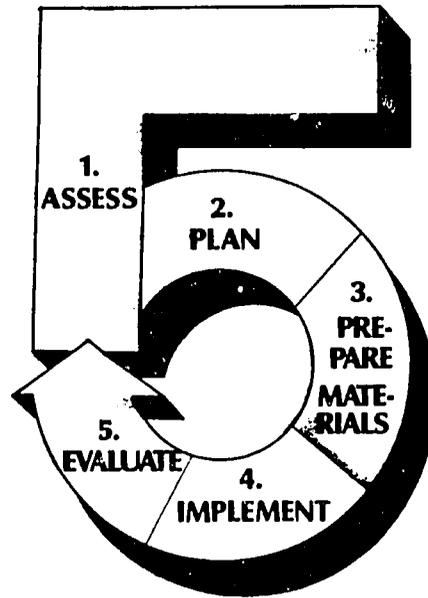
### **Why Pretest?**

Pretesting communication materials is important to determine whether the target audience understands and believes the messages being communicated. Pretesting must be carried out among a sample of the target group. This type of advance testing is performed prior to the final production of materials. It is a precautionary measure used to determine what a few representative members of the target audience think of the materials before spending a great deal of money on filming or recording a commercial or mass printing a poster.

This testing is performed on a draft of a material, that is, a final artwork of a poster, a storyboard of a TV spot, or a rough recording of a radio commercial. Qualitative research techniques are employed in pretesting draft materials. Qualitative refers to the use of less formal questioning techniques, smaller and purposive samples, and longer, more in-depth interviews. Unlike quantitative methods pretests produce verbatim comments of the respondents on the materials that provide indications of their understanding of, empathy with, and belief in what they think the materials say.

Data collection for pretesting is carried out primarily by focus group discussions and individual in-depth interviews. Both require highly trained interviewers and semistructured questionnaires or guides, which probe into respondents' initial answers. A recall test also may be used to pretest final executions of radio and TV materials. It is usually conducted the day after the radio or TV spot has been broadcast. This method of pretesting uses quantitative surveys conducted among a sample of respondents who were viewing the radio or TV programs where the spots were broadcast. The respondents are then asked questions about the spots to determine whether they recalled the principal message.

# STEP FOUR: IMPLEMENT



At this stage, the communication activities are ready to be launched. Mass media materials are also ready for broadcast and for publication.

**P**re-campaign activities included producing audiovisual materials, printing and delivering print materials, and preparing materials for the press conference. These activities provided the initial momentum for the campaign and inspired everyone to pursue a common goal. Healthworkers from the 331 participating health centers were invited to participate in the kick-off orientation sessions, which we termed "sales conferences," to emphasize the need for a consumer or client orientation. The roles of healthworkers were compared to those of the storekeepers. When the customer walks through the door, the storekeeper will do all he or she can to ensure that the customer is satisfied. In a similar fashion, healthworkers need to be concerned primarily about the convenience and comfort of the mother and to ensure that she leaves the health center feeling confident about the medical attention she received.

In collaboration with the staff of the National Capital Region, we participated in "sales conferences," approximately three weeks prior to the launch of the mass media messages. Each health center sent approximately two representatives, composed of a physician and a nurse or midwife. At these afternoon conferences, the local health officer opened the meeting by citing the objectives of the communication campaign and emphasizing that although the mass media messages would focus on measles, that the health centers were to use this opportunity to complete the full series of vaccinations for children less than two years old. Also present at these meetings were the Regional Director of Health from the National Capital Region (NCR), the staff of the advertising agency who worked on the mass media materials, and the team of health educators.

*Pre-campaign briefings with health center staff help prepare them for an increased workload at the health centers*



### MOTIVATING THE SALES FORCE

The **sales force** in a health communication campaign is composed of the frontliners—healthworkers who interact with mothers face to face. Healthworkers are a special brand of “sales force.” Their responsibility for ensuring the health of the child is far-reaching. They are “selling” a health practice, not for the “profits” they will reap from sales but out of a deep commitment to the people who must be empowered to take care of their own health. It is important, however, to take the time to get them involved in the process of planning and implementing the communication campaign. If they perceive their role as being important to the success of the campaign, they will be motivated to do their best.

At these conferences, we distributed the various materials for the health centers, showed them the TV spot, and had them listen to the radio spots. We also discussed ways of using the various materials at the health centers. Most importantly, we reviewed the monitoring scheme to be used in tracking the effects of the campaign. A weekly monitoring form was prepared to complement the form traditionally used by the health center to record vaccinations. The new form added information about the materials received by the mother; it also asked mothers to specify their source of information relevant to the measles vaccination. Finally, the conferences gave the NCR regional director an opportunity to review the EPI policy guidelines. A technical handout was provided to each participant. They were reminded that the current policy was to provide vaccinations for children even if they have a cold or cough or fever less than 38.5 degrees centigrade. They were also reminded that measles vaccinations are to be given to children at 9 to 12 months of age.

Healthworkers were invited to share their concerns about the campaign. The most common complaint voiced was that they were not compensated for the additional hours. They were, however,

encouraged to reduce their working hours between Monday and Thursday to compensate for the additional hours on Friday. Healthworkers were unconvinced that the mothers would bring in their children for vaccinations beyond 5:00 p.m. They cited a folk belief that the evening dew, locally termed “hamog,” would make the child ill. We explained that the extended hours were intended to make vaccination services available to working women who would otherwise be unable to leave work until after 5:00 p.m. We also explained that the extended hours were part of our strategy to make services as convenient as possible. The campaign would, of course, prove or disprove our assumption that extending the hours would result in more mothers coming in for measles vaccinations for their children.

