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Reproductive Health Is In Your Hands:
Impact of the Bolivia National
Reproductive Health Program Campaign

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Las Manitos (“Little Hands”) Logo of Bolivia’s National Reproductive Health Program (also see page 5).

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Summary

Bolivia has a great need for improved reproductive health and a high level of “unmet need” for family planning. (The term “unmet need” is applied to sexually active women or couples who wish to space or limit births but do not practice family planning.) Both fertility and infant mortality are higher in Bolivia than in most other Latin American countries. While the overall infant mortality rate is about 60 deaths per 1,000 births, the rate in some rural regions is almost twice that. Forty-seven percent of Bolivian women who give birth never receive prenatal care, and 57 percent of births take place in homes, usually without the assistance of a health worker. According to the 1994 Demographic and Health Survey (DHS), 25 percent of Bolivian women in union (includes those married and cohabiting) had an unmet need for family planning.

In response to these needs, Bolivian government officials launched the National Reproductive Health Program (NRHP) to improve reproductive health. With technical assistance from John Hopkins University/Population Communication Services (JHU/PCS) and support from the United States Agency for International Development (USAID), the NRHP mass-media campaign ran from April through November 1994. The campaign promoted reproductive health services through a series of radio and television spots featuring family planning, birth spacing, pre- and postnatal care, breastfeeding, and abortion-prevention messages. The intended audience included women and men of middle and lower socioeconomic status between ages 18 and 35.

Data were collected before and after the campaign to assess the effectiveness of the campaign. The baseline survey, fielded in January-February 1994, was a cross-sectional national probability sample of middle to lower income households among 2,256 men and women between ages 15 and 49 in seven urban areas: La Paz, Santa Cruz, Cochabamba, Sucre, Oruro, Tarija, and El Alto. Most of the evaluation focused on La Paz, El Alto, Cochabamba, and Santa Cruz. In these cities the radio and television spots were broadcast more often and on more channels than in the other areas. The analysis also focused on women ages 18 to 35, the target audience. A second cross-sectional national probability sample of households among 2,354 men and women in the seven urban areas was selected in November 1994 to measure campaign impact. Modifications of the baseline questionnaire were made for the impact questionnaire to measure exposure and message recall.

Campaign exposure and message recall were very high—almost all urban Bolivians reported being aware of some aspect of the campaign. To measure the effectiveness of the campaign, follow-up survey respondents were divided into high-exposure and low-exposure categories. High-exposure respondents were defined as those who recalled at least one campaign message spontaneously and with assistance more than the average number of campaign messages.

Analysis of the impact survey found 85 percent of study respondents to have been exposed to the campaign. This high rate of exposure produced substantial impact on awareness, knowledge, and behavior change.

Awareness. Among the most important results of the NRHP campaign was an increase in awareness of family planning methods, sources of family planning information, and recognition of the campaign logo. The percentage of respondents spontaneously able to identify at least one family planning method increased substantially between the baseline and follow-up surveys. In the four main cities, awareness increased from 84 percent to 91 percent among high-exposure respondents in the ten months between surveys. Overall, 97 percent of post-campaign respondents in the four main cities said they recognized the NRHP logo; only 57 percent had recognized it in the baseline survey. There was an increase in the four main cities from 24 percent to 66 percent in the number of respondents citing television as their source of reproductive health information. Radio as a source of information increased by 4 percentage points.

Knowledge. In the area of detailed knowledge of and positive attitudes toward family planning, there was no significant increase. The provision of detailed knowledge was not an emphasis of the campaign. Of the questions asked, respondents scored lowest on knowledge questions about particular modern family planning methods. Although attitude toward reproductive health was generally high among women ages 18 to 35 in the targeted cities, there was a small but statistically significant increase, going from 86 percent to 91 percent for those highly exposed to the campaign.

There was, however, a more significant change in knowledge about preventive reproductive health measures such as prenatal care and duration and consistency of breastfeeding. In the four main cities, the average score on preventive health knowledge increased from 19 percent in the baseline to 24 percent in the follow-up survey among low-exposure respondents and to 32 percent among high-exposure respondents.

Behavior. Significant changes were also found in interpersonal communication and family planning use. Though changes in partner communication on reproductive health issues did not increase as a result of the campaign, increases did occur in communication with friends, relatives, and other health providers. The percentage of women ages 18 to 35 who reported speaking to someone (other than their partners) about reproductive health in the past six months increased from 71 percent in the baseline to 82 percent among those with high campaign exposure in the follow-up.

A higher proportion of men in the follow-up surveys expressed an intention to begin or to continue using family planning. Compared with 25 percent in the baseline, 60 percent of the men surveyed answered *definitely yes* to the question, “Do you intend to

use or continue using a method in the future?” in the follow-up survey. The percentage of new family planning users—those who had begun during the past eight months—was also significantly higher in the follow-up survey. In the four main cities, there was an increase in family planning use among those who were highly exposed to the campaign from 5.4 percent to 8.7 percent. This 3.3 percentage point increase translates into a 61 percent increase in the rate of reported use of family planning. Among women between ages 18 and 35 in the high-exposure group in those cities, the percentage of new users increased from 9.1 percent to 13.0 percent.

The evaluation revealed that misunderstandings about the details of specific family planning methods persisted, and that more research on communication between partners is needed.

Recommendations. The positive results of this evaluation make a strong case for the expansion of the campaign to other urban areas that received little or no exposure to the campaign. Three key features of this campaign that should be considered for future campaigns include:

- Efficacy of communicating in indigenous languages;
- Positioning family planning within the context of reproductive health to attract attention and encourage acceptance of campaign messages; and
- Importance of directing reproductive health education toward male audiences.

Chapter I. Background

Bolivia's Demography

The population of Bolivia is approximately 7.2 million. Nearly half the population is concentrated in seven urban areas (see Table 1). Of these seven cities, the first four—La Paz, El Alto, Santa Cruz, and Cochabamba—were the focal points of the reproductive health campaign; they received the most campaign broadcasts.

Table 1.
Population in Seven Urban Areas in
Bolivia (1994)

City	Population
La Paz/El Alto ^a	1,194,000
Santa Cruz	982,000
Cochabamba	580,000
Oruro	222,000
Sucre	159,000
Tarija	80,000
Total	3,217,000

SOURCE: PC Globe Brøderbund Software, Inc., 1993.

NOTE: ^a La Paz and El Alto are part of same metropolitan area and are combined here as a reference, but not combined in evaluation design.

Though the urban population has expanded rapidly, the percentage of people in rural areas remains high at 43 percent (see Table 2). Catholicism is the dominant religion, practiced by 92 percent of the population. Spanish is the dominant language, with Quechua and Aymara spoken by the two main indigenous groups in Bolivia.

Table 2.
Demographic Characteristics of Bolivians
(1994)

Characteristic	Percent of Residents
Residence	
Urban	57
Rural	43
Religion	
Catholic	92
Other	8
Language	
Spanish	73
Quechua	16
Aymara	10
Other	1

SOURCE: PC Globe Brøderbund Software, Inc., 1993.

There is a need to improve reproductive health status and reduce “unmet need” for family planning in Bolivia. (The term “unmet need” is applied to sexually active women or couples who wish to space or limit births but who do not practice family planning.) Fertility and infant mortality rates are higher in Bolivia than in most other Latin American countries. According to the 1994 Demographic and Health Survey (DHS), the overall infant mortality rate is approximately 60 deaths per 1,000 live births; in some rural regions, it is almost twice as high. Forty-seven percent of Bolivian women who give birth receive no prenatal care, and 57 percent give birth at home, usually without the assistance of a health worker. DHS data for 1994 also revealed that 25 percent of Bolivian women in union had an unmet need for family planning, for both spacing and limiting births. Though Bolivia’s total fertility rate has declined from 6.5 to 4.8 children per woman during the past two decades, fertility still exceeds desired levels.

Campaign Background

Current use rates of both modern and traditional contraceptive methods were surveyed for the National Reproductive Health Program (NRHP) Campaign baseline survey (see Table 3). The intrauterine device (IUD) was the most prevalent method, used by 10.3 percent of women in the survey, followed by condoms, the pill, and female sterilization. The rhythm method was the most prevalent traditional method, used by 16.5 percent of women in the NRHP sample. A total of 30.9 percent of women in the NRHP sample used modern methods and 22.1 percent used traditional methods. Of the 16.5 percent of women who stated they were currently using the rhythm method, 39 percent could not identify the “dangerous time” in the menstrual cycle for risking pregnancy.

