

Interim Report

INTERNATIONAL CONFERENCE

on

IEC STRATEGIES: THEIR ROLE IN PROMOTING BEHAVIOR CHANGE IN FAMILY AND POPULATION PLANNING PROGRAMS

This report summarizes the proceedings of a five-day International Conference on Information, Education, and Communication Strategies: Their Role in Promoting Behavior Change in Family and Population Planning Programs held at the East-West Center, Honolulu. (Organized by the East-West Communication Institute, the conference brought together 28 participants from Asia, Latin America, and the United States--program administrators, research scholars, representatives of international assistance agencies, and staff members of the Communication Institute.

This was the fourth in a series of annual "idea" conferences convened by the Communication Institute to generate ideas and explore new communication approaches for family and population planning programs. Comprehensive reports of the previous conferences are available from the Institute,* and this interim report will be followed by more detailed account of this conference.

(As the scope of development support communication has evolved, the scope of these annual conferences has broadened.) The first examined the techniques, the experience, and the prospects of a commercial marketing approach to the wide distribution of contraceptives. The second focused on the little used reservoir of social researchers and research findings and on the ways in which communicators might expand the utility of both for fertility reduction. The third placed family planning in the context of rural development and sought better understanding of how communication links between the two might be fostered and used to help improve the welfare and prospects of rural people.

This fourth conference also looked beyond the traditional definitions of family planning. Its focus was on behavior change and particularly on the ways in which communication can best be used to change values, beliefs, and behavior affecting human reproduction. Accepting for discussion purposes the premise that contraceptive services and supplies are readily and widely available at low or no cost to users, the conference confronted two central questions: What is the range of options open to family planning communicators seeking to stimulate change in reproductive behavior or to assist directly or help to mobilize support for other development programs concerned to induce behavior change? Under what conditions are particular

*Using Commercial Resources in Family Planning Communication Programs: The International Experience, edited and with an introduction by Michael McMillan, May 1973; Making Population /Family Planning Research Useful; The Communicator's Contribution, edited by James R. Echols, April 1974; Integrated Communication: Bringing People and Rural Development Together, edited by R. Lyle Webster, February 1976.

strategies are likely to be feasible, acceptable, and effective.)

The conference began with two background papers reviewing what the communication job is and outlining resources and constraints that both make possible and limit what communication programs can do. Following papers and oral presentations were organized in terms of four assumptions that, by inference, seem to underlie the strategy orientations of a number of population communication activities:

1. That many people are ready for change and require only minimal information and convenient services to become effective contraceptors.
2. That the best communication approach is to try to change the values and attitudes of individuals.
3. That the most effective approach is likely to be through the activation and mobilization of group pressures and through efforts to change social norms.
4. That desired behavior change can be facilitated by means of rewards (incentives) and penalties (disincentives).

Existing programs and projects exemplifying one or another of these orientations were discussed critically in order to come to some consensus about their acceptability, feasibility, effectiveness, and transferability. These discussions were followed by a session on combining and using various strategies under differing conditions and emphasizing the importance of identifying and working to change "ceilings" on technology, motivation, and knowledge, after which each participant joined a small group charged with the task of developing a set of population communication strategies for a fictitious country, "Manasia," based on data provided in a background paper. The four sets of strategies thus developed were presented to the entire group which then went into a final plenary session focused on the overall conference theme-- the composition and applicability of varying communication strategies in differing situations.

This (report summarizes briefly the substance of presentations, group work, and final discussion in a sequence following the format of the conference.)

Background Papers

What the IEC Task Is: Focus on Developing Culture-Based Strategies for Continued Contraceptive Use, by Dr. Gloria Feliciano, Dean, Institute of Mass Communications, University of the Philippines.

Dr. Feliciano listed and analyzed communication pluses and minuses for Asian countries, with particular reference to the Philippines. On the plus side she found increases in awareness and knowledge among both elites and masses regarding both the problems of population and the availability of family planning services. On the minus side were the tendency of acceptances to plateau, an increase in program drop-outs, and a serious problem of switching from more effective to less effective methods.

Three problem areas especially requiring attention from communicators were identified for explication: the training of motivators, the spread of damaging rumors about contraceptive methods or services, the inadequacy of motivation to accept or continue to use contraception. For each of these, Dr. Feliciano described techniques that have been used successfully in the Philippines including new training methods, procedures for rumor tracing and for a "two-sided" approach to presenting accurate information, and the use of comic books and folk media to improve motivation.

Dr. Feliciano also discussed the communication role in a Total Integrated Development Approach (TIDA) being undertaken by the Philippine Population Commission (POPCOM) in conjunction with local government development agencies at and below the regional level. Under the TIDA program, a communication specialist coordinates, monitors, and assists in the development, production, and distribution of materials geared to the particular circumstances of each of 11 regions and 65 provinces. The TIDA program includes a large training component to insure that local people become capable of carrying out these tasks and a research and evaluation component to provide feedback on the coverage and impact of the communication effort.

Communication Activities that Promote Behavior Change in Clients of Family Planning Programs: Resources and Constraints, by William O. Sweeney, Population Office, The Ford Foundation.

Writing from the perspective of family planning communication program managers and planners concerned with behavior change among clients and potential clients, Sweeney examined 26 factors that either impede or facilitate action, showing how these "variables" relate to the four strategy assumptions around which the conference was organized. For example, Sweeney noted that the World Population Conference at Bucharest could constrain communication activities if population program objectives become blurred, and if population funds slip away because of an undue emphasis on social and economic development as a precursor to fertility change. He also identified the lack of adequate, useful, and systematic means of delivering information to potential clients as an important constraint and showed how message content could serve either as a resource or constraint depending on its sensitivity to the wants and needs of potential clients.

Other topics treated in the paper were the disadvantage of separating communication from other program components, the growing importance of involving non-population agencies in population activities, the need for a better definition of integration, and the potential for communication gaps between clinic personnel and clients.

Fitting Supply and Service to Existing Demand

The Karet KB Marketing Scheme: An Experiment in Integrated Service/Communication Strategy, by Dr. Lukas Hendrata, Chairman, Foundation for a Prosperous Indonesia, Jakarta.