Aside from the sales conferences organized for the health centers prior to the actual launching of the campaign, a team composed of the Regional Health Director and key staff of NCR and PIHES/HEALTHCOM communication groups asked mayors of the different districts of NCR to support the campaign. These dialogues were videotaped and used in a television news program on the five national TV channels in Metro Manila.



The endorsement of the political leaders facilitated smooth implementation of the campaign. The day before the mass media messages were broadcast the Secretary of the Department of Health held a press conference. We invited representatives of the major papers and broadcast media to a one-and-a-half hour press conference where the Secretary of Health described the government's immunization program and the value of the measles vaccination campaign. The NCR regional director showed the three TV commercials, and both officials answered questions from the press. This press conference provided media coverage of the campaign. The following day articles concerning the measles campaign appeared in all of the major dailies.



*The Secretary of Health holds a press conference to launch the mass media component of EPI in Metro Manila.*

### **TRACKING COMMUNICATION RESULTS DURING THE CAMPAIGN**

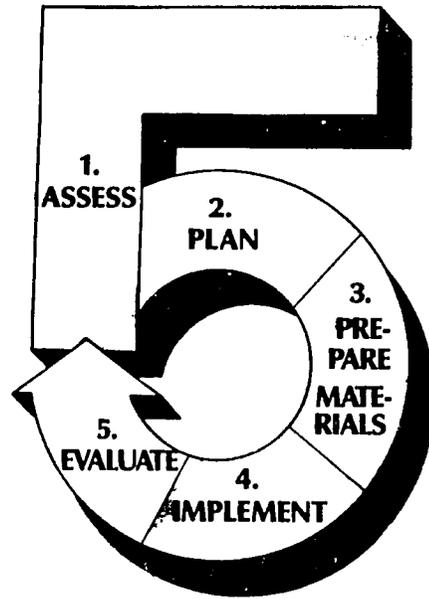
It is critical that the communication person monitor the activities during a campaign to promote a health practice. Only by doing so will he or she be able to take mid-course corrections that will help achieve the communication objectives developed for the program.

Items to monitor would include:

- Exposure to the message, whether this is relayed by way of mass media or interpersonal channels
- Comprehension and acceptance of the messages and changes in knowledge and attitudes following exposure to the message
- Intention to adopt the health practice being promoted
- Conditions that either promote or hinder the comprehension, trial, and eventual adoption of the new health practices.

In tracking communication results during the campaign, communicators and health service delivery staff need to examine operational factors that may affect the adoption of a new health practice and take managerial action to correct the deficiencies in the service delivery component. Failure to take prompt action will result in the loss of credibility of the communicator who advertises a service that does not exist as well as a loss of confidence in the public health system. On the other hand, a sound monitoring system will keep the program on track and ensure that the objectives are met at each stage of the campaign.

# STEP FIVE: EVALUATE



The effects of the communication program on knowledge, attitudes, and practices are evaluated to determine whether the communication objectives have been met. Following is a description of how the Metro Manila Measles Vaccination Communication Campaign was evaluated.

**D**uring the program's planning stages, we included a research component that would compare the pre- and post-campaign coverage rates for measles vaccination. Ultimately, we were interested in knowing whether we would be able to produce measurable levels of change in health practices. Were there more mothers who brought their children for measles vaccinations? Were these mothers exposed to the mass media messages? Did they claim to have been influenced by the messages given by way of mass media or through interpersonal channels, particularly by the healthworkers from participating health centers?

In addition to monitoring changes in attitudes toward vaccination and its value in protecting children from disease, we assessed whether mothers perceived that they were waiting too long at the health centers and whether they felt that the healthworkers were providing them with adequate and appropriate medical attention. We also looked for changes in knowledge about measles vaccinations—

at what age measles vaccination should be given and at what stage a child would be considered fully immunized.

The pre- and post-research design enabled us to compare the knowledge, attitudes, and practices of our target audience *before* the campaign when there was no active mass media component aimed at producing demand for vaccinations and *after* the campaign to determine whether the strategy had been effective. Further, it was also important to understand which elements of the campaign worked and which did not. Effective communication strategies could then be replicated on a larger scale, while unsuccessful strategies could be discarded. The research study provided empirical data upon which decisions regarding the communication strategy could be based.

To make decisions regarding the expansion of the urban-based measles vaccination campaign, the communication team needed to answer the following questions:



*Did the campaign increase vaccination coverage rates for measles?*

*Did the campaign increase vaccination coverage rates for other antigens?*



- Was the campaign able to produce an increased demand for measles vaccination? Did the increased demand for measles vaccination result in increased levels of fully immunized children who were less than two years of age?
- Were the healthworkers able to provide the needed vaccinations? Did the mothers feel they received adequate medical attention when they reached the health centers?

To answer the first set of questions, a survey among mothers was conducted before and after the campaign. We also conducted an observational study in the health centers before and after the campaign to provide information on what went on at the health centers.

Research results from the mothers' surveys conducted in January 1988 and May 1988 revealed the following:<sup>10</sup>

- The campaign had a significant effect. Measles vaccinations increased substantially among the 12- to 23- month-old children in Metro Manila. The card-verified measles vaccination coverage doubled, rising 22 percentage points from 23 percent to 45 percent between January and May. (Coverage among 12-to 23-month old children is the international standard for evaluating vaccination programs.)
- Coverage for all other antigens also increased. Card-verified data showed the following increase in coverage between January 1988 and May 1988:

ANTIGEN	CARD-VERIFIED COVERAGE	
	January	May
	(Percent)	
BCG	31.4%	54.9%
DPT1	37.1	57.0
OPV1	36.7	57.0
DPT2	31.0	51.9
OPV2	30.5	51.9
DPT3	26.2	48.9
OPV3	26.2	45.6
Measles	22.9	45.1

Source: Annenberg School of Communications, University of Pennsylvania, 1989.

