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MEDIA DEVELOPMENT/FAMILY PLANNING PROJECT

FOR

COSTA RICA

EL SALVADOR

GUATEMALA

Summary of

FINAL REPORT

Submitted by

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MEDIA DEVELOPMENT AND FAMILY PLANNING IN COSTA RICA, EL SALVADOR, AND GUATEMALA

by Juárez and Associates

Three Central American countries--Guatemala, El Salvador, and Costa Rica--participated in an evaluation (conducted jointly by Juárez and Associates and the host countries) which explored the extent to which radio messages and programs were listened to, comprehended, and influential in molding family-planning attitudes and behavior.

The following report summarizes the methodology, conclusions, and recommendations of this research.

The major objective of the Media Development/Family Planning Project was to make a contribution to the development of mass media as means for transmitting family-planning information. Prior to making media recommendations, a thorough appreciation of family-planning problems in various countries should be obtained. Such an emphasis parallels the work of Donald Bogue, who argues that "in order to improve the information-education components of family-planning programs there must be two stages of effort:

Stage 1 -- Identify the problems: the reasons for slow progress; the barriers to success.

Stage 2 -- Devise a program that has as its objective the elimination of the problems" (Bogue, 1975: viii).

Bogue feels that not only is more research needed but that in Stage 1 a reorientation of focus should occur. His central premise for that assertion is that "communication-education work in family planning has been guided by the innovation-diffusion model, which is now inadequate as a framework around which to plan communication-education programs"

(Bogue, 1975: 4). Family planning simply can no longer be considered an innovation when the majority of adults in most developing countries positively evaluate the idea. We examine the gap between the widespread knowledge of family planning and the concurrent minimal use of contraception methods. Thus the general research orientation of this project falls within Bogue's Stage 1.

A. The Marketing Approach to Media Message Evaluation and Design

To respond to central questions of effective media message design, Juárez and Associates employed where possible a marketing approach. The marketing approach assumes that social concepts and programs may be analyzed and promoted in much the same way that familiar consumer products are "marketed" to meet the needs and preferences of specific groups of consumers or regions of a country. The methodology of the Isfahan Communications Project (ICP) was the catalyst for our use of a marketing strategy. Its utility rests on the imperative assumption that "establishing family planning as a mass phenomenon is a problem in marketing" (Lieberman et al., 1973:84).

We know that "family planning" is a broad term which has diverse meanings. The new or revised social behavior associated with the acceptance of family planning is likely to vary among age groups, regions, income classes and other characteristics of target populations. The marketing approach seeks to identify and reach groups of individuals by matching promotional messages to social values, to levels of knowledge, and to specific interests (El-Ansary and Kramer, 1973). Marketing seeks to utilize individual existing perceptions as well as to refine new ones in promoting an idea or the use of a program service.

To be effective, the marketing approach requires that a solid base of research precede message design or re-design. What are the characteristics of our target population? What are their personal values and goals? What are their family-planning practices and their perceptions of current programs? The answers to these types of questions can and must be pursued with research-design concerns in mind: sampling, instrument design, etc.

Another major aspect of the marketing approach and the improvement of media message content concerns program service. Program services involve what may be called the "action half" of the marketing approach. Where the objective of informational research is to develop a framework for communicating with target populations, there is a corresponding need to match the promotional message's objectives with available resources. It is futile to promote family-planning practices without also describing where and when information and clinical services may be obtained. Description and promotion of available services are particularly important for a medical and social service such as family planning.

The marketing approach seeks to integrate into media messages accurate information about the nature of available family-planning services. The sequence from initial message research to promotional message to program service is the elemental core of the marketing approach. The marketing approach is not a single activity, but rather a synthesis of analytical, descriptive, and creative techniques that are accepted and have been validated by continued use.