Dr. Hendrata pointed out some of the shortcomings of the existing public sector service delivery approaches, especially their pre-occupation with short-term goals and annual targets, their emphasis on recruiting initial acceptors, their reliance on clinics, the existence of cultural difference between staff and clients, and their general lack of popularity. He called for a wider use of marketing principles as

4

tools for designing strategies aimed at providing what clients want. He called also for a clearer definition of the "product" to be marketed in terms of a small family norm rather than simply registering acceptors at clinics. He described how promotion could be used to make this "product" familiar, acceptable, and even desirable and made a strong case for reducing money, opportunity, energy, and psychic costs through a few simple mechanisms.)

Dr. Hendrata explained how jamu (traditional medicine) dealers in Java have been recruited to sell condoms through their existing network, which reaches a large proportion of villages on the island. Mobile jamu vans with sound equipment aggressively ply their wares on roadsides, in markets, and at busy intersections. Approximately 40,000 retailers of one jamu corporation deal exclusively in jamu products, many of which are used for sex-related purposes. These (retailers are close to their customers in social and cultural status and use local languages in promoting their products.)

The National Family Planning Board helps by providing condoms and funds for promoting, monitoring, and managing the program. The (jam corporation repacks the condoms in its distinctive packages, distributes them through its retail network, and promotes them through mobile units backed by radio, newspaper, and magazine advertisements.)

Although no assessment has yet been made of the impact of the jamu marketing scheme in terms of changes in family size or fertility, Dr. Hendrata proposed the adoption of a new communication strategy as a result of his involvement in this program. He viewed the function of a communication program not as creating a demand, but rather as linking supply to whatever demand may be created by changes in the factors that influence decisions of married couples about family size. One such factor might be a communication program, but it is not realistic to think that such a program can of itself create demand for contraception.

Commercial Distribution of Contraceptives in Sri Lanka: The Preethi Experience, by Anura Goonesekera, Project Director, Sri Lanka Family Planning Communication Project, Colombo.

Preethi is the brand name of condoms marketed in Sri Lanka by a non-profit organization funded by International Planned Parenthood Federation and set up outside the Government Health Ministry structure. Before the Preethi Program, condoms and pills were distributed by the Ministry of Health through clinics and field extension workers with little advertising. This system of distribution was weak.

The following characteristics aided the program:

- a small land area of 25,000 square miles with population concentration in the Southwestern part of the island;
- a small population of 14 million with 2.6 million males between the ages of 20 and 54;
- good transportation and pre-existing commercial outlets;
- cash economy;
- high literacy rates of 85.2 per cent for males and 70.7 per cent for females;
- good spread of mass media throughout the country.

Population Services International directed the Preethi project. This organization contracted with a local agency for advertising, with a research firm for pretesting materials, and with a commercial drug firm for distribution.

Additional points mentioned were:

- the use of two channels--a highly reputed drug firm and a mail distribution campaign;
- the use of a logo which could be replicated easily--a hand with thumb and index finger making a circle;
- a subsidized, and therefore very low, price, probably too low to be maintained without outside financial assistance;
- use of an acceptable low key slogan: "Until you have another child, use Preethi;"
- a marked improvement in the reputation of the condom.

Among the limitations of the Preethi approach mentioned by Goonesekera were: its inappropriateness for most types of contraceptives; the need to subsidize sales and advertising; the requirement of good management skills which are often scarce in developing countries; its limited effect on those not yet ready to use contraceptives; the likelihood that such a dynamic and visible program will arouse resistance. For these and other reasons Goonesekera called for a program broader than the Preethi concept with an emphasis on the small family norm.)

Changing Individual Attitudes, Values, and Behavior
An Integrated Training/Motivation Strategy for a National Family Planning Program, by
 Dr. Lertlak Burusphat, Communication Planner/Programmer, UNDP Development Support
 Communication Service, Bangkok.

The motivation strategy chosen by Thailand is focused not on an immediate short-term reduction of the birth rate, but on using the existing health and development infrastructure to create a self-sustaining family planning program which will continue long after external support has been withdrawn. Existing health personnel have been trained as service providers and motivators. These approximately 6,000 multi-purpose workers conduct community level motivation sessions and are backed by a nationwide mass media campaign. Field staff training has been decentralized. National level trainers prepared nine regional task forces which, in turn, designed provincial level training programs tailored to provincial needs.

This integrated training and motivation project is essentially a staff development program that centers on in-service training of health personnel in family planning techniques and communication skills, and on working with trained health personnel to improve the in-service capability and to develop community level motivation campaigns. Regional health personnel were trained at the regional level by mobile training teams from the national level. (Through group discussion, role play, programmed instruction, and lectures, trainees developed communication and motivational skills and gained technical family planning knowledge. During training, regional staff developed programs, curricula, technical aid, lesson plans, and tests to meet the needs of individual provinces. These were evaluated at the end of training before being used.)

Regional trainers conducted sessions at the provincial level using group discussion, case studies, demonstrations, and field trips to cultivate positive attitudes toward the dual roles of providing services and motivating couples to have fewer children. This training also included maternal and child health care, communication skills, public speaking, health education methods, and media aids. The communication strategies and the training/motivational materials designed for this program were based on extensive research into the project audience characteristics and channels of communication used in every region of Thailand.

Some of the training aids in the program include: 1) motivator's kits with flip charts, posters, handbills, and a pelvic model; 2) a glossary of family planning terms, taking regional language differences into account; and 3) mobile training units which can also be used to show movies and slides or give video and audio tape presentations to the general public. These mobile training units provide back up support to provincial/local health personnel by accompanying them to villages where they conduct morning sessions for acceptors and fertile men and women, afternoon sessions for local leaders, and evening sessions for the general public.

Motivational activities conducted by the trained health personnel are supplemented by nation wide mass media campaigns, including the use of film, radio, television, and printed materials.

The program is being closely evaluated at all levels. Problems include: (excessive demands on health personnel as a result of their new function; difficulty in timing inputs; distribution, dissemination, and use of materials; lack of consistent highlevel support for the program; difficulty in obtaining support from other ministries; keeping trained personnel after project funds terminate.)

Overall, however, there is confidence that this integrated approach will create a permanent family planning infrastructure which is independent of special support from outside.

Changing Values and Attitudes: The Philippine Social Communications Center, by Genaro Ong, Managing Director, Communication Foundation for Asia.

The approach of the Social Communications Center (SCC) assumes that true development requires people to make changes in their behavior based on their firm convictions about the need for such change. The key to this conviction is education, a systematic communication process taking place over a long period of time by which values and attitudes are formed at the same time that information is transferred. The SCC role is to create entertaining and educational "development support" messages to reinforce other programs and activities whose combined action will result in behavioral change.

