

RESEARCH NEEDS IN FAMILY PLANNING PROGRAM PROMOTION*

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INTRODUCTION

It is important to keep in mind the larger environmental complex in which family planning program promotion occurs. Improved family planning programs and improved primary health care services may not of themselves be sufficient to bring about a desire for fewer children. Indeed, the exact nature of the interactions among social and economic development variables concerned is as yet unclear. Linkages with equitable income distribution, effective land reform and available employment, basic literacy and increased opportunities for schooling, particularly for girls, raising and increased community participation in planning and control of governmental services all seem to be needed and part of overall social and economic development planning affecting the desire for fewer children.

Nevertheless, individual family planning programs have had some measure of success in LDC's. Recent study indicates that almost all the LDC's with large (20+%) and well-documented fertility declines from 1965 to 1974 had substantial family planning programs during that decade.⁶ The roster of countries where obviously favorable achievements in family planning have taken place has expanded from the original Asian Four of the late 1960's (Hong Kong, Singapore, Taiwan and South Korea) to include African and Latin American regions as well: Colombia, Costa Rica, Fiji, Indonesia, Mauritius, the Philippines, Thailand and Venezuela. Significant declines in the birthrates from 1960 - 1973 occurred in these countries: ranging as high as 40% in Singapore and Hong Kong.

These large-scale family planning programs, particularly in East and South-

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east Asia, provide countless examples of "how-to-do-it" promotional programs and "successes" of varying kinds and degree. To a large extent, then a digest of the available studies (e. g., Ross⁷, Cuca² or the indices of Studies in Family Planning) would have a good deal to tell us about effective programming in specific contents.

The purpose of this brief paper is less to summarize available work on program promotion than to outline needs which deserve particular attention at this point in time, a few of which interestingly enough, have needed attention since the inception of some of the earlier large-scale Asian programs.

In Director-General Hsu's "Review of Family Planning Programs in ROC"⁴ he defines two objectives for family planning promotion program: (1) education and promotion about family planning, and (2) provision of effective contraceptives with low cost and extensive availability. In a sense, these correspond to the two categories used to describe educationa/promotional research needs in this paper. They are referred to here as the "Why" and "How" of Family Planning.

For many years, most programs centered their promotional activities on the "how" of family planning rather than the "why." In countries where sizable numbers of people had enough children, the "how" to contracept was emphasized. Gradually, programs became more aware of the need to emphasize smaller numbers of children as ideal and attention to the "why" became a major focus of attention (e. g., national studies of the Value of Children and attention to son preference).

This paper provides a summary of some related research needs in both how and why.

SUGGESTED FUTURE RESEARCH AREAS

A review of the variety of research projects suggests that several areas may deserve additional attention in selected countries:

(1) IEC approaches (e.g., mailings to special audiences, telephone in key urban areas, the variety of ICARP-type projects conducted in East and Southeast Asia in the early 1970's); (2) ways to increase contraceptive continuation rates; (3) the role of salaried and / or incentive-based fieldworkers; (4) observation of content of face-to-face interaction between clients and workers and methods to improve it; (5) improvement of logistical supplies; (6) improvement of training, particularly nonformal education techniques and training of trainers; (7) improved field supervisors.

Some detailed suggestions (selected with attention to Needs in Family Plann-

ing Program Promotion in Taiwan) about possible studies of provider/user interaction, continuation, source perception, comparative educational approaches, marketing studies.

(1) Provider/User Interaction

The need to study provider/user interaction came in for considerable discussion at the first ECAFE (Economic Commission for Asia and the Far East) Working Group on Communication Aspects of Family Planning in Singapore in 1967. This area of applied research also was one of nine selected as potential regional research projects by the 21 social scientists at the 1973 Seminar on Social and Psychological Aspects of Fertility in Asia. Few discussions of training, supervision, and job descriptions of family planning field workers take place without attention to the dynamics of interaction in the field.