Table 3.
Percent of Women Using Modern and Traditional Family
Planning Methods,
Bolivia, 1994

Method	Urban Women (ages 15-49)
Modern	
Any modern method	30.9
Condom	11.6
IUD	8.9
Pill	4.7
Female sterilization	2.7
Injectables	2.0
Spermicide	1.0
Male sterilization	0.1
Traditional	
Any traditional method	22.1
Rhythm	19.4
Withdrawal	1.5
Periodic abstinence	1.1

Other	0.1
SOURCE:	JHU/CCP Bolivia National Reproductive Health Program (1994).
NOTE:	N=2,256

To address the issues of maternal and infant mortality and unmet need for family planning, the Bolivia National Reproductive Health Program was initiated in 1990. The goals of the NRHP were:

- To promote healthy reproductive practices,
- To improve the provision of services, and
- To increase acceptance of modern family planning methods.

The cornerstone of the program involved training the NRHP's IEC Subcommittee in the development and implementation of health communication interventions and implementing a mass-media campaign to increase awareness and to generate demand for services. Objectives of the communication strategy included promotion of birth spacing, family planning, pre- and postnatal care, breastfeeding, and the prevention of unsafe abortions.

Chapter II. The National Reproductive Health Program

Project Description

The goals of the mass-media campaign were to explain the nature of reproductive health, disseminate information on the benefits of acting on reproductive health issues, and motivate people to seek information and services at the health centers. The *Las Manitos*—Little Hands—logo was featured in television and radio spots and posters to provide consistency and easy identification of all messages. The communication intervention included 11 television spots and 44 radio spots broadcast from April through November 1994. In addition, 100,000 copies of two posters were disseminated, three videos for use in clinic waiting rooms were produced, a comprehensive set of provider-client print materials were developed, and four audio cassettes on reproductive health topics for city buses were created and distributed.



Primary Audience

The campaign’s target audience included women and men of middle and lower socio-economic status between ages 18 and 35 in four main cities, La Paz, El Alto, Santa Cruz, and Cochabamba. Since national television and radio networks broadcast the campaign, exposure to the campaign was also reported in the other cities that were not central to the campaign (Tarija, Sucre, and Oruro).

Campaign Objectives

The specific objectives of the campaign were to increase:

- Recall of the campaign,
- Recognition of the campaign logo,
- Knowledge of at least one benefit of reproductive health,
- Knowledge of where to obtain family planning services,

- Positive attitudes towards reproductive health,
- Partner communication about reproductive health,
- Intention to obtain reproductive health services, and
- Use of reproductive health services at health centers.

Formative Research

Formative research was conducted to understand the context of family planning decision-making in Bolivia. The formative research consisted primarily of holding focus group discussions; discussion groups were conducted separately for men and women divided into age groups. A total of 16 focus group discussions were conducted. Focus group discussions revealed that:

- Participants associated reproductive health with a broader range of services,
- Family planning had negative connotations, and
- Misunderstandings and misinformation exist for knowledge about family planning methods.

Based on these findings, presenting family planning as a part of reproductive health would be a better approach than presenting family planning alone.

Campaign Strategy

The NRHP campaign was carried out in three phases in 1994 (see Table 4). Phase I (May-June) introduced the concept of reproductive health, introduced the logo, and provided general information. Phase II (July-August) emphasized informational spots on the various components of reproductive health: prenatal care, family planning, postnatal care, breastfeeding, and abortion. Health professionals in a clinic setting played prominent roles in these spots. Phase III spots (September-November) featured testimonials by satisfied users of reproductive health services. (Information on the content of specific spots can be found in Appendix A.)

Table 4.
Three Phases of the 1994 Bolivia NRHP Campaign

Phase	TV & Radio Spots
Phase I (May-June) General Introduction	Minister of Health Introduction of reproductive health Promotion of reproductive health
Phase II (July-August) Explanation of components of reproductive health	Family planning methods Prenatal care promotion Abortion Postnatal care promotion Breastfeeding information
Phase III (September-November) Reaffirmation phase with testimonials by satisfied users	Family planning testimonial Prenatal care testimonial Postnatal care testimonial

Pretesting and Message Design

In early 1994, before campaign materials were completed and put to use, four television “animatics”—cardboard drafts of commercials— five radio spots, and a poster were pretested with a sample of 147 men and women (about 50 people per city from La Paz/El Alto, Santa Cruz, and Cochabamba) in an auditorium. The sample audiences then completed a questionnaire with specific questions about what they had seen and heard. Results indicated that participants generally liked and understood the materials. The suggestions for changes in poster design and in the campaign slogan were used in the revision process.

Campaign messages were then designed to emphasize preventive reproductive health care, including prenatal visits, postpartum care, and family planning as a way to avoid abortion, and to enable couples to choose when to have children and how many. The concept of reproductive health was framed in terms of the health of the entire family. Messages instructed people where to go for reproductive health services and emphasized personal responsibility in obtaining services for the benefit of the family.

The Aymara and Quechua groups together represent 26.5 percent of the Bolivian population. Radio spots were, therefore, translated into the two most common languages spoken by indigenous groups—Aymara and Quechua—and were adapted with attention to their cultural traits. Focus group interviews were used to validate these adaptations before regional diffusion. (Specific campaign messages can be found in Appendix B. The radio and television broadcast schedules for La Paz/El Alto, Cochabamba, and Santa Cruz are given in Appendix C. The schedules show the

number of broadcasts of each spot per week by month of the campaign. Stills from the television spots are shown in Appendix D.)

Chapter III. Mass-Media Campaign Evaluation Results

Evaluation Design

Baseline survey. The Johns Hopkins University Population Communication Services (JHU/PCS), as part of its technical assistance to the program, developed a questionnaire with open- and close-ended questions to collect information about current reproductive health and family planning knowledge, attitudes, and practices. The survey was conducted using a national urban probability sample of households among 2,256 men and women respondents ages 15 to 49 in seven urban areas of Bolivia—La Paz, El Alto, Santa Cruz, Cochabamba, Oruro, Tarija, and Sucre. Baseline data were collected in February 1994. *Encuestas & Estudios*, a Bolivian market research firm, was contracted to conduct the fieldwork for both the baseline and follow-up surveys.

Follow-up survey. In November 1994, a second probability sample similar to the baseline survey was drawn from 2,354 men and women ages 15 to 49 from the seven urban areas. The follow-up questionnaire was designed to assess the impact of the campaign by comparing baseline and follow-up surveys with respect to key variables such as awareness of methods, intention to use contraceptives, and new contraceptive use. Table 5 shows the number of respondents for both the baseline and follow-up surveys.

Table 5.
Survey Sample Size, by City:
Bolivia, 1994

City	Baseline	Follow-up	Total
La Paz	567	589	1,156
El Alto	334	331	665
Cochabamb	380	374	754
a			
Santa Cruz	439	532	971
Sucre	176	196	372
Tarija	176	142	318
Oruro	184	190	374
Total	2,256	2,354	4,610

SOURCE: JHU/CCP National Reproductive Health Program, (1994).

Sample Characteristics

There were only minor differences between baseline and follow-up survey respondents. In the follow-up survey sample, respondents tended to be only slightly more affluent, better educated, and younger; it also had a larger proportion of students than the baseline sample had (see Table 6). In the four main cities, the level of exposure to the campaign was found to be significantly associated with education, gender, and age, where those with high exposure tended to be better educated, female, and slightly younger. Education, gender, and age variables were controlled for in the analysis.

Table 6.
Percent Distribution of Demographic
Characteristics of Survey Respondents, Bolivia,
1994

Demographic Characteristic	Baseline (N=2,256)	Follow-up (N=2,354)
Gender*		
Male	49.0	41.0
Female	51.0	59.0
Resident City		
La Paz	25.1	25.0
El Alto	14.8	14.1
Santa Cruz	19.5	22.6
Cochabamba	16.8	15.9
Sucre	7.8	8.3
Oruro	8.2	8.1
Tarja	7.8	6.0
Education		
None	3.4	2.5
Basic	16.4	14.5
(Intermedio) Middle	15.7	15.8
School		
(Medio) High School	38.9	41.4
Technical	7.5	7.7
University	18.0	18.0
Age*		
18-25	35.3	40.5
26-35	36.3	33.3
36-45	26.4	25.6

SOURCE: JHU/CCP Bolivia National Reproductive Health Program (1994).