Specifically, SCC is staffed and equipped to produce in print, radio, television, and film and has a planning group skilled in research, conceptualization, pretesting, and evaluation. Media used in support of family planning program activities include:

-comics and radio soap operas in four languages aimed at creating awareness, legitimizing topics, and "motivating" individuals to take action;

- feature film "Batingaw", which weaves the need for family planning into an entertaining story that has been viewed by 877,000 paying movie-goers and has been shown several times on television;
- series of comic books and flip charts designed to teach family planning to rural people using agricultural parallels developed by the International Institute of Rural Reconstruction.

A Rural Family Planning Program: Profamilia, Colombia, by Lily Bucheli, Director, Information, Education, and Communication Department, Profamilia, Bogota.

This paper describes events since 1970 when Profamilia began working with the National Federation of Coffee Growers (FNC) to set up "the first large-scale rural family planning program in Latin America." The program began as a pilot project to set up contraceptive supply points in rural hamlets with average populations of 50 families. It had expanded to 441 distribution posts in six states by mid-1975. These posts, manned by volunteers selected from among community leaders, supply pills, condoms, and spermicides. The volunteer distributors keep simple records on acceptance and re-supply and retain half the small purchase price paid by clients.

The program is integrated with other rural development efforts and uses FNC and government extension workers to carry its messages. For every ten distributors there is a full-time field worker who is responsible for community information and education; selecting and training distributors; keeping distributors stocked; coordinating with village leaders, agricultural extension workers, and other development agents; and organizing women's and young people's clubs. There is a field supervisor for each five field workers, usually a former field worker who has been promoted for efficiency, dedication, and acceptance of responsibility. Supervisors train field workers, supervise their activities, coordinate with other development agencies, help overcome special problems, collect data and money, and participate in group work and special programs. For every two field supervisors there is a zone director whose primary responsibilities are administrative and supervisory.

A field worker first gathers information about composition and organization of her villages. She then selects villages in which to start and presents the basic ideas of family planning, nutrition, and health in group meetings organized by the rural extension agents. Once contact with the community has been made, the field worker finds and personally trains a man or woman in each hamlet to serve as a distributor. The distributors use a coupon system to control and monitor resupply, reporting each month on supplies distributed, money collected, and educational activities conducted.

Ms. Bucheli assigns much of the credit for success of this program to its decentralized nature with each zone operating separately, the use of local residents with a minimum of training, and the dispensing of oral contraceptives without the usual medical screening.

Information, Education, and Communication Strategy: The TIDA Way, by Francisco Roque, Associate Director, IEC Division, Philippine Population Commission.

The Total Integrated Development Approach (TIDA) of the Philippines is designed to overcome such problems in the population program as reaching and servicing clients, coordinating local services, and maintaining commitment of acceptors to the program. The basic tenet on which the TIDA program is built is to "let people see that family planning is an integral part of the total development of an individual."

The TIDA approach is more concept-oriented than contraceptive-oriented. The main structural shift has been to establish Population Offices in each of the 65 provinces to coordinate family planning activities with other development activities at the municipal and barrio levels. This shift turns the problem of population over to the lowest political unit, the barangay or village assembly, the group upon which the Philippine "New Society" relies.

The TIDA approach is being tested in six pilot provinces and one demonstration province, with plans for nationwide adoption once the system has been thoroughly worked out and tested. Most important is the fact that this program will be jointly funded by national and provincial budgets with eventual phasing out of national level funding depending on the capability of each province.

The communication strategy of TIDA at the regional level consists of:

- 1) (coordinating regional and provincial communication activities to minimize overlap; 2) monitoring activities to insure that the TIDA concept is implemented; 3) development of materials responsive to local needs; and 4) distribution of materials.) This strategy is applied in two stages - first, the orientation and training of regional personnel, and second, the development and application of separate regional strategies by these personnel.

This program is seen as shifting the communication emphasis from information to education, and specifically toward the creation of positive and healthy values which include responsible decision-making regarding family size and child spacing.

Changing Individual Attitudes and Values in Population and Family Planning: Human Roles Versus Traditional Sex Roles, by Mallica Vajrathon, Communication Specialist, Program Planning Division, UNFPA.

Mallica called on participants to re-examine communication materials for stereotypic and "sexist" portrayals of sex roles. She showed how these materials have often portrayed women in traditional sex roles - a subservient housewife, ignorant of the consequences of sex, practicing contraception in order to enhance her physical beauty, chained to her role as mother, and seeking further education only in traditional "women's" fields. Men, on the other hand, are more often portrayed as logical and strong, decision makers and breadwinners, sexually aggressive, planners, and as protectors of women and children.

Mallica noted the psychological, social, economic, and political consequences of these stereotypic portrayals which are damaging to both men and women. She called for the development of "human roles" rather than sex roles by portraying women in the following lights: 1) as having full control over their bodies and minds; 2) as wanting to practice family planning for good health, education, and employment in order that they might participate more fully in national development; 3) as career persons, professionals or persons of authority in all fields; 4) as capable of taking initiative and competing with others. In the same vein, she called for portraying men: 1) as gentle husbands and fathers: 2) as

participants in household tasks; 3) as sharing in child care; 4) as sometimes inferior to women in work situations; and 5) as passive or non-aggressive.

Mallica urged participants to keep the creation of "human roles" in mind in the design of communication materials. She suggested:

- that language be watched carefully in order not to exalt men or denigrate women;
- that reasons for regulating fertility should not reflect sexist roles but should lead to fuller human development;
- that story themes, particularly those of traditional folk media, should be carefully thought through to avoid reinforcing a negative portrayal of women;
- that we should avoid making unrealistic promises about how birth-control will enhance physical beauty;
- that materials should stop intimating that women are ignorant, non-stop breeding machines who are responsible for the population problems;
- that we should avoid reinforcing male aggressiveness and the ideas that sex is something which men "do to" women;
- that we should not make all of our jokes about women, particularly if they are portrayed in a negative light;
- that we should not condition men to believe in the "masculine mystique."

The Group Approach to Behavior Change

On the Chinese Model of Group Planning of Birth, by Dr. Pi-chao Chen, Professor of Political Science, Wayne State University.

Dr. Chen argued that group (or community) planning of births is a logical procedure in a society where each collective guarantees food, clothing, shelter, medical care, employment, and a fair share of the product of labor to its members. Because the local community (in this case a production team) has already made group decisions regarding land use, labor assignment, income disposal and distribution, it is only logical that they should make decisions regarding the number of children their economic unit can support, who should have priority with regard to child bearing, and when "birth turns" should be taken.