B. Phase I: In-Depth Analysis

There are three distinct research phases in this study: (a) In-depth,

(b) Pre-test, and (c) Re-test. In the in-depth phase we identified public and private agencies involved with the distribution of family-planning services and/or education in each of the three Central American countries. We tried to understand the nature and execution of family-planning policies in each country, as well as the decision-making processes involved in these policies. Careful note was made of political or administrative obstacles that might impede research. It was in this first phase that the design for the second or pre-test phase was determined, background knowledge gathered, and professional cooperation obtained in each of the three countries.

C. Phase II: Pre-test Panels and Interviews

1. Panels

The second phase consisted of both interviews and special panels. The small discussion groups or panels were planned in order to examine more closely information gathered during the in-depth research which would aid in the appraisal, design, and re-design of radio messages. The pre-test panels explored tentative ideas and attitudes toward family planning in order to enhance the reliability of conclusions.

There were four explicit objectives for the pre-test panels:

a. To determine the participants' level of comprehension of the terms and concepts used in the family-planning programs.

b. To test participant reaction to positive and negative factors affecting attitudes toward childbirth, family planning and related subjects.

c. To evaluate qualitatively the effectiveness of family planning and sex education programs.

d. To search for the most effective program format for bringing family-planning messages to the public.

The panel or discussion-group technique is a widely used method of data collection in marketing research, and, when appropriately conceived, it is quite cost-effective. In order to obtain basic background data on each panel participant, while at the same time controlling for the inclusion of different types of people in the panels, the participants were drawn from a small survey population. (This was done in Costa Rica and Guatemala but not in El Salvador, where no survey was possible.)

We also selected several special panels. For example, in Costa Rica, one special panel involved only members of the Guardia Civil from the Guanacaste Province. In El Salvador, one panel was composed of women confined to the abortion section of the Hospital Bloom, while another consisted of a sexually mixed group of blind people. In Guatemala, special panels were conducted with non-Spanish-speaking Indians by means of native interpreters. These additional panels were meant to enhance the representativeness of the data collected.

2. Interviews

The most ambitious survey in this project was undertaken with the valuable field assistance of APROFAM in Guatemala. We were able to collect a large amount of data dealing with knowledge, attitudes, and practices as well as with media preference and exposure. The data were collected in five different departments with a total sample size of 508.

In Costa Rica a questionnaire, derived in part from one used by the George Washington University* in the Republic of Colombia and in part from the experience of Costa Rican professionals, was assembled during the in-depth phase. One hundred and three interviews were gathered on a quota basis during Phase II (pre-test).

At the time that Juárez and Associates staff were in El Salvador attempting to evaluate current family-planning media programs (e.g., in-depth project phase), the Asociación Demográfica Salvadoreña (ADS) was involved in a massive National Fertility Survey. This survey was financed by the Population Council of New York and by CELADE (Latin American Demographic Center).

Because of the massive nature of the survey, it seemed to the Juárez project staff that it would not be useful for us to undertake a small survey in El Salvador.

3. Commonalities and Recommendations

a. Commonalities

One purpose of the Media Development/Family Planning Project was to determine what attitudinal factors related to childbirth, radio listening, and family planning were common to all the project countries. The following is a summary of, first, the commonalities, revealed by the in-depth research and pre-test panels, and second, Phase II general program recommendations for media planners. The recommendations were developed from the commonalities and related to possible development of cross-national promotion of family planning.

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*Profamilia G.W.U., Evaluación De Material De Información Y Educación De Planificación Familiar - Primera Fase.

The in-depth research and pre-test panels revealed eleven notable commonalities among Costa Rica, El Salvador and Guatemala. For ease of understanding, commonalities may be described as (1) Demographic, (2) Sociological, and (3) Mass Media.

(1) Demographic

(a) There was an urban-rural gradient (high to low) concerning knowledge and practices of contraceptive methods and family-planning concepts.

(b) There was an analogous urban-rural gradient concerning preferred family size. The rural population tended to have larger families.