NOTE: * p<0.01

Campaign Exposure

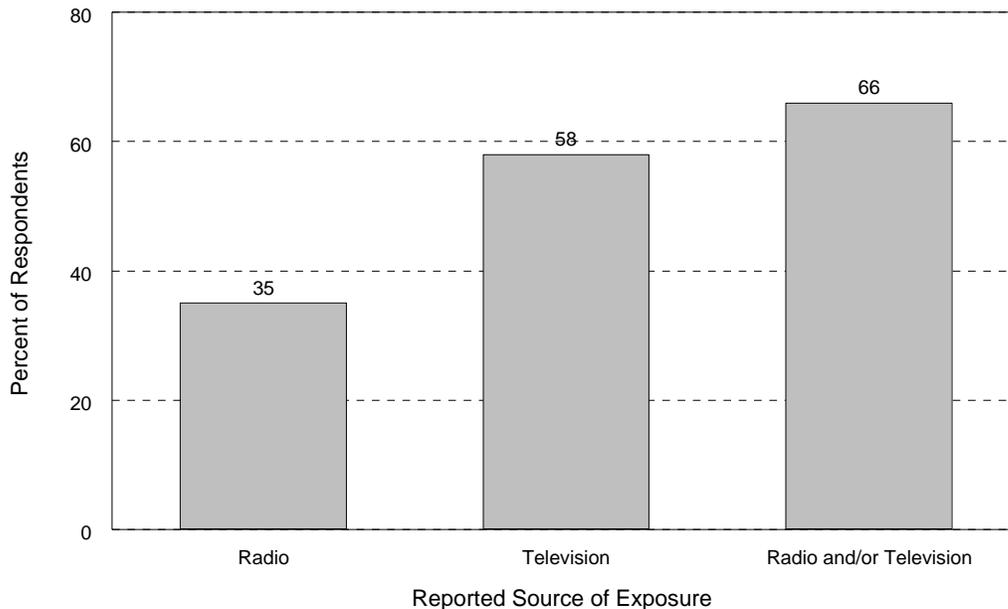
Follow-up survey respondents were divided into two categories: those with high exposure to campaign messages and those with low exposure. The division of these groups was based on message recall. High exposure to the campaign (N = 876) was defined as respondents who recalled at least one campaign message spontaneously and

more than the average number of messages recalled by the overall target audience with assistance (7.2 out of a possible 12 messages). Low exposure to the campaign (N = 950) was defined as those who could not recall at least one message spontaneously and recalled 7.2 or fewer messages with assistance.¹ Most of this evaluation focuses on results from La Paz, El Alto, Santa Cruz, and Cochabamba.

Spontaneous Message Recall

A combination of spontaneous and assisted recall was used to define the high-exposure group within the follow-up sample. Message recall suggests a deeper understanding of the campaign that goes beyond recognizing the logo or a video/audio segment of a television or radio spot, though logo recognition and spot recall are also quite important. Figure 1 shows the percentage of respondents who could spontaneously recall at least one campaign message from radio and/or television. In the four cities, 58 percent recalled at least one television message, and 35 percent recalled at least one radio message.

Figure 1.
Percent of Survey Respondents Who Could Spontaneously Recall at Least One Campaign Message, by Reported Source of Exposure, Bolivia, 1994



SOURCE: JHU/CCP Bolivia National Reproductive Health Program (1994).
NOTE: N = 2,354

¹Approximately 6 percent of the follow-up survey respondents could not recall any messages and were coded as “low exposure.”

The number and percentage of radio and television campaign messages that respondents recalled spontaneously were measured (see Table 7). Family planning was the message recalled most frequently, followed by the message “to obtain information at health centers.” The third most common message recalled was “to obtain prenatal care” and then “reproductive health is in your hands.”

Table 7.
Percent of Respondents Who Spontaneously Recalled
Campaign Messages Heard on Radio or Television, Bolivia,
1994

Message	Radio	Television
Family planning	9.7	18.0
“Obtain family planning information at health centers”	6.1	11.6
“Obtain prenatal care”	5.9	7.9
“Reproductive health is in your hands”	5.8	6.7

SOURCE: JHU/CCP Bolivia National Reproductive Health Program follow-up survey (1994).

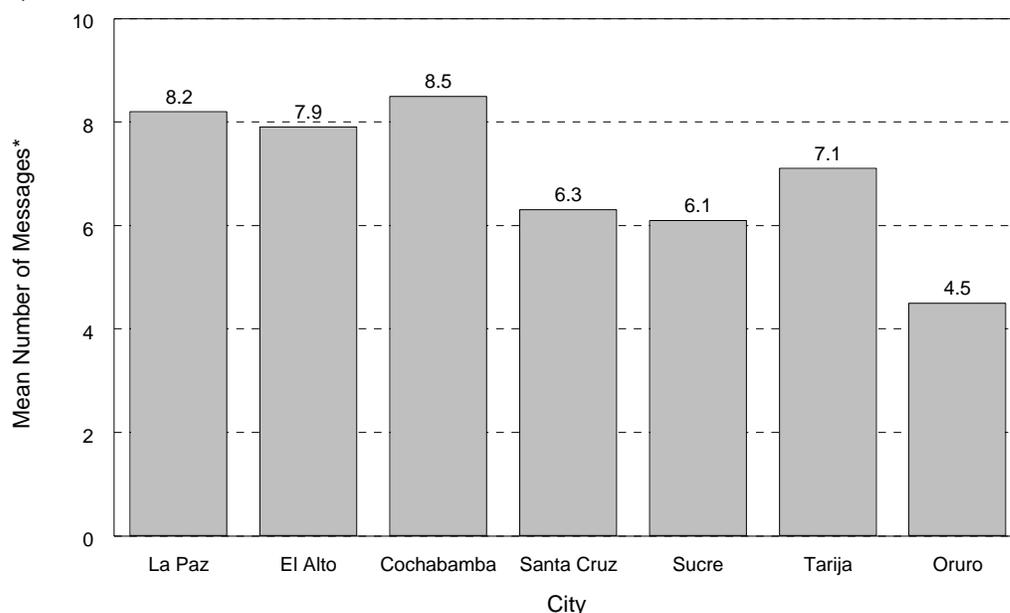
NOTE: N=1,826

Figure 2 shows the mean number of campaign messages recalled by respondents with assistance by city of residence. The bars represent the average assisted message recall for the seven urban areas of Bolivia. The four target cities comprised a large portion of the sample. The highest diffusion of the campaign through media channels was also expected to be found in these cities. Out of 12 messages, the average number of campaign messages recalled was high. The low average of 6.3 messages suggests that Santa Cruz may have received a lower volume of campaign broadcasts than expected. Message recall in the other three cities— Sucre, Tarija, and Oruro—was lower because of fewer broadcasts to those areas. In Tarija, the average was high (7.1) relative to Sucre and Oruro. It is possible that, while there were few broadcasts, there was also less competition for audience because of fewer broadcast choices.

Sources of Information about Reproductive Health

A dramatic increase in television as a source of information about reproductive health occurred in the 10-month period, from 24 percent in the baseline to more than 60 percent in the follow-up—a 36 percentage point change (see Table 8). Radio as a source of information showed an increase of 3.7 percentage points.

Figure 2.
Average Number of Campaign Messages Recalled with Assistance, by City,
Bolivia, 1994



SOURCE: JHU/CCP Bolivia National Reproductive Health Program (1994).

NOTES: N=2,354; men and women combined.

*12 messages possible

Table 8.
Percent Distribution of Reported Sources of Information about
Reproductive Health,
Bolivia, 1994

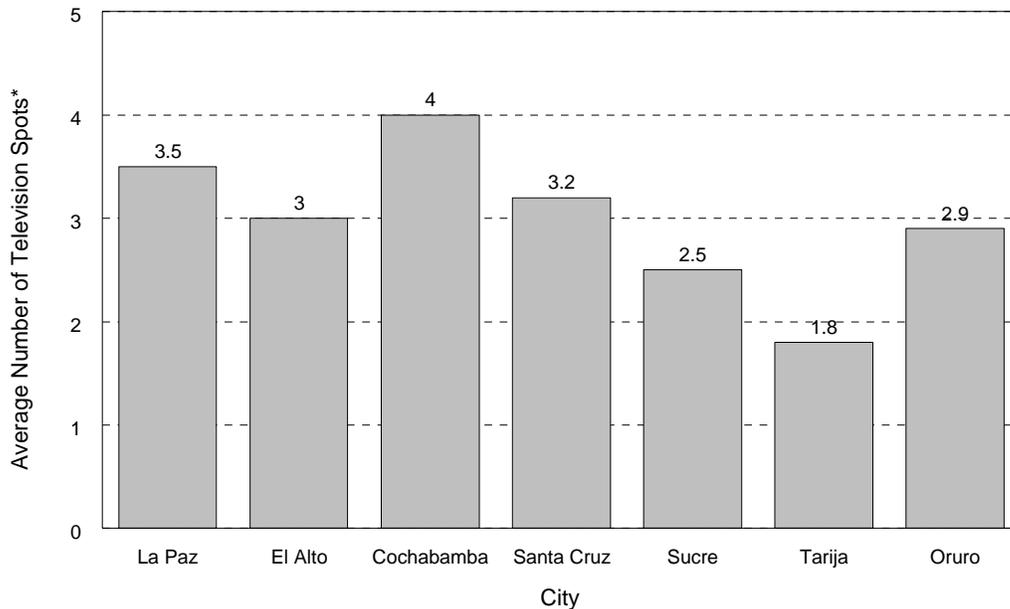
Source	Baseline (N=2,256)	Follow-up (N=2,354)	
		Low Exposure (N=1,406)	High Exposure (N=948)
Television	24.4	55.7	65.6
Radio	7.2	10.4	11.4
Newspaper	2.3	2.4	0.7
Posters	7.2	3.5	2.2
Friends	9.9	6.6	3.7
Others	25.6	11.2	14.4
Don't know/Didn't respond	23.3	10.2	2.0
Total	100.0	100.0	100.0