In China there are several over-riding guidelines for family planning. It is recommended that young people marry late (urban males 27, urban females 25; rural males 25, rural females 23). Married couples are urged to have few children (two in cities, three in rural areas) and to space four or five years between births. The task of educating and motivating the populace, and ensuring that supplies are available is the responsibility of the planned birth committees at the grass roots level. In this task local committees use colloquial idiom and meaningful reasoning rather than high sounding arguments about Marxist-Leninism, Mao's thoughts, national economic development, or reduction of the dependency burden.

One element in the communication strategy regarding the planned birth program is leadership by example, and all leading cadres are expected to marry late, space their births and limit family size. This gives credibility to the program.

Under the planned birth program all fertile married couples meet in factory, neighborhood or village groups and plan their births based on an overall community plan of their own design. Priority is given to childless couples and newlyweds, to those with only one or two children, and to those whose youngest child is about five years old. The group plan allocates birth turns to individual members. These plans are channeled upward where a master plan is drawn up that is designed to reduce the birth rate to a level suggested from above while accommodating individual wishes to the maximum extent possible.

Other communication features of the process include:

- extensive realignment of plans to fit local demographic characteristics;
- freedom to readjust at the local level within the general limits of the plan;
- creating similar plans for delayed marriage in meetings of young adults;
- support from the local Revolutionary and Party Committees and the media.

Dr. Chen noted that this process is an adjustment between group goals as defined and recommended from above and individual goals based on personal needs and preferences. Group solidarity and the inviolate nature of a pledge or commitment make it difficult for individuals to back down. The fact that migration is restricted and the cities cannot siphon off excess births illustrates to each village and to each family the necessity of living within its ecological means.

The result is a set of behavioral changes including delay of marriage, spacing of births, and forsaking the traditional preference for numerous children, particularly for sons. Rather than enacting such policy goals as law, the Chinese government has transmitted guidelines to the community, exerted pressure on the community along with providing a structure for decision-making, and relied upon the community to create, monitor, and enforce its own demographic plans.

Family Planning Extra Drive in East Java, by Dr. Wasito, Chairman for East Java, National Family Planning Coordinating Board, Indonesia

Under this program, as described by Dr. Wasito, every potential source of influence is tapped to help create a people's movement that will make the concept of family planning a way of life for the Indonesian people.

The extra drive is made possible by endorsement of family planning by the national government and has substantial internal and external financing. It is aimed at a conservative and religious agricultural population which is about 50% per cent illiterate, accustomed to mutual cooperation for mutual benefit, and respectful of leaders. (The program uses the civil administration from governor to village chief, the armed forces, the Department of Information, the Department of Religious Affairs, Education and Health, and religious leaders to support the work of family planning field workers and volunteer village family planning workers.)

Under this program each village has a volunteer family planning worker whose duties are to register eligible couples, urge them to practice contraception, distribute pills and condoms, try to "upgrade" methods used from less to more effective, and keep a record of program dropouts. This volunteer worker is assisted by all the official organizations listed above as well as by the Family Planning Association, the Indonesian Council of Churches, the Islamic Organization, the Organizations of Wives of Civil Service staff and Armed Forces Personnel, and the local Women's Welfare Organizations.

Messages are delivered to villages and to villagers by all the channels listed above. Simple and entertaining media such as film shows, traditional dramas, puppets and music are backed up by messages from high government and religious officials and from local village leaders.

This entire machinery is put into action only at certain times, for instance after harvest and after major religious festivals. (Competition between areas and individual initiative are rewarded under this program.) The end result has been exceptionally high rates of new acceptors during and following the extra drive campaigns, with a steady level of acceptance throughout the year as a result of ongoing efforts by field workers and volunteer workers.

The Use of Incentives and Disincentives

Mass Vasectomy Sterilization Camps: The Tamil Nadu Experience, by P. Sabanayagam, Chief Secretary, Government of Tamil Nadu.

The birth rate in Tamil Nadu has fallen from 40.9 per thousand during the decade from 1951 through 1961 to 30.7 in 1971. This is compared to a decline in India as a whole from 41.7 to 37.6. In 1974 the birth rate in Tamil Nadu had fallen to 28.5 per thousand, already exceeding the 1979 all-India goal of 30. Secretary Sabanayagam gives a good deal of credit for this decline to the family planning program and to support of family planning by the entire government machinery and local communities.

Secretary Sabanayagam spoke at length about conditions in India that compel the poorest people to continue to have large families and prevent the family planning program from having an immediate noticeable impact. These include low wages and the use of children to augment family income; low age at marriage (legally a girl can marry at 15); poor housing, with extended families living in small huts where it is difficult to use contraception; few economic or other opportunities for women; the continuance of epidemic diseases and high infant and child mortality; the necessary reliance on children for old age security; customs such as purdah and polygamy; the allocation of Congressional representation on the basis of relative population size.

Secretary Sabanayagam asked whether obtaining changes in these conditions might not be one strategy for family planning communicators. He explained a new plan in Tamil Nadu that offers to anyone who can invest ten rupees a month for 25 years a pension of 100 rupees a month or a lump sum of 8,000 rupees.

Family planning in Tamil Nadu has depended heavily on vasectomy since sterilization was first offered by the government in 1957. Since 1971 local

local sterilization camps have greatly increased acceptance. The Chief Minister of the State chairs a State Cabinet subcommittee which includes all relevant ministers and the Chief Secretary to Government. This committee formulates policies and programs which are generally enacted under the Ministry of Health and Family Planning.

The Panchayat (village governing bodies) and the Panchayat Union are required by law to assist the District; and departments such as Revenue, Education, Agriculture, Industries, Animal Husbandry, Police, and Forestry also participate. All civil and private organizations in a district bend their efforts for several months to the campaign to promote vasectomy camps, using films, folk entertainment, radio, drama, leaflets, posters and face to face recruitment. Services are delivered in the headquarters of the community development blocks in "Health Resort Centers" using up to 150 doctors, 100 nurses and 100 paramedical workers to perform and assist in the operations.

For the past several years acceptors have been compensated for several days of work time lost as a result of this operation and have been housed nearby for about six days in order to be given post-operative care. The amount of canvassing that has to be done by workers has decreased over the years as acceptors have become unofficial recruitment agents.

