

## PERU - HEALTH LITERACY CAMPAIGNS

### A. BACKGROUND

Peru is the fifth most populous country in Latin America with a population of about seventeen million in 1981. About two-thirds of the population live in urban areas. The annual growth rate in 1981 was 2.5 percent.

Malnutrition, poor sanitation, and the lack of potable water in rural areas contribute to an infant mortality rate of 101 per 1,000 live births (1981). Peru's major public health problems are concentrated in rural areas. Children under five years of age are the most severely affected. Health services in rural areas are poor, as modern health facilities are concentrated in the urban areas, particularly in Lima.

In light of these pressing public health problems, the government of Peru, in 1984, embarked on an integrated public health communication campaign that addressed immunization, diarrheal disease control through ORT, and family planning. The concept of "responsible parenthood" was adopted as a means of integrating the messages for family planning, immunization and ORT. The family planning theme of the campaign received the most attention, both financially and in number of materials produced. The slogan of the entire campaign was "Healthy Child Today, Healthy Peru Tomorrow".

### B. RESEARCH METHODOLOGY

Considerable preliminary research was undertaken prior to message and materials development.

A local research firm was contracted to conduct studies to guide the communications campaign. The firm analyzed the National Contraceptive Prevalence Survey from an IEC perspective to identify women's demographic status, education level, and knowledge and use of contraceptive methods. This firm also conducted extensive research among 25 experts in the fields of family planning, ORT and immunization to analyze and determine how to persuade the target populations to use the related services through mass communication. This research was conducted through traditional quantitative data analysis, questionnaires, focus group and in-depth group discussions, and open interaction between the experts. This research lead to yet another survey;

interviewers attended 25 health centers, posing as family planning customers, to determine the attitudes and response of health service personnel to their needs and requests.

A second research firm conducted focus group discussions with potential and actual contraceptive users to determine knowledge, attitudes and practices of family planning, and to suggest some appropriate themes for the communications campaign.

### C. MAJOR FINDINGS

Major findings of the research sessions with the family planning, ORT and immunization experts are summarized in the following:

- o The experts had doubts about integrating the three themes of family planning, ORT and immunization under one communication theme.
- o There was consensus that the need and opportunities for audience segmentation were greatest for target populations of the family planning theme.
- o The attitudes and behavior of health workers providing family planning services are key to campaign success. Favorable attitudes and behavior towards family planning acceptors is essential.
- o The idea of freedom of choice regarding family planning seemed to them to be contrary to a campaign designed to motivate and persuade couples to adopt contraception.
- o There existed considerable differences between women desiring no more children, as differentiated by geographic location. That is to say, fewer women in the Northern areas of Peru desire to stop childbearing yet have greater awareness and knowledge of family planning than women in the south. These geographic differences need to be addressed in the campaign.

The experts felt that the quality of services provided at health centers was a critical element of the decision process to attend a clinic to obtain information on family planning services. The results of the surveys at 25 health centers to determine the quality of services and attitudes of health workers are outlined below:

1. Only 18 out of 25 health centers were able to provide services when requested.
2. Ten of the 18 health centers (40%) suggested using a modern contraceptive method.
3. Personnel in four of the ten health centers (40%) displayed a positive attitude in favor of family planning. This represents only 16% of the 25 health centers.
  - o In two centers, the potential users were congratulated for their responsible attitudes regarding family planning.
  - o In one center, there was a talk given about modern contraceptives.
  - o In one center, there was a poster depicting contraceptive methods.
4. Of the eight centers offering assistance, but not suggesting modern contraceptives, four centers verbally suggested the rhythm method, and the other four centers told the potential user to return at a later time for information.
5. There was a difference in the amounts charged for minimum services, from U.S. \$.06 to \$.15. Some clients were charged for additional services.
6. Some health center personnel insisted proximity of residence to the health center as a prerequisite for the provision of services. This could possibly effect demand among future potential users.
7. Only 20% of potential users received reinforcement, or reaffirmation, for their decision to contracept, 32% experienced the opposite response.

8. The brief study concluded that these issues warranted closer examination.

Focus group discussion results are summarized below:

- o Couples normally use the rhythm method as contraception. This is, however, used in reverse due to miscomprehension of the menstrual cycle, i.e. non-fertile periods are considered fertile periods and vice-versa.
- o The "machismo" structure is well entrenched throughout society. This was further complicated by thoughts that 1) wives will become promiscuous, and 2) the man's virility image will be damaged, i.e. he will appear incapable of reproduction if contraceptives are used.
- o There is folklore vocabulary to describe family planning concepts. These should be used in the messages for T.V. and radio.
- o There is a clear-cut relationship between the quality of family planning service and the desire for women to seek it out.
- o The best source to deliver information about family planning services in the media is a mature woman doctor (about forty years), preferably a mother herself.

#### D. CAMPAIGN OBJECTIVES

The campaign was designed to:

- 1) Increase knowledge that family planning is possible and desirable, and information is available.
- 2) Increase knowledge that those in need of family planning should choose a safe, modern contraceptive method.
- 3) Increase awareness that information and services are provided free of charge at health centers.