SOURCE: JHU/CCP Bolivia National Reproductive Health Program (1994).

Spot Recall

To measure assisted television spot recall, respondents were shown a total of 12 campaign photos. Two of the photos were “ringers” (photos depicting scenes that were similar to campaign spot scenes but not related to the campaign) and two were scenes from clinic videos produced for health center waiting rooms. Spot recall in the four main cities ranged from an average of four spots in Cochabamba to three spots in El Alto (see Figure 3). Recall was substantially lower in the other cities, where broadcasts were minimal, though in Oruro, which has access to more transmissions originating in La Paz, respondents recalled an average of 2.9 spots.

Figure 3.
Average Number of Television Spots Recalled with Assistance, by City,
Bolivia, 1994



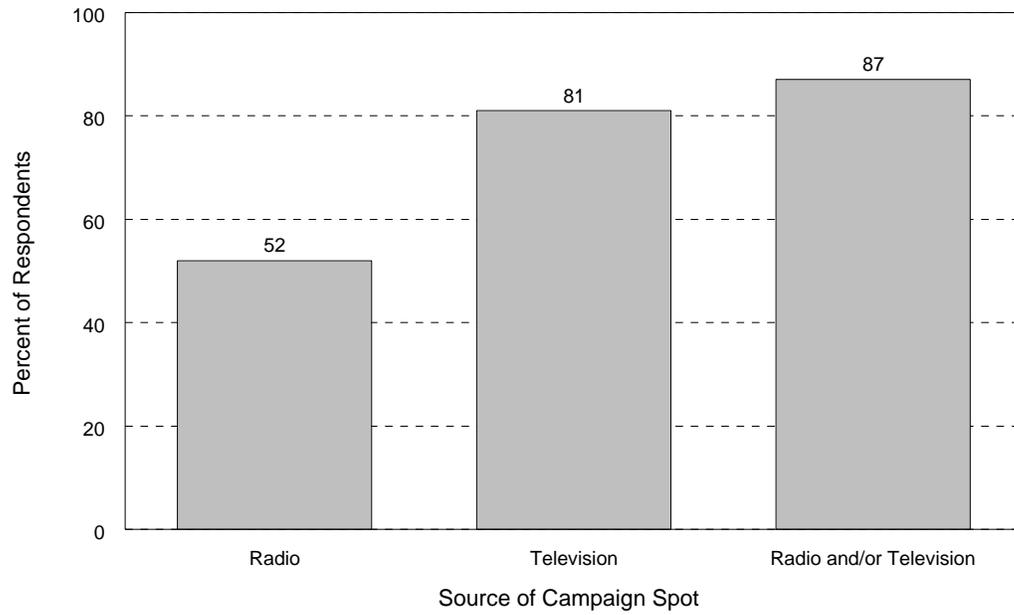
SOURCE: JHU/CCP Bolivia National Reproductive Health Program (1994).

NOTE: N=2,354

* Maximum of 8 spots

Of the follow-up survey respondents in the four main cities, 87 percent spontaneously recalled a television spot, a radio spot, or both (see Figure 4). Of this group, 81 percent recalled television spots and 52 percent recalled radio spots. These exposure and recall data indicate that a large portion of the target audience was reached by the campaign. The campaign exposure results show that the four main target cities of La Paz, El Alto, Santa Cruz, and Cochabamba received the highest level of campaign broadcast.

Figure 4.
Percent Who Spontaneously Recalled Campaign Spot from Television, Radio, or Both,
Bolivia, 1994

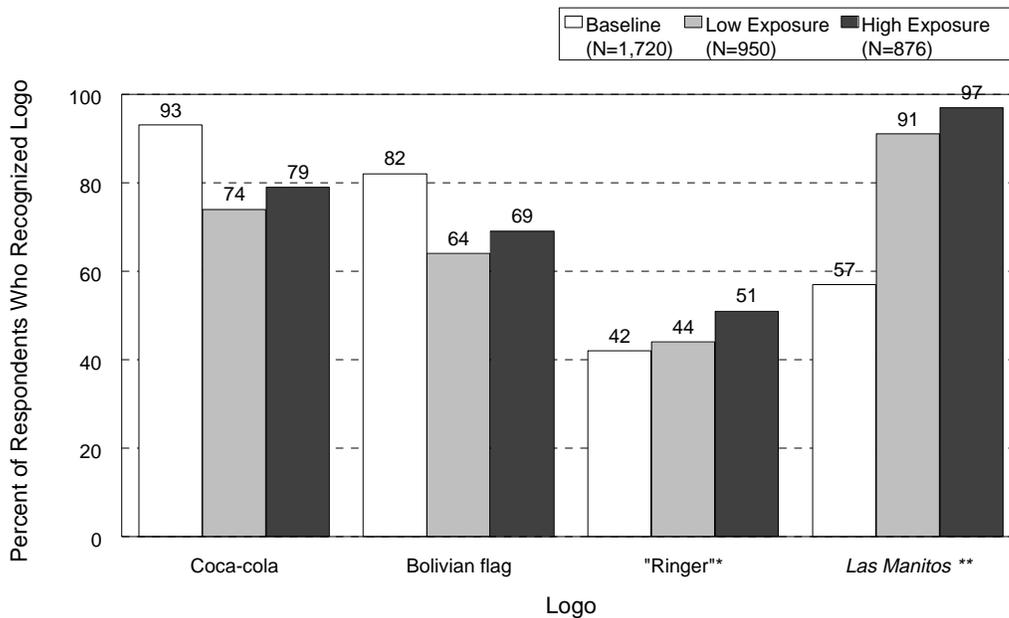


SOURCE: JHU/CCP Bolivia National Reproductive Health Program (1994).
NOTE: N=1,826

Logo Recognition

Logo recognition was measured by respondents' ability to identify the four images shown to them—the Bolivian flag, the Coca-Cola logo, the campaign logo, and the ringer (see Appendix E). As Figure 5 indicates, 97 percent of the high-exposure respondents said that they recognized the logo. The logo was used in print materials before the campaign, enabling 57 percent of the baseline respondents to recognize it. In addition, the logo was used in a social marketing campaign aired six months before the campaign. These results indicate that the NRHP logo is well-known in urban Bolivia, does not need to be promoted separately, and can be linked to a broader list of messages in future campaigns without confusion.

Figure 5.
Percent Distribution of Logo Recognition, by Exposure,
Bolivia, 1994



SOURCE: JHU/CCP Bolivia National Reproductive Health Program (1994).