(2) Sociological

(a) Male dominance in family structure was visible in in each country. Women panelists in the rural areas of El Salvador and Guatemala, in particular, deferred to male decision in family planning.

(b) Fear among women was an important corollary of male domination. Many women were afraid that their husbands would discover their use of contraceptives, and afraid of the contraceptives' harmful effects.

(c) Misinformation concerning the physical effects of contraceptives was rampant, particularly in rural areas. Frightening stories were spread by word-of-mouth. The stories, which may have been developed from exceptional cases, fostered the beliefs that everyone who practiced contraception would become seriously ill or sexually debilitated or would have deformed children.

(d) Roman Catholicism had only a limited influence on family-planning acceptance, as measured by knowledge of the rhythm method (relative to other contraceptive methods) and by signs of organized Church opposition. Occasional mention was made of the Church in rural Guatemala and El Salvador.

(3) Mass Media

(a) Radio was an important mass medium, but it was a limited source of family-planning information. We noted that the urban populations knew more about family planning than those in rural areas.

(b) Preferred listening times were consistent according to rural-urban residence. Urban populations preferred midday hours. Rural populations preferred early morning hours - 4:00 AM and 5:00 AM.

b. Recommendations

The following recommendations were general responses to the commonalities which had immediate implications for media planners in family-planning agencies and for program sponsors.

(1) SIMPLIFY THE LANGUAGE

With respect to existing family-planning media programs, there was a clear need to simplify the language that was used. Wide dissemination does not imply broad listener comprehension; message and program language must be simple and direct.

(2) KEEP THE MESSAGES SHORT

Short messages (spot announcements) were preferable to lengthy programs for a number of reasons:

(a) Spot announcements can be broadcast more frequently for the same cost as a single program. Repetition is a key to recall.

(b) Spot announcements encourage experimentation among family-planning message designers. It is easier to design and implement new messages than to maintain a program series.

(c) Spot announcements are self-contained, simple themes, which may be made easy to understand.

(d) Spot announcements may be placed adjacent to popular programs in order to capture a large listening audience.

(3) MESSAGES SHOULD BE SELF-CONTAINED AND PROVOCATIVE AND SHOULD PROVIDE PERSONAL FAMILY INFORMATION

Abstract themes or concepts are useless to promotion of family-planning programs.

(a) Self-Contained means that the message raises a question, provides the answer, and tells where more information can be obtained.

(b) Provocative means that the message is direct and to the point without being authoritarian.

(c) Personal means that the listener feels that real people are talking about his interests and problems.

(4) INTEGRATE MESSAGE DESIGN, TARGET AUDIENCE, AND CLINICAL SERVICES

Messages must suggest specific action as well as provide on-the-spot information. The objective is to establish clinics or official family-planning media programs as the primary source

of information and medical service. Thus, messages must provide the individual with locations and schedules of facilities.

(5) SUPPLEMENT NATIONAL SLOGANS WITH LOCAL INFORMATION

Knowledge, values, and in some cases languages vary among communities and regions. In general, no single program or message can serve diverse needs. National slogans should be used to develop program identity and to promote local programs, much as radio networks promote local affiliate stations in the United States.

(6) A MIXED MEDIA APPROACH IS VITAL TO FAMILY-PLANNING PROGRAM SUCCESS

Radio, newspapers, posters and direct mailings must be mutually supportive in encouraging family planning. Radio spots can describe a question and answer column in the newspaper. Newspaper ads can describe radio programs or specific clinics in local communities. When used in concert, different mass media may have a multiplier effect in developing new readers, listeners and acceptors of family planning. As a simple example of an effective newspaper ad, a radio dial can be drawn showing the station number and specifying the program name and listening time.