Yet, relatively little is known about the content of face-to-face communication and virtually nothing about which educational approaches are more suited to the potential user's frame of reference. Just what is it that successful field workers say and do in the field? What role does the husband play in decision-making? Such research lends itself to a wide variety of methodological approaches, such as case studies done by participant observation, post-session interviews, use of skills, defining situations through grounded theory approaches, experimental manipulation of content and process in field interaction, and adaptability to modern visual and audio monitoring technology. Other factors being equal, what makes a successful field worker successful and can it be taught to other such workers?

(2) Continuation

With the current contraceptives being used in national family planning programs, one can assume that about half of those accepting a method will have stopped using it within 2 years. Even if we ignore the many loosely defined definitions of an acceptor (e.g., receiving a single packet of oral contraceptives by nonrequested mailing), and accept the fact that some persons have side-effects which are not easily dealt with, there is a serious problem of continuation. Research, however (see Ross),⁷ tends to focus upon the demographic profiles of acceptors, identifying concomitant variables (age, parity, education) which are not readily amenable to change.

Nine (most still relevant and not implemented) action research subjects on continuation which were presented to the ICARP session in Manila in 1973 include:⁵

1. Reviewing the findings of followup studies of contraceptive acceptors (both clinic and mass sample surveys) to determine the best time, if any, to provide post-acceptance visits for reassurance or treatment of side effects.
2. Experimenting with some simple control studies of educational inputs in initial preservice field worker training to find out the relative effectiveness of curriculum units (on group discussion with satisfied acceptors and other approaches). Which approaches build up confidence of workers in the contraceptive methods?
3. Instituting a newspaper column or telephone service in larger cities to find out if they can help answer questions about side effects to better improve continuation.
4. Starting an experimental study which involves both husbands and wives in contraceptive counseling and compares their continuation rate with couples where only the wife is involved.
5. Designing educational materials intended for the use of couples after acceptance of the contraceptive, pretesting them, and providing to one group of couples and not to another (matching group) to measure effect on continuation.
6. Designing leaflets about female contraceptive methods (e.g., IUD and pill) that are intended for males, pretesting them, and assessing their effectiveness in increasing both acceptance and continuation.
7. Designing a manual for management of side effects (psychological and physiological), pretesting it, and assessing its effectiveness.
8. Conducting an action-oriented field survey of the potential local supply depot possibilities for condoms and oral contraceptives and carrying out a large-scale field trial of its value in increasing continuation rates over previous or current approaches.
9. Assessing more fully (by use of skills, on-the-spot indirect and participant observation, and post-session interviews with both patient and service provider) what actually goes on in patient/physician, field worker/patient face-to-face sessions so that these can be improved educationally.

(3) Source Perception

Possibly the single most obvious and yet most ignored area of needed research in the family planning program promotion model is the attitude of the public to the source of the message. Western research in the communication and persuasion area alerts us to be sensitive to an audience's perception of the source of a message. Both trust and expertise seems to be involved in terms of credibility of the source. Many governments (the United States is no exception) are sensitive to probing in this area, but knowing to what extent villagers are likely to trust a county or state or national government or governmental agency to be competent is important to consider in family planning program planning. This delicate area needs attentions for the tradeoffs involved in selection of a local less skilled person to do the family planning promotion job versus a more highly trained outsider. Some of this research may lend itself to following the experimental study programs of social distance and communicators done earlier in the Western tradition and with which Asian family planning programs have ample experience. For example, the World Bank's study of Experiments in Family Planning (Cuca & Pierce) describes some 50 Asian experimental and quasiexperimental studies.² It, however, needs to be balanced by use of a different model of communication than that suggested by Lasswell or even Berelson; e.g.:

"NOT WHO

SAYS WHAT
IN WHICH CHANNEL

TO WHOM
WITH WHAT EFFECT?

NOT SOME KINDS OF COMMUNICATION
ON SOME KINDS OF ISSUES
BROUGHT TO THE ATTENTION OF SOME KINDS OF
PEOPLE
UNDER SOME KINDS OF CONDITIONS
HAVE SOME KINDS OF EFFECTS'

(Berelson)

BUT WHO SELECTS WHAT COMMUNICATIONS

ON ANY ISSUES
 ONLY FROM WHOM THEY WISH
 AND ONLY THROUGH THE CHANNEL THEY SELECT
 AND WHATEVER EFFECT. THERE IS
 DEPENDS UPON WHOSE INTERPRETATION OF THE
 PLACE OF THAT MESSAGE, THAT SOURCE, THAT
 CHANNEL IN THEIR OWN REAL WORLD.