NOTE: * Nonexistent logo

** Exposure differences significant at $p < 0.01$

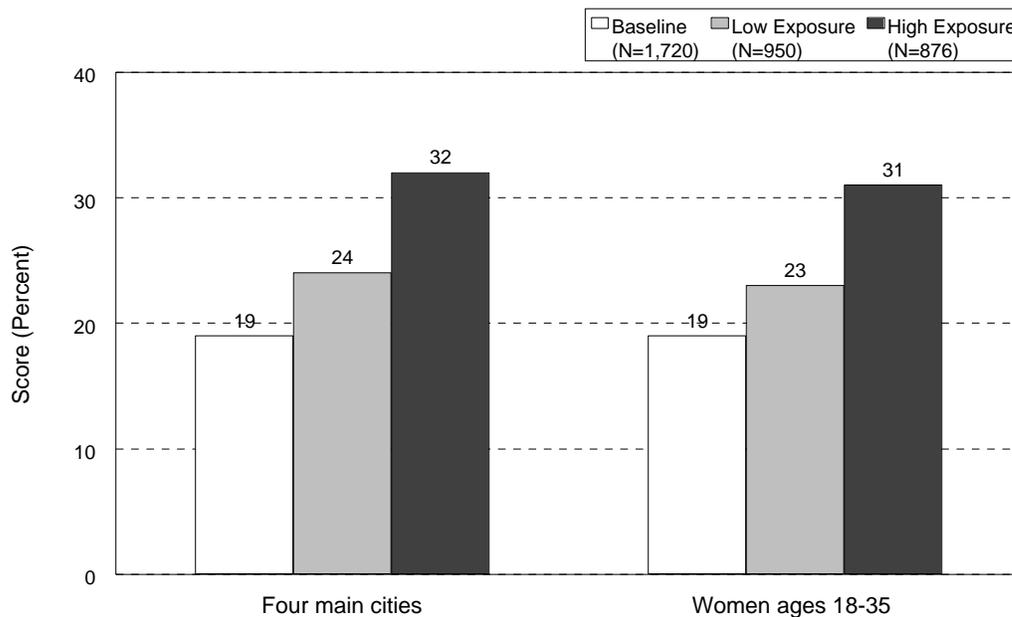
Knowledge

Knowledge of preventive healthcare measures. The NRHP campaign's emphasis on seeking care early to avoid problems later appeared to have had a substantial impact on knowledge of the preventive healthcare measures tested. Three preventive care questions were asked:

- *Do you know what precautions a mother should take after pregnancy?*
- *In your opinion, must you breastfeed immediately after birth or after a few hours?*
- *During the first six months of life, do you think the baby must be given only mother's milk or should other liquids also be introduced?*

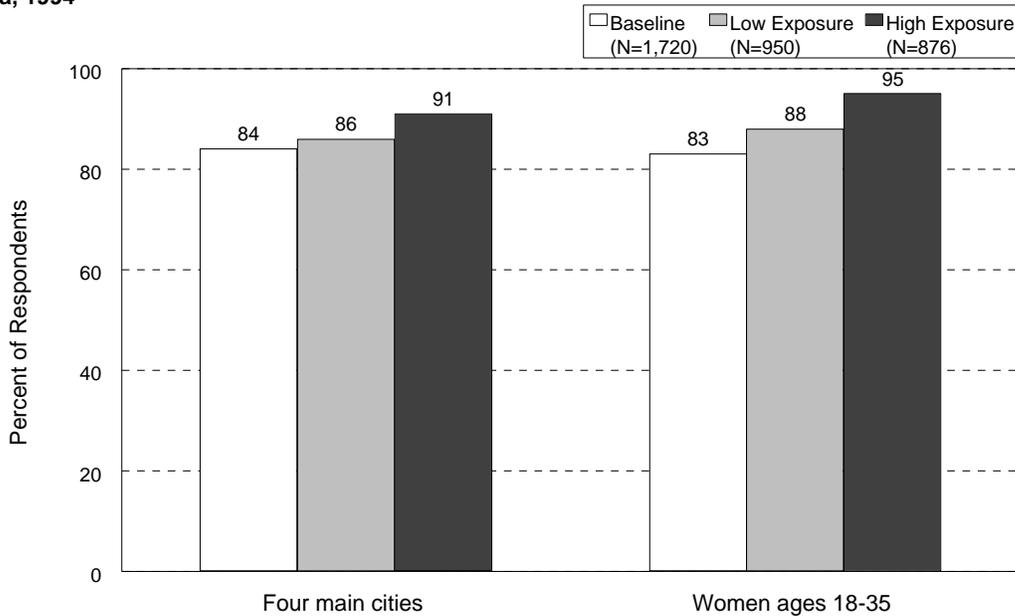
To facilitate analysis, scores were then calculated by dividing correct answers by the total number of questions. The increase in average scores between the baseline and follow-up surveys was statistically significant. Figure 6 shows that, among high-exposure respondents in the four main cities, the baseline average score increased from 19 percent to 32 percent. Thus knowledge of preventive healthcare measures was significantly increased by the campaign and can be further enhanced in future promotions.

Figure 6.
Average Scores of Respondents' Knowledge of Preventive Reproductive Health Measures,
by Campaign Exposure, Bolivia, 1994



SOURCE: JHU/CCP Bolivia National Reproductive Health Program (1994).
NOTE: Scores significant at $p < 0.01$.

Figure 7.
Percent of Respondents Aware of Any Modern Method, by Exposure,
Bolivia, 1994



SOURCE: JHU/CCP Bolivia National Reproductive Health Program (1994).
 NOTE: Percentages significant at $p < 0.01$.

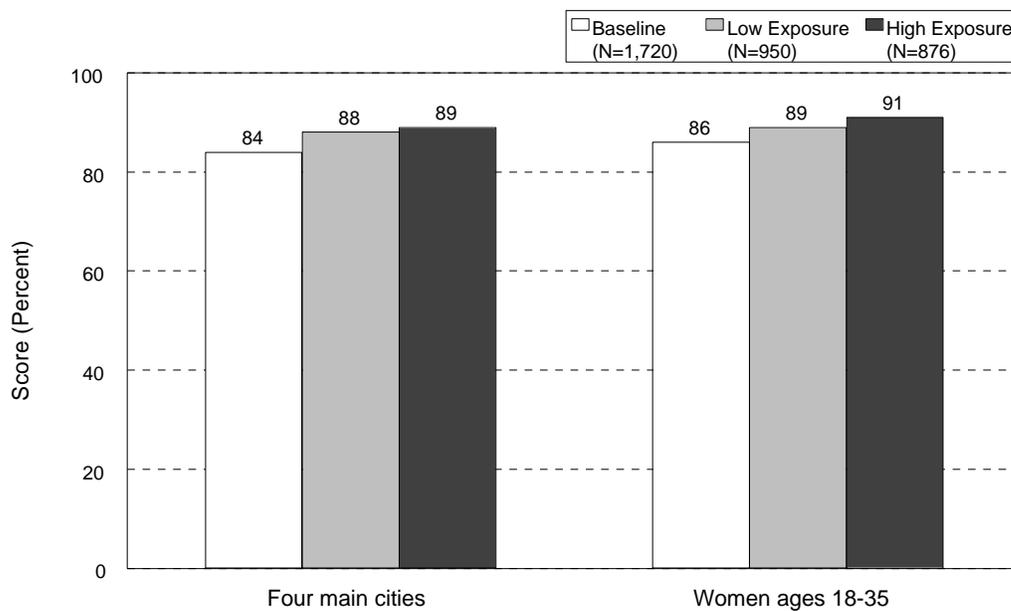
Knowledge of family planning methods. Spontaneous recall of at least one modern family planning method was generally high (see Figure 7). In the four main cities, method awareness increased from 84 percent in the baseline to 91 percent among those with high exposure. Among women ages 18 to 35, 85 percent of baseline respondents and 95 percent of post-campaign, high-exposure respondents could spontaneously recall at least one method.

Detailed knowledge of family planning and reproductive health. Detailed knowledge of family planning was assessed with a scale of 14 true/false questions (see Appendix F). The results showed no increase between the baseline and follow-up surveys. This could have been partly because these spots were not developed to promote detailed knowledge during this wave of broadcast. Considerable misinformation and misunderstanding about specific methods still exist in Bolivia, however. To address this issue, future communication efforts need to disseminate accurate information about contraceptives to the Bolivian public.

Attitudes toward reproductive health. Eleven attitude statements (see Appendix G) were read to respondents to assess attitudes toward reproductive health. Responses were scored based on a 3-point scale, in which 1 = disagree with the attitude statement;

2 = undecided whether to agree or disagree with the statement; and 3 = agree with the statement. Scores were calculated by dividing the sum of the points by the maximum number of points possible. Figure 8 reveals that baseline scores were high, indicating that a positive attitude toward reproductive health existed before the campaign—the baseline average score for each statement was 2.54 out of a possible 3 points. In the four main cities, baseline scores increased from 84 percent to 89 percent for those highly exposed. The increase was even greater among women ages 18 to 35—from 86 percent to 91 percent.