Some of the factors contributing to the success of the mass sterilization camps are. (1) involvement of the District Collector, all government departments, Panchayats, and formal and informal leaders in motivation, education, organization, and transportation; 2) incentives for acceptors and motivators; 3) advance planning and publicity which has helped to create a positive social climate for the program; and 4) mobilization of all medical personnel state-wide.)

The Singapore National Family Planning and Population Program, 1966-1974, with Particular Reference to Disincentives and Incentives, by Dr. Wan Fook-Kee, Chairman, Family Planning and Population Board, Singapore

Dr. Wan described social and economic conditions in Singapore and outlined the family planning movement. He noted that Singapore's demographic goal is to reach replacement fertility or an average of two children per family by 1980, which would mean an eventual stabilization of population size at 3.6 million with over 6,100 people per km².

In addition to social and economic changes, a good share of the credit for Singapore's success in reducing the crude birthrate from 28.3 in 1966 to 19.5 in 1974 goes to its family planning program which includes a wide variety of mass media and face-to-face activities, sophisticated research, evaluation and training programs, and services in all modern methods including ready availability of sterilization and legal abortion.)

In order to help overcome a plateau in the downward fall of the birth rate certain social policies in the form of indirect incentives and disincentives were instituted in 1969/1970 and intensified in 1972. These included higher accouchement fees in government hospitals for higher order births, paid maternity

leave limited to only the first two children, allowing families with three or fewer children to sublet rooms in subsidized housing, limiting income tax deductions to three children per family, giving lower priority for choice of primary school for children of fourth birth order and above and higher priority to children one of whose parents has been sterilized, introducing an attendance fee for pregnant women attending ante-natal clinics who have two or more living children, waiving delivery charges if post-partum sterilization is carried out, and giving unrecorded leave with full pay for government servants undergoing sterilization.

Dr. Wan explained that Singapore chose not to manipulate social or economic determinants of fertility since these factors are quite complex and would be expensive to change. Also many beneficial policies and programs such as those relating to employment, health, housing, education and women's rights have been undertaken without reference to fertility reduction, but have contributed to the drop in the birth rate nonetheless.

Dr. Wan also noted that direct incentives were rejected as being undesirable since: 1) they reward people for doing something they should do anyway; 2) they lead to mistrust regarding motives; 3) they pay those who would take action anyway; 4) they are subject to abuse; and 5) they must be substantial to be attractive in an affluent society.

(A survey in late 1973 showed that people were generally aware of population policy measures and felt that such measures would affect them or their neighbors, with the greatest perceived impact among the economically least advantaged. Sixty per-cent of all married women were currently using contraception, another eleven per-cent had been sterilized with forty-two per-cent of those not yet sterilized saying that they would be willing to undergo the operation.)

Overall, Singapore's excellent performance in fertility reduction can be attributed to all three factors outlined above - rapid social and economic change, the family planning program, and a series of indirect incentives and disincentives under the rubric of "social policies." Dr. Wan noted that it is impossible to determine what proportion of the decline can be attributed to each of these three factors.

Fertility Incentives in Comprehensive Development Programs, by Oliver D. Finnigan University of Washington, Seattle.

Finnigan quickly reviewed the history of incentive payments, which range from small cash or commodity payments to medical and health personnel for services rendered to large cash, commodity, or service awards paid to continuous successful users or to acceptors of permanent contraception. Payments to workers on a piece-rate basis and performance awards are now generally accepted as one of the most cost-effective ways to reward field staff. Small payments to acceptors for work time lost is accepted in several countries as a "necessary evil." There are now several small-scale projects which make substantial payments to couples for maintaining small family size - the Tea Estate program in India, Taiwan's Educational Savings Plans, and the Model City Project of Cagayan/de Oro in the Philippines.

Although providing a savings account or free education to small families may actually affect fertility somewhat, it will fall short of achieving permanent and substantial change in behavior if such a program fails to fully and fairly compensate families for participation. In other words, if couples must have four or five children in order to insure that they will have one surviving son to care for them in their old age and a labor supply to work the farm, it would be ineffective to offer them education as a reward since what they really may need are health care, jobs for their children, and hands to assist on the farm.

Although all of the above incentive strategies may have some effect on contraceptive acceptance, on continuation of use, or on fertility decline, if the goal of the program is individual and community development, an alternative strategy is suggested. This strategy is termed a "quid-pro-quo" arrangement to distinguish it from incentives which are generally designed from above, viewing villagers as passive recipients. Under this system each community would put together its own development plan based on local needs with guidance from national or provincial authorities. The plan would have two sets of inputs in the following general categories: from the government--money, commodities, authority, technical skills, and some detailed management assistance; and from the people--labor, organization, possibly land, and a commitment to social change.

For instance if the community feels that it needs a health clinic and a high school, the government might agree to provide construction materials, technical plans, equipment, books, and staff if the community will provide a building site, labor and a safe place for unmarried teachers and health auxiliaries to live, will insure that all of the community has access to both facilities, and will reduce fertility by one-third in five years.

It might be agreed that if the community fails to reduce fertility, funds for continuing support of staff or for the purchase of books and supplies will be terminated by the government.

Once a community has come up with a plan and has agreed to "match" government inputs with a social change "counterpart", then any of a number of methods might be used to gain individual compliance. For instance if part of the government contribution for reduced fertility is a high school, all children born in the village up to a certain cut-off date at least a year in the future should be eligible to attend. However, the community may decide that families who have a third or subsequent child after a cut-off date might only be permitted to send two children to high school. Thus each family would get an equal share of this reward, and the community would be charged with overseeing the program.

This approach to development fosters a series of feedback loops whereby each increment of development would bring with it an increment of social change rather than waiting several decades for social change to follow economic change. It places responsibility for planning and control on the community. The role of communication is to sell this program to high level planners, to present it to the village, to insure that plans are locally created based on the best available information, and to create feedback mechanisms so that the local counterpart and central inputs reinforce one another.

Combining and Using Strategies

Dr. Bryant Kearn, Professor of Agricultural Journalism at the University of Wisconsin, discussed constraints which prevent actual behavior from coinciding with desired behavioral objectives. Dr. Kearn noted three "ceilings" which may keep an individual from doing what program planners wish he would do. Based on the premise that people behave rationally in terms of their own perceptions and values, these would be:

1. A technical ceiling - What is technically feasible for a particular individual given current scientific knowledge, government policies, and the facilities, services, and resources available to him.