(7) MESSAGES SHOULD BE DIRECTED AT SPECIAL TARGET AUDIENCES

Panelists in all three countries felt a need to communicate with various types of professionals when seeking information. Given this fact, obtaining family-planning information from mass media sources was seen as an insufficient condition for its acceptance. Therefore, it was recommended that special messages

be directed at local authority figures whose occupational roles are people-related: licensed nurses, midwives, teachers, etc. Implementation of this recommendation should employ two strategies:

(a) Messages directed at authority figures so that they become part of the overall communication process;

(b) Messages directed at citizens calling attention to the fact that family-planning information is not just for professionals, but for everyone.

(8) ON A PERIODIC BASIS, ASSESS THE LISTENERSHIP COVERAGE OF RADIO STATIONS WHICH TRANSMIT FAMILY-PLANNING MESSAGES AND PROGRAMS

A pre-condition for the design and implementation of a media campaign of any type is that substantial portions of a target population be exposed to particular types of media. In other words, if messages aimed at a rural population are transmitted by a source with minimal rural coverage, then the content is not only wasted but cannot, of course, be examined for impact.

After the responsible organizations in each country had analyzed the feasibility of the recommendations, Juárez and Associates asked them for written evaluations of the recommendations and descriptions of changes that could be incorporated into the radio programs.

D. Phase III: Re-Test Panels and Interviews

Phase III of the project was designed to test the effectiveness of the changes in family-planning radio programs which were implemented as a result of Phase II recommendations. In order to do this we employed the same basic approach used in the previous phase: testing through means of interviews and panels held in urban, small-urban and rural areas.

Because this project was not designed as a true experiment (e.g., use of control, etc.), the strategy employed in this phase was to retest in the identical areas employed in Phase II.

Immediately prior to the panels the research teams interviewed each participant. The entire procedure was designed to take less than two hours, which was the maximum feasible time commitment that could be made by participants. Interviews and panels for all three countries were carried out in a period between March 17 and April 19, 1975. Given the constraints of time and manpower, the assistance provided to Juárez and Associates varied by country.

In Costa Rica, the Asociación Demográfica Costarricense (ADC) provided us with transportation and capable personnel and the Centro de Orientación Familiar (COF) provided us with personnel to work in the small-urban and urban areas. Two teams were formed to work simultaneously in the different areas.

In El Salvador, the Asociación Demográfica Salvadoreña (ADS) personnel were committed to other projects and could not work exclusively with Juárez and Associates. Therefore, the Juárez and Associates investigators decided to join the ADS family-planning social workers on their routine visits to the rural areas. Arrangements were also made to conduct interviews and panels in the ADS family-planning clinic in San Salvador.

The situation in Guatemala was similar to the one in El Salvador in that the personnel of APROFAM and the Oficina Integrada were deeply involved in another project and were not available. Because of the nature of their project - a nation-wide vaccination campaign - it was not possible for

Juárez and Associates to work in conjunction with the agencies' personnel. Therefore, Juárez and Associates hired qualified personnel and once again, two teams were created, each one working independently in different areas.

The panel discussions constituted the most important data collection procedure of Phase III of the project. The main objectives of the panels were the following:

1. To re-evaluate the content and effectiveness of family-planning radio programs which had been broadcast from June 1974 to the present.
2. To measure changes in the level of knowledge and comprehension of family-planning terms, topics and concepts introduced in the radio programs.
3. To ascertain the preferred content and format of radio programs and spot messages devoted to family planning.
4. To evaluate the total effect of radio programs on the actual decision to practice family-planning methods.

E. Phase III: General Findings

Approximately a year elapsed between project Phases II and III. Juárez and Associates' surveys found that the idea of family planning is more widespread with large majorities of the three Central American countries having an awareness of family planning. People state a positive attitude toward family planning, which appears to be within the reach of very significant proportions of urban and rural populations. Our data point to the fact that a majority of people have knowledge about specific contraceptive methods and techniques. Our findings confirm Bogue's statement that "family planning is almost nowhere an innovation"

because

> this awareness and knowledge has been generated by massive programs of home visiting, group discussions, poster and billboard advertising, radio broadcasting, newspaper news reporting, leaflet distribution, and other media. These activities have stirred up a great deal of informal discussion among friends and neighbors (Bogue, 1975:5).