Figure 8.
Average Scores of Respondents' Attitudes toward Reproductive Health, by Campaign Exposure, Bolivia, 1994

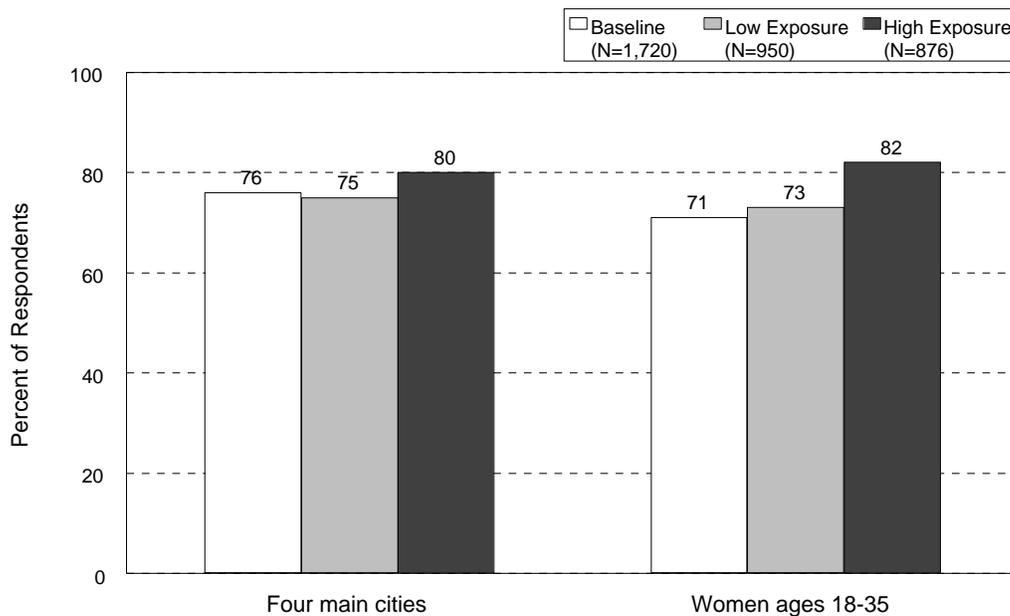


SOURCE: JHU/CCP Bolivia National Reproductive Health Program (1994).
NOTE: Percentages significant at $p < 0.01$

Communication

Interpersonal communication. The level of interpersonal communication in the four main cities only increased from 76 percent to 80 percent among the high-exposure group and from 71 percent to 82 percent among women ages 18 to 35—not a significant increase (see Figure 9). Respondents were asked: “With whom have you spoken about reproductive health?” Possible responses included partner, parents, children, other relatives, friends, health workers, others, or did not speak with anyone. People with whom respondents were found likeliest to talk to were: partners (42 percent), friends (13 percent), and parents (7 percent).

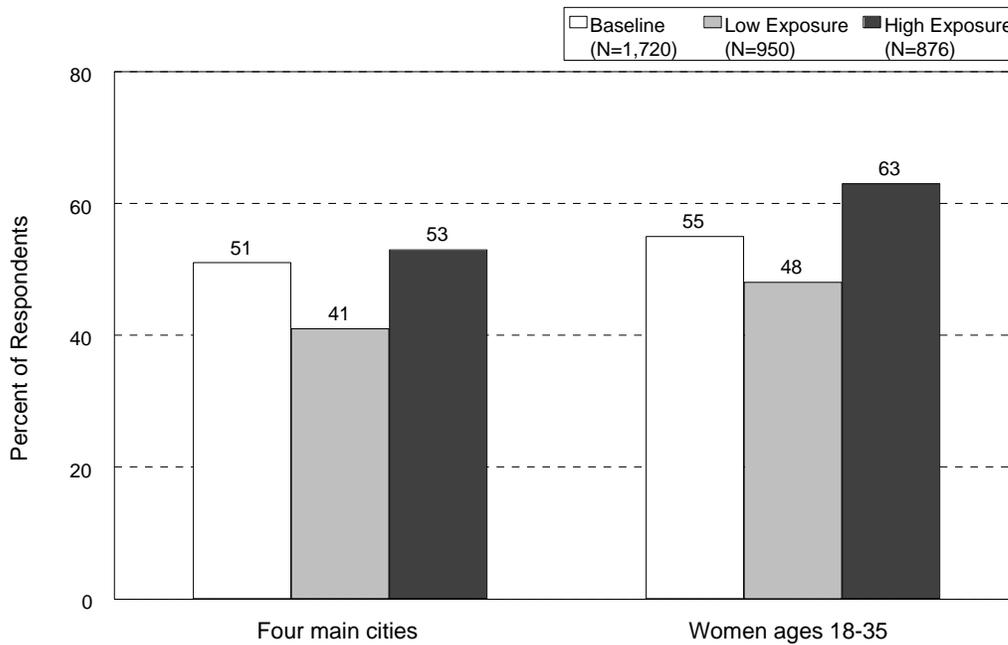
Figure 9.
Percent Distribution of Interpersonal Communication Regarding Reproductive Health,
by Campaign Exposure, Bolivia, 1994



SOURCE: JHU/CCP Bolivia National Reproductive Health Program (1994).

Partner communication. Partner communication did not increase significantly between the baseline and follow-up surveys. While specific wording in the question—“discussed with your partner in the last six months”—may have influenced the results, data suggest that partner communication patterns did not change as a result of the campaign. There are many possible reasons—reproductive discussions occur but not often enough to register over the 6-month interval, or reproductive decisions are not “discussed” but are informally agreed on by both partners. In any case, more refined measures of partner communication will have to be developed for future studies.

Figure 10.
Percent Who Discussed Pregnancy Prevention with Partner in Past Six Months, by Campaign Exposure, Bolivia, 1994



SOURCE: JHU/CCP Bolivia National Reproductive Health Program (1994).

Motivation to Seek Reproductive Health Services

An effort was made to determine the campaign’s effect on sources of motivation to seek reproductive health services among follow-up survey respondents who reported seeking services in the previous six months. Sources included television and radio (27.8 percent), friends and relatives (16.2 percent), self (39.4 percent), doctor or other health worker (14.0 percent) (see Table 9). A high percentage reported “self” as the source of motivation, perhaps because of the main campaign slogan, “reproductive health is in your hands,” encouraging people to take responsibility for their reproductive health.

Table 9.
Percent Seeking Reproductive Health Services, by Source of Motivation. Bolivia, 1994

Source of Motivation	Percent
Self	39.4
Television/radio	27.8
Friend/relative	16.2
Doctor/Other health worker	14.0
Not applicable/Did not know/Did not respond	2.0

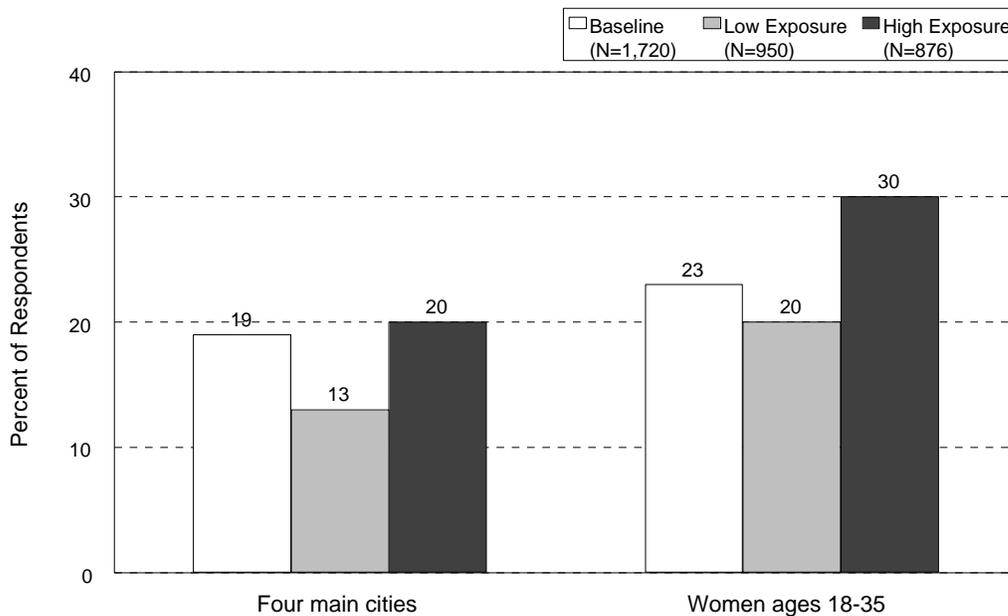
SOURCE: JHU/CCP Bolivia National Reproductive Health Program (1994).

NOTE: N=345; those who reported seeking services in the previous six months.

Practice

Seek information about family planning. The change in the percentage of respondents who sought information on reproductive health was not statistically significant (see Figure 11). There was only a 7-percentage-point increase among women ages 18 to 35 in the high-exposure group. Some of the intended audience may have “skipped” the seeking-information step to go straight to intention to use or actual adoption of family planning (see Figures 12 - 14).