- The proportion of children who had not had any vaccinations decreased. The proportion of 12- to 23- month old children who had ever received a vaccination increased between January (38.1 percent) to May (59.1 percent) based on card-verified data. This outcome was a welcome result because the campaign aroused the interest and awareness of the value of vaccinations in general and measles vaccinations in particular.
- Fridays brought more mothers into the health centers compared with other days. The campaign had popularized a single day, Friday, for measles vaccinations, although health centers continued to give vaccinations daily.
- The extended hours on Fridays, however, did not result in a large number of mothers bringing their child for measles vaccination

<sup>10</sup> For a detailed analysis of the research results from the three mothers' surveys, conducted in October 1987, January 1988, and May 1988, please refer to the report of Annenberg School of Communications entitled *EFFECT OF THE 1988 METRO MANILA VACCINATION CAMPAIGN-1 RESULTS OF LARGE-SCALE SURVEYS OF MOTHERS*

between the hours of 5:00 p.m. and 8:00 p.m. Hence, this strategy was dropped from the plans for expanding the campaign to other urban sites nationwide.

- Mothers cited television ads as the most common source of information regarding the campaign. A total of 97 percent of the mothers cited television as their source of information, followed by 37 percent who mentioned radio, 21 percent who noted the poster at the health center, and 9 percent who mentioned newspapers as their source of information about the measles vaccination given free at the health centers on Fridays.

In planning the expansion of the campaign to other urban areas nationwide, the communication team took note of the following research findings that indicated areas for improving the effectiveness of the future campaigns:<sup>11</sup>

- Stimulating demand for vaccinations resulted in the increased timeliness of measles

vaccinations and first vaccinations, in the knowledge of the specific need for measles vaccination, and in the knowledge of when the vaccination could be obtained.

- Although during the campaign fewer opportunities for giving vaccinations were missed, much more work had to be done to further reduce the high levels of nonprovision of vaccinations to children. Before the campaign, the proportion of children who received at least one other vaccination that day, but did not receive the measles vaccination for which they were eligible, was 77 percent. This was higher for measles than for other antigens. This proportion declined significantly to 54 percent during the campaign. However, it is clear that greater efforts need to be made to reduce the proportion of these "partially missed" children. Some children are also "completely missed." They are eligible for vaccinations but receive none.

### USING RESEARCH RESULTS FOR DECISION-MAKING

The concept of using research results for making program decisions is agreed to, conceptually, but hardly applied in real-life decision-making. The benefits of decision-making based on research results rather than on intuition, anecdotal information or even in the absence of information, center on the value of increasing the probability of success in diagnosing the "problem" and then in formulating the appropriate "solution." This approach reduces the guesswork involved. Communicators who have a far better grasp of what the target audience thinks of a health practice, are far more likely to develop a persuasive message because they have placed themselves in the position of the target audience. Research results, however, must be interpreted carefully. The final decision also involves making judgments based on experience and personal knowledge.

<sup>11</sup> This discussion of long-term strategy is derived from a personal communication from R. Homik and S. Zimicki to W. Smith and C. Verzosa, August 1989.



One reason for missed opportunities is the practice of mothers not taking their immunization cards when they bring their child for consultation regarding an illness. Mothers take their cards only when they have decided to take their child specifically for vaccinations and not on other occasions. The pre- and post-campaign surveys showed that none of the children who were brought to the health center for consultation regarding an illness ever received a vaccination, even if the children were within the eligible age range. On the other hand, if the mother decided that she was taking the child for vaccinations that time, in 90 percent (1987 survey) and 97 percent (1988 survey) of the cases, the child would receive a vaccination. Without the card, health center staff find it difficult to ascertain whether the child is eligible for particular vaccinations.

In thinking through some of the next steps in developing a permanent strategy for a communications-supported vaccination program, it became obvious that two areas required additional effort in improving the vaccination coverage further:

- Reduce the missed opportunities for vaccination.
- Develop a long - term strategy for stimulating demand for vaccination services.

A number of possible explanations for missed opportunities occurred to the team that again have been common in other programs.

- Some health center staff may still lack knowledge of the DOH policy to give vaccinations when children are ill or to give measles as well as DPT, polio, and BCG when children are age-eligible.
- Health center staff may be reluctant to follow the policy even though they know what it is. This situation may exist because they do not accept the new policy as correct, or in the case of the child's sickness, because they

fear that mothers will reject future vaccinations if the current illness worsens after the child is vaccinated.

- Health center staff may be unwilling to give vaccinations unless mothers bring vaccination cards; mothers have a tendency not to bring the card unless they are visiting the health center specifically for vaccination.
- Mothers are reluctant to have children vaccinated if they are sick or reluctant to have their child given too many injections at the same time.

If we could determine which are the most likely and the most common explanations, several solutions might be considered. For example:

- If health center staff knowledge is the problem, additional training or other education could be provided to obtain the facts regarding the new policy.
- If staff attitudes are the problem, attempts could be made to persuade health center staff, through intensive workshops, of the logic of the new policy along with public endorsements of it by senior medical authorities in and out of government.
- If the lack of vaccination cards is the problem, prepare some mass media messages directed at mothers regarding the need to bring vaccination cards whenever they visit the health center.
- If mothers' reluctance is the problem, help them to understand the importance of vaccinating sick children or the acceptability of multiple vaccinations.

It seems likely that we will find more than one explanation to be important. A communications intervention will likely



not be the only solution. Collaboration among service, training, and communications staff is important.