2. A ceiling of motivation - determined by the gains and losses he or she would actually encounter as a result of a particular behavior, defining gains and losses in terms of the person's own values and including social and psychological as well as economic costs/benefits. Obviously it is futile to base a program on the hope of persuading individuals to adopt behavior that would be, on balance, more painful than rewarding to them. The motivational ceiling can be manipulated by policies within a population program (such as lowering the costs of contraceptives or rewarding low fertility), and it is also greatly influenced by external occurrences (changes in social security or health or employment programs, for example).

3. A knowledge ceiling- set by two kinds of discrepancy: between actual costs/rewards and perceived costs/rewards, and between actual and perceived feasibility. One role of communication is to close these gaps and bring perception as close to reality as possible, so that an individual acting rationally in a situation can base his action on a correct assessment of the feasibility of various choices and the probable consequences of each."

Those who seek to change an individual's behavior hope for a situation in which the desired behavior is feasible for him and offers benefits that substantially outweigh the risks or losses involved. Once he fully understands these benefits and costs, his technical and motivational and knowledge ceilings should be sufficiently close together that the desired behavior will occur.

For most individuals in most situations, the ceiling of motivation lies below the technical ceiling and the knowledge ceiling may be lower yet. Often it is the technical ceiling which is limiting; the individual simply does not in fact have the resources to carry out the desired behavior. Nevertheless, it is a common error to place all attention on the knowledge ceiling ("they will do as we say as soon as we really reach them with our message"), to assume that misperceptions occur more often than in fact they do, and to overlook needed steps to raise the ceiling of motivation or the technical ceiling. Programs of change usually must try to move all three ceilings upward for the people they seek to influence, and in addition must identify and give special attention to whatever "controlling ceiling" is doing most at the moment to restrict the desired behavior. That this is not always the knowledge ceiling should be readily apparent.

Dr. Kearn showed how various programs described during the week had focused on raising different ceilings, and also pointed out how situational changes

continuously change the requirements of the communications program. For instance, programs to improve the commercial distribution of contraceptives in Indonesia and Sri Lanka are aimed at raising a technical ceiling (although new market outlets, once created, are then subject to a knowledge ceiling until people generally know of their existence.).

The Singapore scheme of indirect incentives and disincentives tries to raise a motivational ceiling, as do some elements of the Indian mass vasectomy program (post-operative care, cash indemnity for presumed loss of work time). The potential of such changes to influence an individual's behavior depends on how they modify his balance sheet of costs/rewards; his own knowledge ceiling may for a time limit their actual effect.

The Philippine and Chinese plans for using para-medical personnel in fertility planning programs are directed at the technical ceiling. Training programs like those described by Lertlak Burusphat, or public information and midwife education activities of the kind reported by Gloria Feliciano, operate on the knowledge ceiling. (They also affect the motivational ceiling to the extent that improved knowledge reduces actual, not simply perceived, hazards or risks.)

Economic policies in various countries that have affected the value of children or the roles of women have usually modified significantly the motivational ceiling for population programs.

All three ceilings can be manipulated, but all three are situation-specific and must be reassessed regularly. Every situational or program change thus changes the scope and possibilities of the communication program.

Finally, it was noted that to the degree that this concept of "ceilings" is valid for individual behavior it applies as much to the professional and policy people in a program as to those whose behavior they would influence. Thus the motivational ceiling for active participation by local administrators will be higher for a program that they know has strong public and/or higher administrative approval than for one that does not. Technical and scientific people cannot contribute fully to a population program if they lack knowledge of what is really happening at the village and family level. Steps to raise the technical and motivational ceilings for the individual may require action by professional and policy people who are themselves limited by their own knowledge ceilings. This suggests a need to worry about certain communications functions that are not normally viewed as part of a publicity campaign or promotional effort.

The Manasia Case Exercise

Upon completion of oral presentations and discussion of papers, participants were divided into small groups and asked to prepare a communication plan for the fictitious country of Manasia. Details on the geography, population, economy, government, social organization, communication network, health services and family planning program of Manasia were presented in a 15 page country profile compiled by Jim French and Hernando Gonzalez, II. The groups had a half day to develop a plan which was then presented in plenary session. Generalizations and highlights of the four group reports are presented here.

Two of the groups started out by setting broad objectives and long-term goals for the economic development of Manasia, and created a population program intended to help reach those goals. One group felt that an immediate communication strategy was to lobby for creation of a Task Force on Population, Development, and the Manasian Future at the highest level of government, and to work within guidelines set by this task force. All four of the groups saw policy-makers and political elites as one of the key audiences whose behavior should be changed through education. All four groups chose a perspective much wider than a focus solely on communication functions in and for family planning service organizations.

Three groups felt that an important strategy for family planning communicators was to work on changing social and economic variables which hamper full acceptance of the two-child family norm in Manasia. They saw the need for a high level population and development commission or ministry and at the same time a need to decentralize many development efforts and to foster community participation. These economic development activities should be undertaken concurrently with a family planning information and service program in order that they might reinforce one another. Two groups created special development funds which would be used to reward communities for excellent achievement in family planning practice or in fertility reduction.

All four groups urged creation of a health network concurrently with creation of a family planning service delivery system. Three groups planned for a community based health and medical care program modeled on the "barefoot doctor" program of China and on field experiments in Java and the Philippines. They urged the training of traditional birth attendants, "quacks", and paramedical personnel to deliver basic health and medical services in the village, and suggested local payment plans which would share the cost of such services between the state and the community. All groups also recognized the need for assistance in communication work from every possible community resource - existing government programs, voluntary or private organizations, the commercial sector, women's clubs, etc.

Each of the four groups identified separate categories of people whose behavior was to be changed. The simplest of these divisions was between those ready to accept, those who can be motivated by group pressure, and those who will require individual appeals. More complexities were introduced when audiences were segmented by age, sex, marital status, ethnic and language group, economic or social status, and other variables. For each of these audiences the task then became to outline behavioral objectives, messages to be used, appropriate media and activities, and a plan for evaluation.

In general the groups felt that they had to raise the "ceiling" of technical feasibility by improving health and medical services, improving access to communication media, improving education, and revising laws such as those on abortion and age of marriage. They felt they had to raise the motivation "ceiling" by accelerating social and economic change through programs such as land reform, reduction of income disparities, creating new jobs especially for women, improving housing and nutrition, and creating social security and social welfare programs. Finally the knowledge "ceiling" could be raised by mass media, by face to face communication, and by getting villagers involved in their own programs of family planning and social and economic transformation.