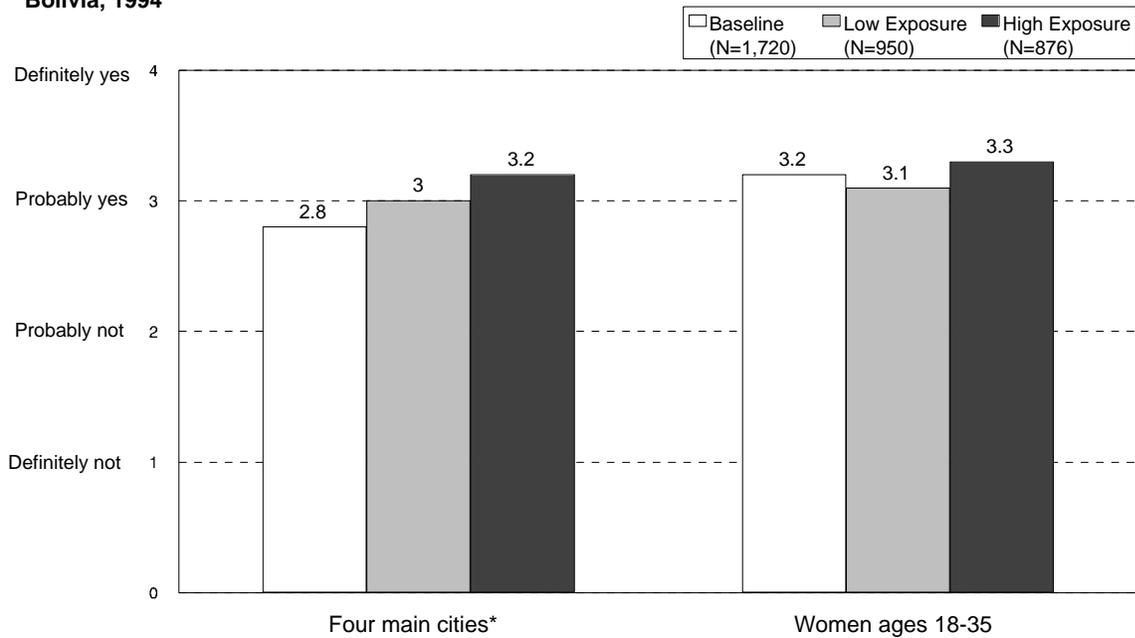
Figure 11.
Percent of Respondents Seeking Family Planning Information, by Campaign Exposure, Bolivia, 1994



SOURCE: JHU/CCP Bolivia National Reproductive Health Program (1994).

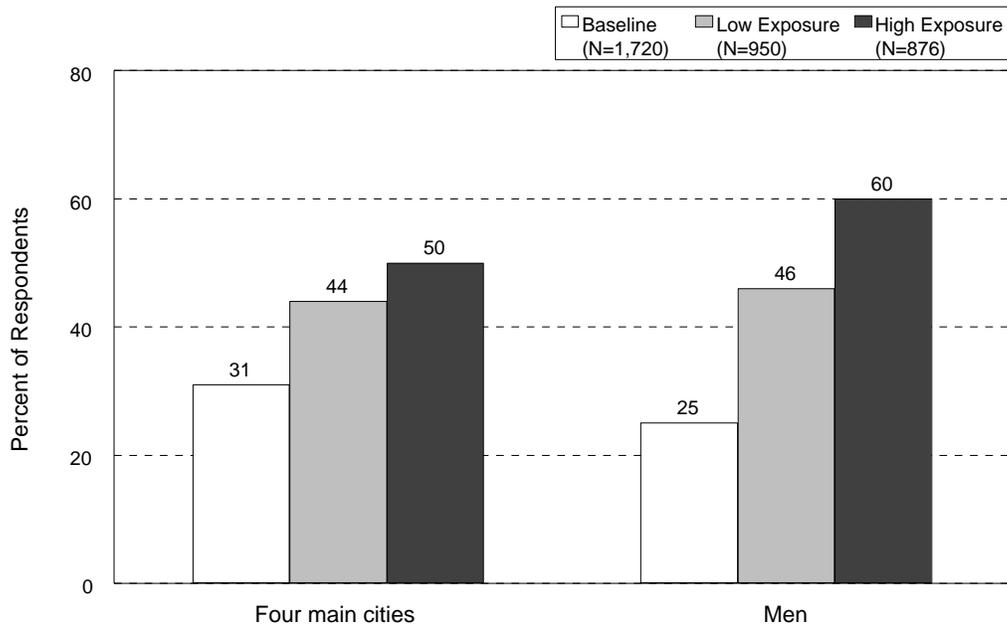
Intention to use or continue using a method. Respondents were asked if they intended to use or continue using a family planning method in the future. Intention to begin or continue using a family planning method was measured using a four-point scale where: 1 = definitely not, 2 = probably not, 3 = probably yes, and 4 = definitely yes. Figure 12 shows that intention to use or continue using a contraceptive method increased significantly between the baseline and follow-up surveys for respondents in the four main cities. Intention increased only moderately, however, among women ages 18 to 35, possibly because of their relatively high levels of intention to use at the time of the baseline survey. The percentage of men in the four main cities who answered “definitely yes” increased significantly from 25 percent in the baseline to 46 percent for low exposure and to 60 percent for high exposure (see Figure 13).

Figure 12.
Scale of Intention to Use Family Planning, by Campaign Exposure,
Bolivia, 1994



SOURCE: JHU/CCP Bolivia National Reproductive Health Program (1994).
 NOTE: *Scores significant at $p < 0.01$

Figure 13.
Percent Stating Definite Intention to Begin or Continue Using a Contraceptive Method in the Future,
by Campaign Exposure, Bolivia, 1994



SOURCE: JHU/CCP Bolivia National Reproductive Health Program (1994).
 NOTE: Percentages significant at $p < 0.01$

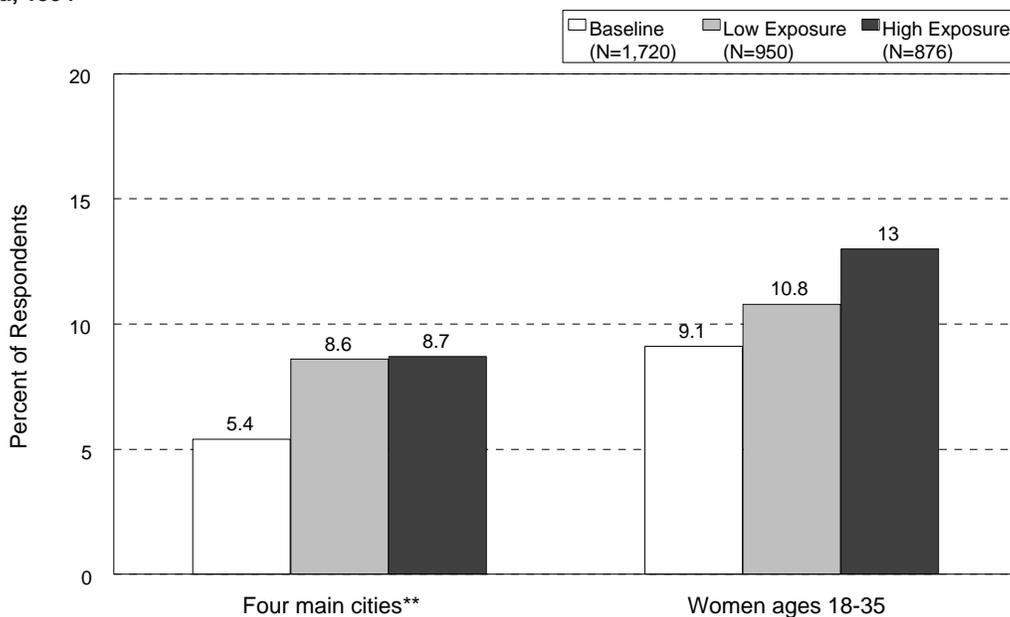
New family planning adopters. “New family planning adopters” were defined as persons who had begun using a family planning method during the eight months before the surveys among all respondents. The percentage of new family planning adopters increased from 5.4 percent to 8.7 percent for those highly exposed to the campaign—an increase of 3.3 percentage points. This increase translates into a 61 percent increase in the rate of self-reported adoption of family planning. The greatest increases in the number of new adopters occurred in El Alto (6.7 percentage points) and La Paz (6.2 percentage points). Cochabamba reported a 3.5 percentage point increase, while Santa Cruz reported a small decline (-2.1 percentage points).