Furthermore, the campaign was designed to encourage potential users to go to health centers to inquire about family planning services.

#### **E. TARGET AUDIENCE**

Two target groups were identified for the family planning component of the campaign. They were: 1) couples who did not want any more children and were using traditional contraceptive methods, and 2) couples not using any contraceptive methods, yet not wanting any additional children. Both groups, together, represented twenty-eight percent of fertile women.

#### **F. MESSAGES**

Distinct messages were used for the two target groups. Men and women in the first target group, (those already using traditional methods of contraception) were approached differently than those in the second group. The spots for women in this target group were designed to reinforce their role as decision-makers and to encourage them to attend health centers to obtain contraceptives. Men were told that there are effective contraceptive methods that guarantee against having unwanted children, and that this allows them to increase their sexual activity with their wives. Finally, messages were designed for the couple as a unit who were given the option of a sure contraceptive method to guard against unwanted pregnancy.

The second target audience was approached as a unit, as research showed that both men and women in this group shared common beliefs and behaviors towards family planning. Two T.V. spots were produced for this group; one shows the woman taking the initiative to adopt family planning, and in the other spot the roles are reversed.

The messages promised free services and supplies at the clinics to all target groups.

#### **G. CAMPAIGN THEME AND STYLE**

The theme of "responsible parenthood" was used in each of the five T.V. spots as well as in other T.V. and radio programs. The T.V. spots incorporated rabbits as a metaphor for uncontrolled sexual activity, with the line "Already you know it, remember the rabbits" incorporated into all media materials.

## H. MEDIA PRODUCTS AND ACTIVITIES

The campaign made extensive use of both television and radio, including five television spots, nine radio spots, eight one-minute T.V. mini-programs, and eight one-and-one half minute radio mini-programs. Additional materials produced for the campaign included a poster which reproduced one of the scenes from a television spot, and a short technical booklet about various contraceptive methods. The print materials were widely distributed through health centers.

## I. RESULTS

A preliminary evaluation of the family planning component suggests that the communications campaign has had little noticeable effect on increasing demand for contraceptive services. The evaluation, however, focused on clinic attendance records and did not attempt to reflect any changes in attitudes towards, or knowledge of, family planning. The evaluation indicated there was little difference between expected attendance figures and observed attendance figures.

The rabbit theme in each of the TV spots caused considerable controversy. The use of rabbits to symbolize humans (or many unwanted children) was seen as questionable by some politically influential individuals and health professionals.

## J. PROBLEMS ENCOUNTERED

Because the evaluation focused on clinic attendance data, the evaluators could only speculate about the exact nature of the problems encountered in the family planning campaign.

One set of problems focused on the health center and personnel. Due to religious influences, some clinic staff did not support adoption of family planning amongst target couples. There were no contraceptive supply problems at health clinics during the campaign.

A second set of problems dealt with messages which were irrelevant to adoption. The mass media messages were not specific enough, i.e. no specific methods of "sure" birth control were mentioned in any of the messages developed for couples using traditional contraceptive methods. Messages for men tried to assure them that their

"macho" image would not suffer if they used "sure" birth control methods. The message also alluded to the idea that use of contraception would allow for increased sexual activity with their wife. At best, this only indirectly addressed the fears of female promiscuity. There was a decision made during the campaign concept development phase not to mention specific contraception methods so as not to offend the church, politicians and other groups. Finally, the research results upon which the messages were based did not specify the reasons why members of the target groups adopt contraception. Therefore, the messages never directly dealt with the forces that would influence adoption of family planning.

In addition, the controversy over the rabbit theme may have had a negative effect on several aspects of the campaign, both in service delivery and in message dissemination.

#### K. LESSONS LEARNED

Several lessons have emerged from this campaign.

1. There must be supplemental support for a family planning campaign. This may include, but is not limited to, retraining clinic personnel to deal with new acceptors and providing additional support and materials required. The immunization component that coincided with this campaign was an undoubted success because clinic workers were trained to deal with the sudden influx of people, and materials were made available in adequate numbers.
2. Using commercial advertising and market research companies increases the chances of responding to client demands and adopting new and innovative approaches to public health education.
3. There must be close cooperation and coordination between private agencies involved with message and materials production and government bodies responsible for dissemination and implementation. Also, care must be taken to utilize the expertise of the Ministry of Health on matters of health.
4. Since the evaluation was based on clinic attendance records, messages should have been directed towards motivating action to this end, rather than simply informing target groups about modern contracep-

tion methods, or a different evaluation measure should have been built into the program from the beginning.

**L. REFERENCES**

1. Academy for Educational Development Trip Reports, prepared for USAID HEALTHCOM Project.
2. Marion Michelson, Social Marketing on Population, Immunization and Rehydration in Peru: An Analysis of 25 Experts' Opinions Using the Delphi Method, Report prepared for USAID, April 3, 1984.
3. R. Hornick and J. McDowell, Communication and Health Literacy: Evaluation of the Peru Program: 1984-1985, (forthcoming). Prepared for USAID HEALTHCOM Project, 1986.