In strengthening the overall program, it is also necessary to continuously stimulate demand for immunization services. Assuming that coverage did not fall drastically after the campaign, we might consider a strategy of periodic "bursts" of mass media messages and special immunization days supplementing regular service delivery. This approach would be less costly, but still would serve as a substantial reminder that people often need.

The surveys suggest that children get into the health centers: 78 percent of the children three to five months old and approximately 90 percent of those 18 months old or older have had at least one vaccination. A large proportion eventually become fully vaccinated. While further increasing this proportion should be an important aim, an additional, major problem is that relatively few do so in a timely manner, before their first birthday. The focus on a longer-term approach might be threefold:

- Maintain the present level of getting children into the system.
- Keep children coming back for all of the required vaccinations.
- Improve the timeliness of vaccination visits.

As a result of the campaign, the proportion of children in the system, continuation rates, and timeliness all seem to have improved. This finding indicates that the demand stimulated by the mass media campaign, in conjunction with the greater access resulting from changes in DOH policy and improvement in health center practice, made a considerable difference. Now it is time to consider some additional public education approaches that build on the campaign's success and that are feasible as part of a long-term DOH program. Some approaches that occurred to us for a long-term perspective emphasizing repeat and timely visits include:

- A transition from the intensive three-month advertising effort to a system of monthly pulses supporting special immunization days. Each month four or five consecutive days of mass media promotion would precede a fixed vaccination day. Parents might be encouraged to bring children who were not yet "complete" according to the notation on their vaccination cards and particularly if they were not one year old. This strategy would give parents 12 identified opportunities to have their child vaccinated during the first year of life (for complete and timely immunization, they need only to take advantage of four of these chances). It would allow mothers who move temporarily or permanently from one place to another to know when they can get immunizations after they have relocated. Health units, however, would maintain the flexibility of scheduling additional immunization days to suit their own particular situation and to avoid any problem of overwork. Thus, the special immunization days would be aimed at the hard-to-reach children—first-timers, those who need to catch up because they forgot or missed visits scheduled on "regular" days (for example, because of sickness), visitors, and those who need the additional stimulation provided by mass media.
- Changing the campaign message from a focus on measles only to messages about the need to complete all vaccinations by the first birthday, the value of vaccination even during sickness, and the special need to vaccinate children who are mildly ill.

### THE BEFORE-AND-AFTER PICTURE

To determine the campaign-produced behavior change among the target population, it is necessary to include a summative evaluation component in the communication project. One research design that has been found practicable and manageable and which has yielded useful data is the before- and-after research design without a control group. A control group, commonly used in scientific experiments, is not possible in a situation where mass media is used. It is oftentimes impractical, if not impossible, to use a control group to compare the results of the experimental group with. Mass media messages spill over into nonintervention sites and may affect the outcome in supposed "control" areas where the experimental conditions and treatments should not reach. Before-and-after research designs without a control group will, however, need careful selection of respondents with matching characteristics or careful statistical control of the characteristics that differ to ensure that the differences in health practices are traceable to the campaign itself rather than to the differences in samples used for the before-and-after study.

# **M**ARSHALLING THE RESOURCES

The communication project was begun with a set of resources—people and funds—and a commitment by the officials of the DOH to the value of health communications to their program. These were the basic requirements. Throughout the conduct of the campaign, the communication team tapped personnel resources within the DOH and reached out to nongovernmental organizations with the skills and the commitment to continue the work with the government after this project ended. We encouraged collaboration between the private sector and the government. The goal was to serve as a catalyst for this partnership between the DOH and the many outside sources of technical assistance in communication planning and program development.

In the Metro Manila Measles Vaccination Campaign, we were able to

initiate promising areas of collaboration among various groups interested in helping the government to provide the people with adequate health information and access to basic health services. For health educators and communicators who will be responsible for implementing communication programs on health interventions, we have learned from the Metro Manila Measles Vaccination Campaign that the following types of personnel are necessary to undertake the various communication activities:

- Communication project director
- Materials developer
- Communication researcher
- Trainer of healthworkers.

The foregoing list alludes to job descriptions. The project director would

### **THINK BIG, START SMALL, GO BIG!**

Successful communication programs are based on a solid, effective, and creative communication strategy. The process for achieving such a strategy cannot be hurried. Successful communication programs would involve testing the strategy on a small scale, while at the same time looking at the "big picture" from the beginning.

A pilot project helps communicators to test the strategy in a field setting where the message has to compete for attention with other messages and where all of the other program elements will be operational. A pilot project also is beneficial to members of the service delivery team because it makes them aware of the impact of a communication component aimed at generating increased demand for services on the capacity of the health service team to respond to the increased workload. A pilot project helps both the communicators and the service delivery team to find innovative and effective ways to help and inspire each other to do their best in the pursuit of a common goal.

"Thinking big" means that the final goal must be clear in everyone's mind from the initial planning session. "Start small" means implementing a pilot project in a geographically limited area to test the strategies before going large scale. The pilot project will be designed in such a way that if the communication strategy is determined to be successful, the communication program can be expanded to include a nationwide reach. Thus, the pilot site must be chosen on the basis of its being representative of a national scenario so that the campaign can be replicated on a large scale. "Go big" when the strategies have been shown to be effective. Research coupled with monitoring would provide the communicator with the information needed to decide which elements of the strategy would be effective.

be the focal point for managing the activities. The materials developer would be responsible for preparing print, radio, and TV materials. The communication researcher would design research studies that would help the communication team in developing the strategy, in monitoring the activities while the campaign is in progress, and in providing a summative perspective on the campaign, thereby helping to answer the question, did the campaign produce desired changes in health practices? The training function can be undertaken by a training specialist or by the other members of the communication team.