The groups saw the value of long-term planning and the need for some sort of picture of what Manasia felt it should look like in 30 or 50 years. They also saw the need for each couple to become a resource for family planning by learning why the program is needed, how to practice, where to obtain services or supplies, and how to "activate" friends or neighbors. The focus was on the short-term goal of acceptance, the middle-term goal of continuation, and the long-term goal of fertility reduction all within an overall objective of attaining an eventual population growth rate of zero.

The need for independent outside evaluation of program goals and achievement was stressed by one group which proposed that every five years a complete review of all population and development activities be undertaken to insure that objectives are being met.

In general the Manasia exercise permitted participants to explore linkages between resources and constraints in a common framework and to consider IEC strategies appropriate to a specific set of conditions. It was an attempt to come to some common understandings about the range and variety of possible approaches, given a set of political, economic, social and program constraints. It set the stage for the final discussion in which participants reviewed the week's discussion from a number of perspectives.

Final Plenary Session

The final session was devoted to a free floating discussion building on the Manasia exercise reports, the 15 presentations, and the daily discussions. Participants recognized the need for communication people systematically and regularly to inform government leaders at the highest level about program accomplishments and needs. They agreed that a clinic based family planning program alone is unlikely to bring about sufficiently low fertility and that, in many instances, assistance will be needed from other agencies and from the public itself.

A dual process was noted. On the one hand, it is crucial to involve highest level elites in setting long-term goals and creating a policy structure. On the other hand, it is equally important to avoid trying to determine and control everything from a central location. There must be mechanisms to stimulate local people to take independent initiatives, to devise programs, and to develop new activities and relationships within national level goals and policies. Models for this process exist in Java, China, India, and the Philippines. If either of the processes is neglected, the program may tend toward anarchy on one hand or toward overly restrictive controls on the other.

It was noted that elites can be approached in several ways. One is the conventional approach in which a program makes its needs known and pleads for funds on the basis of data or assumptions about its problems and its prospects for doing something about them. Another might be a special campaign by population people to show how population can effect other sectors and vice versa, a hard-sell approach which relies for its success on the rationality of leaders and its ability to increase their concern for population. A third approach might be to require every government program to be accompanied by a population impact statement to show how

how the growth or movement of population would be affected by various activities. A fourth approach might be to encourage the creation of a Task Force on Population, Resources, Development and the Future of 'Country X'. This task force would have to be supported by the highest levels of government, have a good deal of freedom, and operate with the understanding that its findings and recommendations would be considered seriously.

However, in all interaction with elites it must be realized that there are numerous constraints to their cooperation. Some of these were listed by Sweeney previously. Others include: the loss of accountability if programs are decategorized or decentralized; the nagging fear that once they are involved in planning and policy-making, people will demand more than the system can supply; and the fact that the mechanism being called upon to mobilize the masses - the central bureaucracy - is usually an elitist organization.

On the other hand, the stimulation of local initiative is not as easy as some people might believe. There are the entrenched bureaucrats working in a "top down" structure who are used to "delivering" development to the people who are themselves trapped in customary ways of solving problems and resolving local conflicts. There are few examples of government actually fostering local initiative rather than stifling it.

Some participants felt that, even if there is great untapped potential for change at the local level, the government and intellectuals have an obligation to take the lead, to show the people the way, to help them draw up plans and to give them policy and program guidelines.)

A further question related to the way elites and masses interact. A conventional model calls for the creation of a master plan at the highest levels, with technicians sent out to implement it. According to the China model of "three ups and three downs", draft plans and policies are passed up and down the system and are responded to and redesigned at every level. National guidelines are brief, while local plans are more extensive and definitive. Under the China model, each locality undertakes its own program, and successful projects are used as models for others. Under the conventional Western model, pilot or demonstration programs are planned and financed separately and, if successful, are promoted for wide-scale adoption. The Chinese model may be more cost-effective and the product may be reproducible. The Western model may be less cost-effective and the product an expensive and sophisticated pilot program that cannot be reproduced.

In the course of discussion it was pointed out that the separation of government programs and agencies into so many categories - communication, nutrition, family planning, health, etc - is artificial. For the villager, all these must be integrated; so there is a built-in imperative to coordinate development programs.) Thus a Development Support Communication System at the highest level in government should help to create an appropriate climate at all levels for a broader approach to population/development problems. One of its tasks would be to put into every regional and national plan a population component which predicts the impact of the plan on population growth or on migration.

Again and again the participants returned to the question of the creation of low-cost community supported health care systems using para-professionals. It was felt that such a system is desirable, and in many areas feasible if traditional doctors, midwives, and "barefoot doctors" can be retrained or newly trained. The impact on fertility of such a system would be indirect, and family planning should not spend its own limited resources to provide this service; but to the extent that the idea can be promoted by communicators, it will redound to the eventual benefit of family planning programs.

One suggested approach was that of advocacy. (Population communicators could help people to demand health services as a basic human right, just as they have helped them to demand contraception.)

Another frequent question concerned the relationship of family planning communication programs to service programs. Whereas in the past, communication efforts have been tailored to fit service program needs and to get people to clinics, communication has rarely been the leading sector, creating demands that must then be filled by service agencies. Such a role might be a new strategy worthy of exploration. Several participants stressed the need for an (evolutionary rather than a revolutionary approach.) It was noted that a communication program involves disruption and reconstruction of deeply held beliefs which may put stress on leaders and villagers alike. Thus it is necessary to introduce only as much stress as the system can take. This varies from situation to situation. In one country a soul-searching exercise is possible. In another even a small disruption of the status quo may be politically dangerous.

One insightful note was the (need to educate communication personnel as to: the need for behavior change; mechanisms by which such change might be brought about; and the social, economic, and cultural constraints that now inhibit change.) Once they have undergone such a reeducation, communicators may be less willing to simply sell someone else's product and may wish to participate in influencing decisions affecting the design of the product and its "cost" to the customer.

In general, it was concluded that every situation is different. Thus, there are as many strategies as there are countries or sub-national regions. Rather than trying to design a single, broadly applicable strategy, the group discerned a range of applicable strategies, and the conditions under which they might apply. The design of individual country strategies remains a national concern and probably could not be agreed upon in any sort of international forum.