Juárez and Associates' field experience supports Bogue's re-analysis of the dilemma of the five-stage innovation-diffusion model.* While awareness and knowledge are present, there appears to be very little continual habitual use of family-planning methods. It is the evaluation and trial stages that pose the greatest problems. Large numbers of people in developing countries negatively evaluate contraceptive methods. When an initial evaluation is either positive or neutral, the trial stage still may not be a success because positive reinforcement is not continuously available. Bogue notes that many people have tried various methods and discontinued use after a brief time (Bogue, 1975:5). He concludes that there are "vast numbers of well-informed (aware), favorably inclined persons who refuse to use the methods available to them" (Bogue, 1975:5).

Our data support Bogue's injunction that it is imperative to focus attention on the gap between knowledge and use of family-planning methods. If the causes of that gap can be studied and understood, then appropriate communication-education programs can be designed to correct the imbalance.

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*This model claims that adoption of an innovation proceeds by five stages:
Stage 1. Awareness (discovery);
Stage 2. Information assembly (knowledge);
Stage 3. Evaluation (decision-making);
Stage 4. Trial (first use);
Stage 5. Adoption (continued habitual use).

It is reassuring to Juárez and Associates that the focus, findings, and recommendations in Phases II and III of the Media Development/Family Planning Project independently confirm many of those articulated by Bogue and others. The following are the general findings from Phase III data.

1. Knowledge of Family Planning

   a. At least 50% of all panel participants had heard (were aware of) family planning.

   b. There was not a uniform relationship between awareness of family planning and area of country (urban, small-urban, rural).

   c. Among panel participants a higher proportion of men than women had heard about family planning.

   d. Those people with children are somewhat more likely to have heard about family planning than those without children.

   e. Those panelists with children were more familiar with family-planning ideas than those without children.

2. Family-Planning Practices

   a. In terms of the use of family-planning methods there is an urban (high)-rural (low) gradient with one exception (rural area of Costa Rica).

   b. Across all three countries the birth-control pill was the most prevalent method used for contraceptive purposes.

   c. Tubal ligation is the second most popular method except in Guatemala, where injection is second.

   d. Given that pills and tubal ligations (and injections) are most prevalent, it is obvious that women are greater users of contraceptive techniques than men.

   e. Having had children was related to types of contraceptives used. Condoms, douches, and jelly/cream were used by those without children, whereas pills and tubal ligations were prevalent among those with children.

f. The presence of children was related to major differences in contraceptive usage. Those people with children used family-planning methods to a much greater extent than those who did not.

3. Media

a. Across all countries, radio was the dominant source of information concerning family planning.

b. Health centers were the second most prevalent source of information with friends third.

c. Mentions of panelists' families were virtually absent as a source of family-planning information.

d. In terms of relative exposure to all types of media as sources of family-planning information, El Salvador panelists had most exposure, with Costa Rica following very closely.

e. Guatemala panelists had considerably less exposure to all types of media.

f. When given an explicit list of types of media (radio, newspapers, magazines, pamphlets, posters, comic books), respondents acknowledged radio to be the overwhelmingly dominant leader in delivering family-planning information.

g. Men had more exposure than women to family-planning information from all types of media.

h. Across all countries, morning was the preferred radio listening time.

i. Aside from mornings, men also tended to listen to radio in the evenings whereas women's listening times were more evenly distributed throughout the day.

j. News programs were the most popular types of programs in terms of listenership regardless of sex.

k. Music/song programs were the second most popular type of program according to both men and women.

l. Family-planning programs were popular only in rural areas of the countries.

m. The major difference in listening habits between men and women was that men listened to sports programs and women listened to family-planning programs.

n. Given that usage is high among those with children, it is also true that people with children acquire more family-planning information from various media sources.