One option for the organizational development of PIHES would involve initially building the skills of program management among its staff. Eventually, in-house specialists can be trained to undertake the specialized functions of communication research, materials development, and training. Given this initial strategy of training PIHES staff in program management, we subcontracted with specialists to undertake materials development, research, and training.

## BUDGETARY ALLOCATIONS

We found it useful to identify

funds for the various communication activities for the project. Budgetary allocations were made for the following areas:

- Training and orientation of healthworkers
- Communication materials for interpersonal communication activities and mass media
- Research
- Conferences and meetings with participating groups
- Staff development
- Equipment for communication activities
- Media buys.

## POLITICAL COMMITMENT

Perhaps the most important resource—political commitment by the DOH officials—made it possible to gain access to staffing and financial resources that enabled project activities to progress and bear fruit. A firm political commitment, coupled with a partnership between the health service delivery team and the communicators, made the program a success.

### SUSTAINING BEHAVIOR CHANGE

An important goal of public health programs is to encourage the adoption of health practices among a large sector of the population for a long enough period of time that epidemiological studies would show substantial decreases in rates of mortality and morbidity. Communication programs can contribute meaningfully to such an effort. To do so, such programs must be an integral part of the public health program on a sustained and consistent basis.

If large enough groups of mothers with children who are vaccinated on time - that is, receive their complete series of vaccinations before they reach one year of age - are "rewarded" for their behavior, they will tend to repeat their behavior. Thus, children born later will also be vaccinated on time. Factors that encourage the new practice, so that it takes root and evolves into a new set of behavior norms for society, need to be encouraged and nurtured. In that environment, the new health practices are able to flourish.

# A PPENDICES

## SUMMARY

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Following is a checklist of topics about which the communicator will need to be able to make decisions as he or she undertakes communication programs. They are summarized here to serve as a handy reference for communicators, but have been discussed in detail in the case study.

### 1. The health practice to be promoted

Critical to this decision is an awareness of the audience's perception on whether the proposed health practice is a solution to her perceived problems regarding child care. If there is no awareness of the problem, the proposed solution will fall on deaf ears.

### 2. The target audience

The target audience is usually the caretaker of the child although the child is the beneficiary of the health practice being promoted

### 3. The key consumer benefit

The target audience must perceive a benefit to adopting a health practice and must be given the supporting evidence that the promise will be fulfilled.

### 4. The communication objective

The communication objective must be clear to members of the communication team and their collaborators. Is the communication component meant to produce an awareness of the problem and the benefits of the proposed health practice? Is it meant to generate high

levels of initial trial, in the situation where the target audiences are aware of, but are reluctant to try, the new health practice? Is the objective one of developing a steady increase in long-term adoption of a health practice that the audience has tried at one time or another? The nature and design of the communication program will depend on the objective that has been articulated.

### 5. The channels of communication

### 6. The health service delivery component

The communicator should have a sound grasp of the service delivery situation and must be prepared to assist the program manager in ensuring that the service components are in place before mass media messages are launched and while the campaign is continuing. The service delivery components in an EPI program include:

- Logistics—vaccines, syringes, health center staff, and budgets
- EPI policy (known by all participating health center staff; areas of disagreement with policy should be threshed out)
- The monitoring scheme.

These areas of decision-making will be important in developing and implementing a communication program to support a given health intervention.



## **REATIVE STRATEGY STATEMENT**

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- **COMMUNICATION OBJECTIVE** - The DOH program goal is to have babies complete their series of vaccinations before the age of one. To support this program goal, the communication component will encourage mothers to protect their children against the six childhood diseases for which vaccines are available. Mass media communication will use measles as the "hook" for mothers to bring their children to the health center for vaccination. The media objective is to reach 70 percent of the low-income mothers with young children living in Metro Manila during a three-month campaign.
- **KEY CONSUMER BENEFIT** - Babies, aged 9 to 12 months, who are immunized against measles, are protected from its dangerous and fatal complications.
- **STONE AND MANNER** - The tone will be serious and the manner dramatic. The message is intended to arouse the concern of the mother so that she will not postpone taking the child to the health center for measles vaccination.
- **REASON WHY** - The advertising message is credible because it is endorsed by the Secretary of Health, a well-known and highly respected medical professional.





Series 1

Frame 1: Don't worry, I'll do all I can to help you



Frame 2: I'd like to remind you that every Friday



Frame 3: You can have free vaccination against measles at your local health center



Frame 4: So bring your baby there ...

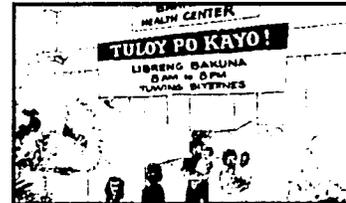
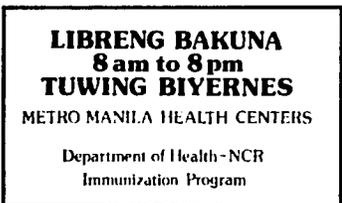


Frame 5: And have him vaccinated

Frame 6: Save baby from measles ... have him vaccinated



Frame 7: Metro Manila Health Centers  
Department of Health - NCR  
Vaccination Program



Series 2

Frame 1: This is Robert Arevalo, reporting to you from the Baranka Health Center.

Frame 2: I'd just like to remind you ...

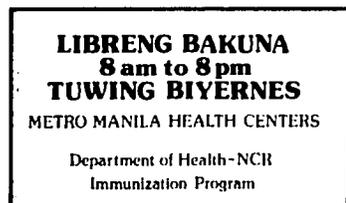
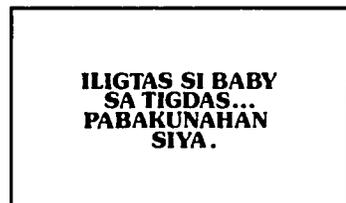
Frame 3: That every Friday, you can bring your baby ...