Summary and Analysis

Throughout the conference discussion ranged widely. It became apparent early that there were even more perspectives from which to view communication strategies than the four around which presentations had been originally organized. In general, discussants agreed that each situation requires a somewhat different set of strategies determined by such factors as government policy toward population; social, economic, and political constraints that impinge on programs; and the many other factors listed by Sweeney, Wasito, Sabanayagam, Goonesekera, Hendrata, and other participants. Thus there was no attempt to formulate an ideal strategy.

Rather it was felt that the conference could at best identify a range of possible situations for which communication strategies might be designed and illustrate some of the possibilities within that range.

The following analysis is organized around the initial topical themes that formed the framework for presentations and discussions. Rough outlines of the general strategy approaches that participants seemed to endorse for each of these situations follow. These are capsule summaries of extensive discussions, and are intended to indicate the range of perspectives and frames of reference introduced into the discussions by the participants. Note that programs do not fall clearly into any of these four categories. In a single country it may be possible to find emphasis on all four.

1. Fitting supply and service to existing demand: Where the most obvious shortcoming is lack of services and supplies in rural areas, where the program goal is to recruit and retain as many users as possible, and where motivation is already high among a substantial proportion of the population, the inundation approaches described for Sri Lanka and Indonesia may be sufficient to gain large numbers of contraceptive users. In this case the communication program may function much as it does in any aggressive sales campaign, arousing latent interest, improving product image, promoting a specific item of merchandise, informing potential customers of location, cost, safety, and attempting to build an aura of respectability and of social support.

2. Changing individual attitudes, values, and behavior: Where policy is simply to bring about a modest fertility reduction and to make contraception and information freely available to individuals, approaches like those described for Thailand and Colombia may be sufficient to attain the behavioral objective of gaining acceptors and users. (In such a case, the functions of a communication program may be to inform individuals of the availability, location, safety, and low cost of family planning so that they may adopt it, to help overcome initial side reactions, and to create a system by which acceptors reinforce one another in order that they become long-term users for whom family planning is a way of life.)

Along with this acceptor/user oriented approach, a number of additional target audiences need to become the focus of communication efforts. For instance, local political leaders must be supportive, adopt contraception themselves, and help spread the message by example. Also, students should be involved in a population education program aimed at giving them the resources to make informed decisions about marriage, childbirth, spacing, and family size. In such a situation, the function of the program is simply to stimulate latent individual interest, to inform, to persuade, and to make services and supplies available at very low cost to every potential user.

3. The group approach to behavior change: Where the social and economic influences conducive to small family size are not strong but where the government objective is to reduce fertility rapidly, it may be necessary to undertake an "extra drive" campaign as in East Java or to mobilize all medical resources and all public sector agencies as is done in China. The communication function

may include informing and persuading government and private officials from chief ministers and secretaries down to the civil servant or the volunteer worker in order that they all may become agents of change.

In such a situation the provision of services and the creation of a system to reinforce continued use are even more important because of high short-term acceptor/user targets and long-term goals of fertility reduction. Here systems of evaluation are needed to measure quickly and accurately the pace and direction of acceptance and its effects on fertility and bring results to the attention of policy makers, field personnel, and the general public. The Philippines may fall into a transitional group between the second and third categories where the effect on fertility of simply providing information and services is not as great as had been projected and additional approaches are indicated. These may include attempts to persuade additional individuals and groups to join the program as agents of change, to pass along more authority and responsibility to lower levels, and to begin to experiment with new ways to get acceptors and improve continuation.

4. The use of incentives and disincentives: Where a preference for sons and for large families are strong and where government policy is aimed at eventual stabilization of population growth through adoption of a two-child family norm, more intensive and complex approaches may be required. First is the matter of informing, persuading, and gaining the commitment of highest level officials. Even after a strong policy is enacted, it may be difficult to obtain the necessary commitment of a number of ministries and field staff who do not see population as their problem or family planning as their job. This task becomes particularly difficult where social and economic conditions foster high fertility and must be changed in order for final population goals to be reached.

In some societies, like China, changes in education, the status of women, employment, health, social, and old age security, and the assurance of adequate diet and housing may be sufficient to create an environment in which the two-child family is socially and economically feasible. In such cases it is the role of communicators to help people see the benefit of the two-child family to themselves and to society, and to help create a mechanism by which couples can be assured that if they comply with national goals it will be to their personal benefit.

In other societies, such as Singapore or Taiwan, where supporting social and economic changes are being created rapidly by a combination of government and private effort, it may be a useful function of government to structure a system of rewards and penalties to reinforce the desired behavior. In this case it is still the individual family's right to decide on the number and spacing of their children, but it is a communication task to insure that they know the consequences of their decisions and of their actions.

If these four perspectives are at all realistic, and if there is sometimes a transition from 1) a program based on the assumption that informed decision-making will lead to the desired outcome to 2) one based on the assumption that individual or group approaches to persuasion are required and behavioral goals must be more specific, to 3) the assumption that social and economic environments must be changed in order to create a situation in which these specific behavioral goals make sense to individual families, then one role of the communication program may be to assist governments to see the need for such transition when and if it arises.

List of Papers

Population and Family Planning Communication: Ten Years of Experience--
Dr. Robert P. Worrall

What the IEC Task Is: Focus on Developing Culture-Based Strategies for
Continued Contraceptive Use--Dr. Gloria Feliciano

Communication Activities that Promote Behavior Change in Clients of Family
Planning Programs: Resources and Constraints--William O. Sweeney

Karet KB Marketing Scheme: An Experiment in the Integrated Communication-
Service Strategy--Dr. Lukas Hendrata

Commercial Distribution of Contraceptives in Sri Lanka: The Preethi
Experiment--Anura Goonesekera

Integrated Training/Motivation Strategy for a National Family Planning Program--
Dr. Lertlak Burusphat

Changing Values and Attitudes: The Philippine Social Communications Center
Experience--Genaro V. Ong, Jr.

Rural Family Planning Program, Profamilia, Colombia--Lily B. de Bucheli

IEC Strategy: The TIDA Way--Francisco H. Roque

Changing of Individual Values and Attitudes in Family Planning--Human Roles
Versus Traditional Sex Roles--Mallica Vajrathon

On the Chinese Model of Group Planning of Birth--Dr. Pi-Chao Chen

The Family Planning Extra Drive in East Java--Dr. Wasito

The Singapore National Family Planning and Population Program, 1966-1974;
With Particular Reference to Disincentives and Incentives--Dr. Wan Fook Kee

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