F. Cumulative Recommendations

The recommendations are not substantially different from those offered in the Phase II report. Since that report, publications from the Communication Laboratory of the Community and Family Study Center (University of Chicago) have focused on many of the same critical areas. Where applicable the recommendations of Juárez and Associates take note of those from the Communications Laboratory with the hope that such a cumulative acknowledgment will have greater impact.

1. Misinformation: General

One of the greatest obstacles to successful family-planning programs is misinformation. A major effort in Information, Education and Communication (IEC) programs must be aimed at not only providing new information but acknowledging that certain ideas or assumptions are not valid and countering them with correct information. We argue that media messages should explicitly note the inaccuracies and immediately offer correct information. Simply providing information without acknowledging its corrective purpose is inadequate. Such messages should be short, simple, and explicit--not diffuse and convoluted.

2. Misinformation: Medical Fears

a. Short-Term: Many of the panel participants cited contraceptive-method side effects as reasons for discontinuing one or another of the methods. Media messages must be designed to provide women with balanced evaluations of the

nature of side effects of various contraceptive methods. Such messages must not understate various side effects but present a balanced picture with explicit information on the duration of side effects. The object of such information is to provide proper information during trial usage periods (Bogue's Obstacle II).*

b. Long-Term: Even where trial periods of contraceptive practices have been successful, many panelists admitted that long-term health concerns militate against sustained use of several types of methods. The catalog of long-term health fears includes cancer, sterility, and internal damage. Messages should be designed to convey the fact that such fears, while normal when any type of medication (e.g., pills) is taken, are nonetheless exaggerations of reality. Simple pieces of scientific evidence should be presented by locally recognized health officials which downplay long-term health hazards related to contraceptive practices (Bogue's Obstacle I).

3. Misinformation: Rumor

The line between misinformation and rumor is very thin. Rumors may be distortions of reality or entirely contrived statements. They may focus on medical or social problems related to contraceptive practices. As in #1 above, the person must be made aware that the new information being provided is aimed at replacing the rumor. The source of the new information must be someone or something recognized as a viable route to change in attitudes or behaviors (Bogue's Obstacle IX).

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*See Appendix.

4. Men

Much more must be done toward changing attitudes and behavior of men vis-a-vis the use of contraceptive practices.

a. Status of Women: Messages must be aimed at men which convey the idea that women (wives, daughters, girlfriends) should be able to make vital inputs to questions of childbearing. Women should be recognized as co-equal decision-makers (Bogue's Obstacle XIII).

b. Male-Female Interpersonal Relations: Messages should be designed which are related specifically to couples, asking them to evaluate information together. This should be coupled with 4a. above because it is vital that men recognize the need to enhance two-way communication. Female panelists often told us that their husbands simply did not want to discuss information about various family-planning methods (Bogue's Obstacle II).

c. Contraception Leads to Infidelity: Many women in the panels noted that they used contraceptives without approval from their male partners because men in many instances saw contraceptives simply as a means for women to free themselves from the possible consequences of violating moral and family obligations. Many men see the fear of pregnancy as the only thing that keeps women faithful. Messages must be formulated so that they depict usage of contraceptives as allowing women to play vital societal roles (Bogue's Obstacle XXII).

d. Masculine Sex Role: The need to be able to demonstrate sexual potency is especially high among men in cultures where women play subordinate roles. One manifest outcome of demonstrated masculinity is the ability to produce children.

5. Women

a. Women should be the object of messages that deal with mis-information and rumors especially where medical concerns are prevalent.

b. Breast-Feeding: Messages should be devised which state the nutritional, immunization, and childspacing benefits of extended breast-feeding. Family planning should be acknowledged as a positive outcome of breast-feeding.

6. Young People

a. Sex Education: By far one of the major areas of concern for the socialization to good family-planning practices is the provision of sex education to young people. Where sex education is a taboo a vital chance in the life cycle will have been lost. Media messages must convey the fact that it is appropriate for family-planning information to be discussed in terms of sex or reproductive education.