Frame 4: To your local health center ...

Frame 5: For vaccination against measles.

Frame 6: Save baby from measles ... have him vaccinated.

Frame 7: Metro Manila Health Centers  
Department of Health - NCR  
Vaccination Program



<p><b>ILIGTAS SI BABY SA TIGDAS... PABAKUNAHAN SIYA.</b></p> <p><b>8:00 A.M. - 8:00 P.M. TUWING BIYERNES</b></p> <p><small>DEPARTMENT OF HEALTH - NCR IMMUNIZATION PROGRAM</small></p>	<p><b>LIBRE!</b></p> <p><b>BAKUNA LABAN SA TIGDAS</b></p> <p><b>TUWING BIYERNES, SA INYONG HEALTH CENTER.</b></p> <p><small>DEPARTMENT OF HEALTH - NCR IMMUNIZATION PROGRAM</small></p>
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**BUNTING**

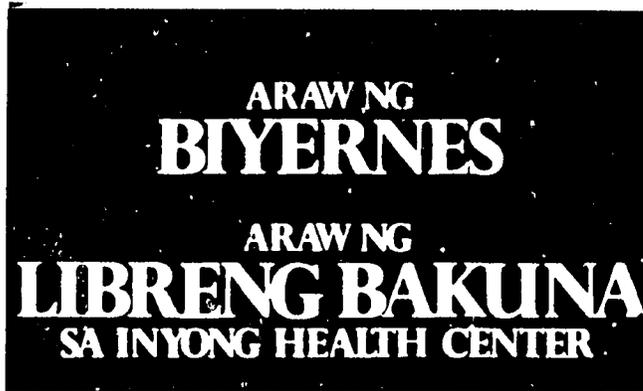
*Blue* - Save baby from  
measles ...  
Have him/her  
vaccinated

8:00 A.M. - 8:00 P.M.  
Every Friday

*Yellow* - FREE VACCINATION  
AGAINST MEASLES!  
Every Friday at your  
local health center  
Department of Health  
- NCR Immunization  
Program

**STREAMER**  
Welcome ... Please come in.  
Free vaccination against measles!  
Department of Health - NCR Immunization Program

**TULOY PO KAYO**  
**LIBRENG BAKUNA  
LABAN SA TIGDAS!**  
**DEPARTMENT OF HEALTH NCR IMMUNIZATION PROGRAM**



**STICKERS**

*Save baby from measles*

*Have him/her vaccinated*

*Free! Every Friday at your health center.*

*Department of Health -*

*NCR Immunization Program*

**ILIGTAS SI BABY SA TIGDAS...  
PABAKUNAHAN SIYA.**

**DEPARTMENT OF HEALTH-NCR IMMUNIZATION PROGRAM**



**T-SHIRT**

*(back)*

*Save baby from measles...*

*Have him/her vaccinated*



*(front)*

**DOH - NCR  
Immunization Team**



# “SA TIGDAS LANG ITO NAGSIMULA ..”



Mapangamib ang tigdas.  
Lalo na kung malina ang katatagan  
ni baby. Ang mga komplikasyon nito  
ay pulmonarya, meningitis at iba pang  
mga sakit na nakakamatay.  
Huwag himayag mangyari ito.

**ILIGTAS SI BABY SA TIGDAS...  
PABAKUNAHAN SIYA.**

**LIBRE! BAKUNA LABAN SA TIGDAS  
TUWING BIYERNES, SA INYONG HEALTH CENTER.**

**8:00 A.M. - 8:00 P.M.**

DEPARTMENT OF HEALTH - NCR IMMUNIZATION PROGRAM

POSTER/PRINT AD

Headline: "It started with just  
measles ..."

Body Copy: Measles can be dangerous,  
especially if baby isn't in  
good health. Measles can  
lead to complications such  
as pneumonia,  
meningitis, and other  
diseases that can be fatal.

**SAVE BABY FROM MEASLES  
... HAVE HIM HER  
VACCINATED.**

**FREE VACCINATION  
AGAINST MEASLES EVERY  
FRIDAY AT YOUR LOCAL  
HEALTH CENTER—8:00  
A.M. - 8:00 P.M.**

Department of Health - NCR  
Immunization Program

Headline: EVERY FRIDAY!

Body Copy: Free Vaccination Against  
Measles  
Visit Your Local Health Center  
8:00 A.M. - 8:00 P.M.

Department of Health - NCR  
Immunization Program

# TUWING BIYERNES!



**LIBRE!  
BAKUNA LABAN SA TIGDAS  
SA INYONG HEALTH CENTER**

**8:00 A.M. - 8:00 P.M.**

DEPARTMENT OF HEALTH - NCR IMMUNIZATION PROGRAM



Headline: "Before it's too late"

Frame 1: One morning in Aling Martha's sari-sari store.

Shirley: Aling Martha, I need a can of milk, please.

Martha: What brand?

Frame 2

Shirley: Like the one I bought yesterday for my son.

Martha: By the way, how is Andy Boy?

Frame 3

Shirley: Oh, he's okay, but I've been very busy these past few weeks. I just couldn't attend to him.

Frame 4

Martha: Why?

Shirley: Washing clothes to earn a living really takes most of my time.

Frame 5

Martha: Do you really think that earning a living is that important? That's what Joy thought until something terrible happened to her son.

Frame 6

Shirley: Dingdong? What happened, Aling Martha?

Frame 7: "The other evening, Dingdong was rushed to the hospital..."

Joy: Hu, hu, hu... don't give up now, son. We'll be there soon.