Table 10.
Percent of New Family Planning Adopters, by City,
Bolivia, 1994

City	Baseline (N=1,720)	Follow-up (N=1,824)	Percentage Point Change
El Alto	3.0	8.7	+6.7
La Paz	3.3	9.5	+6.2
Cochabamba	4.7	7.2	+3.5
Santa Cruz	10.7	8.6	-2.1

SOURCE: JHU/CCP Bolivia National Reproductive Health Program (1994).

Figure 14.
Percent of New Family Planning Adopters,* by Campaign Exposure,
Bolivia, 1994



SOURCE: JHU/CCP Bolivia National Reproductive Health Program (1994).

NOTE: *New family planning adopters are defined as persons who began using family planning during the eight months before the survey.

**Percentages significant at $p < 0.01$

Chapter IV. Conclusions and Implications

The campaign reached an audience of more than 85 percent of urban Bolivians. Strategic planning was used in all phases of this campaign development: audience research, message design, production, and selection of schedules for media diffusion. Achieving a high-exposure level in the intended audience is the first step in a successful communication campaign.

The campaign brought about changes in knowledge, attitudes, and practices regarding reproductive health. The more salient effects of the campaign were increases in:

- Logo recognition,
- Knowledge about preventive measures for reproductive health,
- Family planning awareness,
- Positive attitudes towards reproductive health,
- Interpersonal communication about family planning,
- Intention to practice family planning among men, and
- Reported rate of new family planning users.

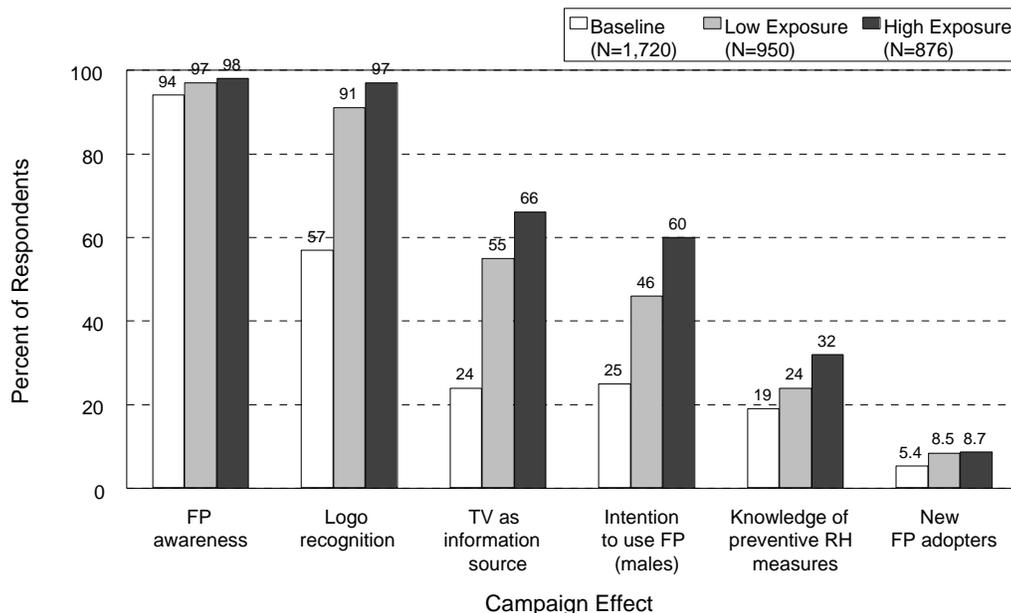
The NRHP campaign increased awareness of family planning, of the reproductive health logo, and information on preventive reproductive health measures. While awareness and interpersonal communication were found to be fairly high in the baseline survey, and attitudes quite favorable, an increase was still achieved. Intention to practice and reported adoption of family planning also increased in association with the campaign. The NRHP was also successful in bringing about increases in other reproductive health-related knowledge, attitudes, and practice.

A comparison of the baseline results to those of low- and high-exposure respondents in the follow-up survey revealed the following (see Figure 15):

- **Awareness** of at least one modern family planning method increased from 94 percent to 97 percent (low exposure) and 98 percent (high exposure);
- **Recall** of the “little hands” logo increased from 57 percent to 91 percent among the low-exposure respondents and to 97 percent among those with high exposure;

- **Television as a source of reproductive health information** increased from 24 percent to 55 percent among low-exposure respondents and to 66 percent among high-exposure respondents;
- **Intention to use** family planning methods showed the greatest increase among men. The percentage of men who responded “definitely yes” when asked if they would begin or continue using a method in the next six months increased from 25 percent (baseline) to 60 percent (follow-up) in the high-exposure group;
- **Knowledge** of preventive measures for reproductive health increased from 19 percent to 24 percent among low-exposure respondents and to 32 percent among high-exposure respondents; and
- **New family planning adopters** increased significantly from 5.4 percent of respondents in the baseline survey to 8.5 percent among low-exposure respondents and to 8.7 percent among high-exposure respondents in the follow-up survey. This represents a 61 percent increase in the rate of reported family planning adoptions. Women increased their rate of reported family planning adoption from 9.1 to 13 percent—a 43 percent increase.

Figure 15.
Percent Distribution of Hierarchy of Effects of the Campaign, by Campaign Exposure,
Bolivia, 1994



SOURCE: JHU/CCP Bolivia National Reproductive Health Program (1994).
 NOTE: Percentages significant at $p < 0.01$

The evaluation design allowed project managers to assess the impact of the campaign, measure the changes, and determine its significance. Because the evaluation was part of the project design, a researcher was working with the program staff throughout the process of campaign planning and development.

The positioning of family planning within the greater context of reproductive health appeared to be very effective in attracting attention and encouraging acceptance of campaign messages. The reproductive health approach also received political support. The campaign was personally launched by Bolivia's President Sanchez de Lozada and the Secretary of Health, Joaquin Monasterio, who appeared in the first television and radio spots. Unlike family planning *per se*, reproductive health is not a controversial topic in Bolivia. Rather, it is a major part of the government's strategy to reduce maternal mortality and improve child survival. This allows for easy expansion of this approach to other geographic areas.

There continue to be misunderstandings about the details of specific family planning methods. Although the increase of specific knowledge about family planning methods was not an objective of this campaign, future communication programs should focus on this issue.

As noted earlier, the radio spots were also recorded and broadcast in Quechua and Aymara in addition to using two Spanish dialects. The use of indigenous languages seems to have been an important feature of this campaign. Speakers of indigenous languages had levels of exposure to the campaign equivalent to did Spanish speakers. It should also be noted that a positive association was found between exposure to the messages in Aymara and level of message recall among the Aymara population. The same association was not observed for the messages in Quechua.

Implications for Future Efforts

The positive results of this evaluation make a strong case for the expansion of the campaign to other urban areas that were not exposed or received little exposure to the campaign. While exposure to and recall of the messages were high in the dense urban areas of La Paz, El Alto, and Cochabamba, however, exposure and recall were weaker in other regions of Bolivia. Moreover, accurate understanding of family planning and contraception remains low, and misinformation and misunderstanding remain widespread. Future communication activities should strive to close these gaps. Reuse of the existing broadcast spots could prove useful in any future efforts.

Evaluation results showed that more research on communication between partners is needed. Partner communication seems not to have played a decisive role in Bolivian women's process of adoption of family planning. Further qualitative research could

help identify perceived barriers to and benefits of adoption of family planning methods and other reproductive health practices. New questions might be used in the future to improve measurement of the partner-communication variable. These questions should allow a better assessment of the nature and dimensions of this apparent lack of communication between couples.

The results also point to the importance of men when selecting audiences for reproductive health messages. The impact evaluation suggests that the increase in intention to use family planning methods was more significant in men than in women. Men should, therefore, continue to be a focus of research efforts and motivational messages.

Mass media can be an effective vehicle for addressing sensitive issues such as abortion. The abortion spot in the NRHP campaign produced the highest level of recall in the target audience. Since the spot conveyed the message of using family planning to avoid unwanted pregnancy, hence abortion, the approach was consistent with government efforts to fight unsafe abortion as the main cause of maternal mortality. This "women's health" approach did not conflict with religious or ethical opposition to abortion.

The NRHP campaign generated demand for reproductive health services. The evaluation shows that a large segment of the intended audience has formed a positive attitude toward reproductive health and intends to use reproductive health services. The private and public system of service delivery in Bolivia now faces the challenge of responding to this demand by facilitating access to quality services and meeting increased demand by providing information to clients to increase informed choice.