While we agree with Bogue (1975:24) that it is ultimately necessary to "desexualize" family planning by placing it in the public-information domain, we think that such will occur by placing it in health or sex education programs for young people.

b. Inability to Obtain Information: Special efforts should be made by media planners to aid young couples in immediately obtaining information related to the accessibility of family-planning services. Popular youth-oriented radio programs should convey such messages (Bogue's Obstacle XXIV).

c. Timing of Childbirth: Along with 6b. above, a special effort should be aimed at persuading young couples to delay childbirth in favor of greater self-sufficiency in economic matters. If a delay can be achieved in the initial birth, then continued emphasis on "spacing" will be more easily adopted (Bogue's Obstacle VI).

d. Immediate Benefits To Be Gained from Family Planning: Family-planning messages must be related to individual and immediate goals. National principles and future concerns have very little impact in short-term decision-making. Coupled with 6c. above, young people must be made aware of short-term personal benefits which can be derived by delaying or spacing children (Bogue's Obstacle XXV).

7. Family Focus: Modify the Impact of Negative Family Influences

Many countries including Costa Rica, El Salvador, and Guatemala focus family-planning efforts on entire families. While the group objective is good, the reasons and methods employed are usually too diffuse (nonspecific) to be at all meaningful.

The goal of tackling family attitudes ought simply to be changing the attitudinal context in which couples obtain approval or disapproval for delaying or spacing childbirths. The basic object is the reduction or elimination of negative information about the nature of contraceptive methods which young couples receive from others in the extended family. Therefore, messages should be designed to modify opinions of elders and peers in families (Bogue's Obstacle VIII).

8. Media

a. Failure to Achieve Adequate Coverage: In many cases one of the major failings of media planners is the lack of adequate evaluation of the extent of media coverage (e.g., radio listenership). If data are not available concerning the scope and depth of coverage, then it is incumbent on the media planner to undertake sufficient surveys to obtain the needed information.

b. Failure to Coordinate the Diffusion of Family-Planning Information:

Efforts must be made by media planners to describe all the sources of family-planning information available to citizens. People should be told to seek advice from nurses, doctors, social workers, midwives, teachers, etc. Media messages should inform citizens of the variety of family-planning information available from many sources (Bogue's Obstacle XI).

G. Conclusions and New Directions

A Need to Know

There exists a need to know the degree of knowledge and the conceptual framework of potential recipients of family-planning services before mass media campaigns are initiated. For an Information, Education and Communication (IEC) program to be successful for any length of time, it is important to know what will be acceptable and what will not be and why. Success depends on the knowledge that the communicator has of his or her potential clients at any given point in time. What is or is not acceptable today will change tomorrow, and it is the communicator's responsibility to be able to interpret those changes. Especially in the field

of family planning, it is easy for the communicator to base messages on knowledge of the audience which is outdated or stereotyped. Attitudes and knowledge about family planning, and the atmosphere in which it is discussed, can change dramatically or be very different from what we expect.

There is an urgent need for individuals involved in IEC programs to either generate or have access to reliable data sources from which to realistically plan and design mass media campaigns.

In the design of campaigns, it is essential to pre-test the content of media messages for clarity and acceptance. This process, along with periodic evaluations of progress, can prevent costly and wasteful mistakes in program design.

Our experience in Central America has led us to believe that media research is perhaps the most neglected area in terms of both personnel and resources. This need not be the case if family-planning program administrators can be shown that cost effectiveness and an increase in acceptor rates can be achieved through better knowledge of the client population.

Many of our data independently validate Bogue's contention that most adults are aware of family planning and approve of the concept of family planning but that there are specific obstacles to the use of existing contraceptive methods. We feel, however, that the obstacles are often interwoven and culturally imbedded. Bogue perhaps oversimplifies the ease of overcoming these obstacles. The only way to find out how easily the obstacles can be overcome is to make a concerted and spirited effort to overcome them. We feel that radio can play an important role in doing this in Central America.