Frame 8: "Dr. Ventura met them at the emergency ward..."

Joy: Doctor, please help us!

Doctor: Joy, what happened to Dingdong?

Frame 9

Joy: He had convulsions and couldn't breathe!

Frame 10: "Dingdong was immediately sent to the ICU..."

Joy: (thought balloon) Oh God, please save my son!

Frame 11: "Aling Martha continues..."

Martha: Just last week, Dingdong had measles. Then his temperature increased and his fever got worse. I think it was pneumonia.

Frame 12

Martha: From what I heard, Dingdong wasn't vaccinated against measles.

Shirley: Vaccination? Will that prevent measles?

Frame 13

Martha: Yes. Vaccination is the only way to fight measles and complications such as pneumonia and meningitis.

Frame 14: "At that moment, Lilian, Joy's sister, hurriedly passes by..."

Martha: Lilian, how is Dingdong?

Lilian: Oh, hu, hu, hu... It's too late. Dingdong is... hu, hu, hu... I'm going to the hospital right now.

Frame 15: "Shirley suddenly realized..."

Shirley: (thought balloon) Andy Boy! He hasn't been vaccinated yet!

Frame 16: "She quickly excuses herself..."

Shirley: Aling Martha, I have to go...

Martha: Shirley, why are you in such a hurry?

Frame 17

Shirley: I have to take Andy Boy to the health center before it's too late.





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| <p>Headline: "Believing in hearsay . . . "</p> <p>Frame 1. One morning, Emma met her friend Sylvia at the market.</p> <p>Emma: Sylvia, don't tell me this is Lenlen, my goddaughter . . . my, how she has grown! I'm on my way home, why don't you come along so we can have a longer chat.</p> <p>Sylvia: Thanks, Emma, but we're on our way to the Health Center.</p> <p>Frame 2. Emma grew concerned.</p> <p>Emma: Is Lenlen not feeling well?</p> <p>Sylvia: She's feeling fine. I'm taking her there for her measles shots. Why don't you come along and bring your baby for his shots too.</p> <p>Frame 3. Emma was reluctant.</p> <p>Emma: No, thanks, Sylvia . . . I don't really think vaccination is that important; besides, a lot of people have told me that when you vaccinate a child, the child gets sick! My sister had her baby vaccinated against measles and the baby developed a fever!</p> <p>Frame 4. While Sylvia was explaining the importance of vaccination, who should pass by but Dra. Mayette from the Health Center.</p> <p>Sylvia: Emma, don't believe everything that you hear! Look, here's Dra. Mayette. Why don't you ask her about that.</p> | <p>Frame 5. Dra. Mayette saw the two women and came over.</p> <p>Sylvia: Good morning, Dra. I was just telling Emma here that she should have baby vaccinated, but she thinks vaccination will just make the baby sick.</p> <p>Frame 6. Dra. Mayette patiently explained the facts to Emma.</p> <p>Dra. Mayette: Emma, it's important to have your baby vaccinated against measles. While it is true that some babies develop a slight fever after vaccination, this side-effect is natural and should not cause you any worry. The fever is a way of showing you that the vaccination is effective. And besides, you'll be given medicine for the fever at the Health Center. There really is nothing to fear!</p> <p>Frame 7. Sylvia: Well, Emma, that's straight from the doctor's mouth! Who are you going to believe . . . Dra. Mayette or all those other people who told you otherwise?</p> <p>Frame 8. Emma smiled ruefully.</p> <p>Emma: Well, of course I believe Dra. Mayette. All right, you've convinced me. Sylvia, I'll take my baby to the Health Center . . . we can go together.</p> |
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Headline: "Better safe than sorry..."

Frame 1: Offie was on her way to the Health Center when she decided to pass by her friend Raquel's house.

Offie: Raquel, I'm going to take Jonjon to the Health Center. Why don't you come with us?

Frame 2: As Raquel looked out the window, another woman joined her.

Raquel: Offie, it's good to see you! This is my Ate Helen who is visiting me from the province. We'll be down in a minute.

Frame 3: The three met in Raquel's back yard.

Raquel: My, Jonjon has really grown! But why are you going to the Health Center? I do hope he isn't sick!

Offie: No, but I'm taking him there for his measles shot. I was wondering if you might want to come along and bring your daughter Bingbing. She's about nine months old too, isn't she?

Frame 4

Raquel: Well, not this time, Offie. You see, Bingbing has a slight fever.

Offie: I used to think that way too, Raquel—that a feverish child couldn't be vaccinated. According to the doctor at the Health Center, however, a slight fever, cold, or cough should not prevent the child from receiving his shots. The doctor said the shots would not cause any harm.

Frame 5: At this point, Raquel's sister Helen joined in the conversation.

Helen: I agree with Offie, Raquel. Last year a neighbor of mine didn't have her baby vaccinated because the baby had a cold. Well, the child got measles, developed complications, and almost died!

Frame 6: Offie continued...

Offie: Don't you realize that it would be better for Bingbing to have her shots now? She just might get measles and it could be dangerous. Complications such as pneumonia and meningitis are common.

Frame 7: Raquel looked at Helen.

Helen: Go on, Raquel, get Bingbing ready and take her for her shots.

Offie: I'll wait here for you.

Raquel: Well, it's better to be safe than sorry.



*A roving umbrella campaign scheme is used to distribute print materials outside health centers*

EAR AD

FRIDAY  
IMMUNIZATION DAY AT  
YOUR HEALTH CENTER.

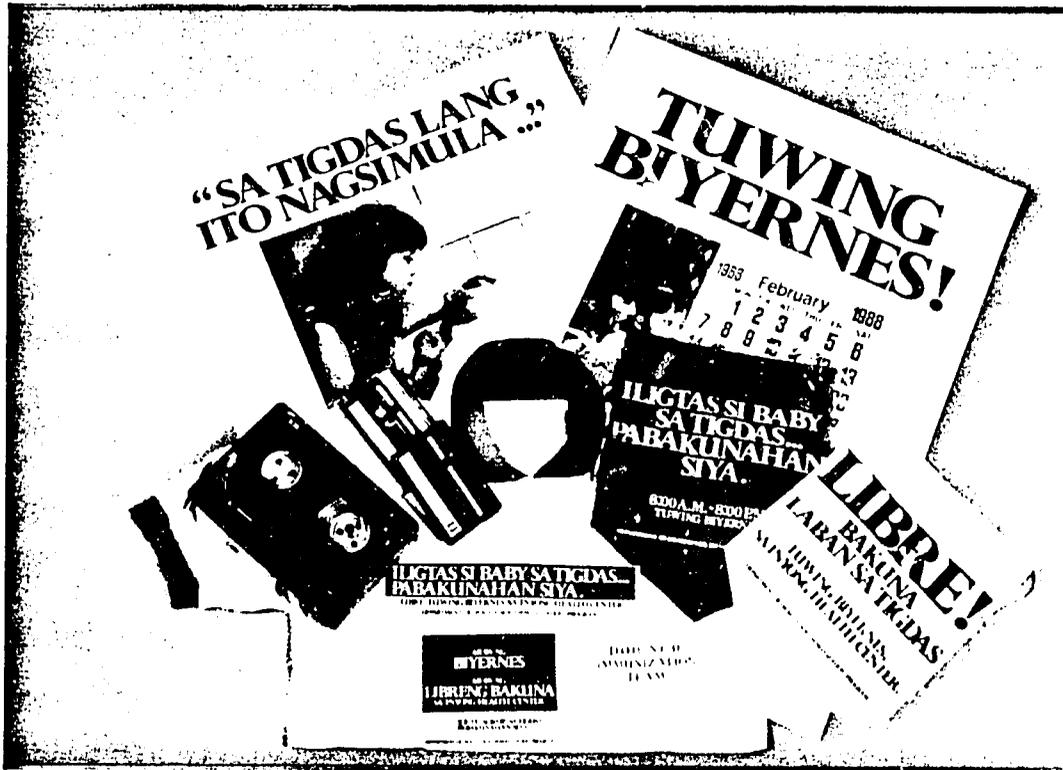
Save baby from measles ...  
Have him/her immunized

**ARAW NG  
BIYERNES**

**ARAW NG  
LIBRENG  
BAKUINA  
SA INYONG HEALTH  
CENTER**

**ILIGTAS SI BABY SA TIGDAS...  
PABAKUNAHAN SIYA.**

**DOH-NCR IMMUNIZATION PROGRAM**





## GLOSSARY

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antecedents	events that precede a behavior's occurrence
bursts of mass media messages	intermittent broadcast of messages (Intervals between "bursts" are based on decisions about when the message is needed by the target audience.)
call to action	the specific behavior that a member of the target audience is being asked to perform
clusters	groups of people selected to be part of a sample for a survey who work or live in the same geographic area
consequences	the results of a behavior
cost per thousand	the advertising cost of reaching 1,000 units of audience with a particular media vehicle (It is calculated by dividing advertising unit cost by audience in thousands.)
creative brief	a summary of the strategic decisions made about the target audience, the key consumer benefit, and the reason why the audience should believe the claims about the benefit of the product or service being offered
ear ad	small-spaced print advertisement usually two columns by five centimeters, inexpensive, placed in any of the four corners of a newspaper page
frequency	the number of times a household or person in the target audience is exposed to a message during a period of time
gross rating points	the sum of rating points of all broadcast programs in a given media plan or schedule regardless of the number of times the same target audience is exposed
hook	the factor that motivates someone to perform a particular behavior (Example: "I will give you dessert if you eat your vegetable." Dessert, in this case, is the "hook.")
media buys	purchases of media time or space for the purpose of placing messages
media clutter	an excessive number of advertisements within a specific show or publication
media mix	a combination of communication channels (for example, radio, newspaper, and healthworkers)
media plan	the plan that describes the broadcast dates, times, stations and particular messages as well as the location and distribution of print materials required for the communication strategy



media weight	the total impact of an advertising campaign expressed in terms such as number of commercials, insertions, reach and frequency, and advertising budget
missed opportunities	occasions to vaccinate that are bypassed by the healthworker
point-of-purchase materials	items that are used to display the product or that are handed out at the time the product is bought or the service is rendered
press kits	information packets prepared for the press
primary audience	those people whose behavior the communication strategy is intended to change
rating	the percentage of individuals (or homes) tuned to a given television or radio program, multiplied by the share
recall test	a quantitative survey conducted the day after the radio or TV spot has been broadcast to determine the audience's comprehension of key messages
reach	the number of people in the target audience who are exposed to a TV or radio commercial at least once during a given period of time
roll-out	implementation of a communication strategy into more areas over time
sales force	the people who will deliver the product or service to the target audience
secondary audience	those people who influence the primary audience to adopt the new behavior (influencers)
share	the ratio of the number of homes watching a particular TV (or listening to a radio) program to the total number of homes watching TV (or listening to the radio) at a given time, usually expressed in percentages
social marketing	the use of modern marketing principles, including a focus on the consumer, to increase the acceptability of a socially beneficial idea, commodity, or practice
tactical message	the message that moves the target audience to a desired action to alleviate a problem. In the Immunization Campaign, the tactical message centered on the "when" and "where" of the problem
thematic message	the message that defines the problem for the target audience
tracking	monitoring of the communication process during implementation of the plan



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