A major finding was that family-planning radio program listeners had difficulty understanding existing message themes and more complicated family-planning concepts despite the fact that there was widespread positive evaluation of the idea of family planning. Media recommendations included the following:

1. Language content of messages should be simplified.
2. Messages should be kept short.
3. Messages should be self-contained and provocative.
4. Message design, target audience and clinical services should be integrated.
5. Mixing media approaches is vital to family-planning program success.
6. Messages should be focused on pre-specified target audiences (e.g., young couples, men, women, families).
7. The listenership coverage of radio stations which transmit family-planning messages and programs should be assessed periodically.

We concluded that cost-effectiveness and an increase in acceptor rates can be achieved through better knowledge of the client population; that host-country organizations and personnel should be involved in all phases of future mass media projects; and that family-planning delivery systems and Information, Education and Communication (IEC) programs must be linked together from the inception of any family-planning program. Moreover, we felt that the model that has been created and the research technology associated with it should now be transferred to program administrators in capital/urban centers and from these to the rural areas, or vice versa, depending on local conditions.

APPENDIX

THE TWENTY-FIVE COMMUNICATION OBSTACLES (Bogue, 1975)

Obstacle I.	FEARS OF PERMANENT DAMAGE TO HEALTH FROM PROLONGED USE OF THE PILL, IUD, OR OTHER CONTRACEPTIVES
Obstacle II.	FEARS OF THE SHORT TERM SIDE EFFECTS OF THE PILL AND IUD
Obstacle III.	LACK OF LEADERSHIP AWARENESS THAT THE MASSES WANT FAMILY PLANNING
Obstacle IV.	IRRATIONAL FEARS OF THE VASECTOMY METHOD
Obstacle V.	INADEQUATE COMMUNICATION BETWEEN HUSBANDS AND WIVES ABOUT IDEAL FAMILY SIZE, SPACING, CONTRACEPTIVE METHODS, AND WHETHER TO PRACTICE FAMILY PLANNING
Obstacle VI.	INSUFFICIENT EMPHASIS ON THE SPACING OF CHILDREN AMONG YOUNG ADULTS
Obstacle VII.	SLOWNESS TO DESEXUALIZE FAMILY PLANNING AND REDUCE SHYNESS ABOUT FAMILY PLANNING BEHAVIOR
Obstacle VIII.	NEGATIVE INFLUENCE OF PEERS AND ELDERS
Obstacle IX.	FAMILY PLANNING RUMORS
Obstacle X.	LACK OF AWARENESS OF FAMILY PLANNING SERVICES
Obstacle XI.	FAILURE TO DIFFUSE INFORMATION ABOUT PRIVATE AND COMMERCIAL FAMILY PLANNING SOURCES
Obstacle XII.	PREJUDICES FOR AND AGAINST PARTICULAR METHODS OF CONTRACEPTION
Obstacle XIII.	TOLERANCE OF THE LOW STATUS OF WOMEN AND WEAK SUPPORT OF THE MOVEMENT FOR WOMEN'S RIGHTS

Obstacle XIV.	CONTRACEPTIVE FATIGUE, CARELESSNESS, AND NEGLIGENCE
Obstacle XV.	DESIRE TO HAVE A LARGE FAMILY FOR PERSONAL REASONS
Obstacle XVI.	FATALISM AND CONTROL OF ONE'S OWN CAREER
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Obstacle XIX.	NEGLECT OF ENVIRONMENTAL PROTECTION, NATIONAL ECONOMIC DEVELOPMENT, AND COMMUNITY WELFARE AS MOTIVES FOR FAMILY PLANNING
Obstacle XX.	INSECURITY IN OLD AGE
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Obstacle XXV.	UNDEREXPLOITATION OF THE IMMEDIATE AND INTERMEDIATE ADVANTAGES AND BENEFITS OF FAMILY PLANNING

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