(Cernada)",

(4) Comparative Educational Approaches

Although there have been studies done on comparative educational approaches (types of incentives, various media, group versus home visit education), there is ample reason to suggest that each country reinvent the wheel again. Few countries, for example, have tried systematically testing whether female or male field workers would be preferable, especially if they approached different audiences in different ways. The emphasis on community participation and control at the village level in Indonesia, for example, speaks to the value of more trials of similar approaches adapted to other cultures. Educational materials directed to husband as well as wife or vice-versa also needs more trial. Taiwan's program has little male orientation.

(5) Marketing Approaches

Marketing studies and advertising approaches that emphasize shifts in brands by consumers have implications for family planning promotion. In business, the purpose is to switch consumers into consumption practice that increases per unit profits, often to compensate for lack of rapid increase in volume of sales. In family planning, the purpose would be to shift acceptors to contraceptives that are more effective or better meet their needs. The methodologies peculiar to these business approaches seem amenable to adaptation to public programs as well.

Perhaps as important, the experience of marketing research into places, companions, styles, and meanings associated with products in specific social groups seems to be applicable to contraceptive products as well. The use of simple pretests to ask respondents about the meanings they read into our promotional literature would be an eye-opener.

(6) Psycho-Social Needs

The "shy" of family planning needs special attention with the increasing numbers of younger people coming of marriagable age. Interestingly enough, the list of psychosocial needs prepared at the 1973 Seminar in Seoul,³ mentioned earlier, still needs doing. The research issues in order of priority as well as why they probably would not be implemented follows:

"RANK ORDER OF PRIORITY RESEARCH ISSUES"

1. Perceptions of children and sex preference
2. Effects fo disincentives and incentives
3. Psychosocial costs and perceptions of family planning practice (as related to acceptability of sepcific methods in specific cultures).
4. Population -- socialization (including effects of rural/urban migration and adaptation to the city, marriage patterns, age at marriage, response to national policies, progress of population education programs in schools, etc.)
5. Approaches to changing fertility attitudes and motivations (including methods of persuasion, attitude change, and communication).
6. Family dynamics and fertility choice behavior (including pressures from relatives and husband/wife communication)
7. Adaptation to changing environments
8. Psychosocial consequences of population trends (particularly the coming of the Second Asia)"

"BARRIERS TO RESEARCH"

1. Newly emerging field--few trained researchers
2. Few scholars seriously interested
3. Lack of Government interest and funding
4. Limited coordination and communication among researchers
5. Lack of external funds
6. Action orientation of funding organizations
7. Lack of assurance for reserach continuity."

Although much has changed in the past ten years, some of the issues raised then continue to be relevant to many countries and Taiwan is no exception. Although Taiwan's record for research into incentives and sex preference and approaches to changing fertility attitudes is commendable in comparison with other Asian countries, much remains to be explored. Largely neglected and of immense importance has been fertility choice behavior (particularly spouse inter-action).

The barriers to change always can be found. There does however, exist in Taiwan an interested group of well-trained social and behavioral scientists in academic institutions and adequate core funding for such research. That the funding is primarily vested in the ongoing Governmental program operation and a quasi voluntary agency increases the need for better coordination between University and Agency staff.

CONCLUSION(and Implications for Taiwan)

In general, throughout the developing countries much of the research suggested in the past either has not been carried out or else carried out and not used adequately. Part of the reason has to do with the research utilization process. In a period of limited resources, more of what research on promotion is designed will have to take into consideration whether there are sufficient funds, supplies, services and staff to implement findings. In addition, it also will need to be certain that the proposed experiment can be carried out on a wider scale. On the other hand, the existing family planning program ongoing evaluation and pilot trials will need to integrate more adequate methodologies from the social and behavioral applied scientists.

One possible implication may be that operation research should receive higher priority, e.g., cost-effectiveness studies, comparative delivery schemes, product preference, consumer feedback approaches, incentives, and comparative educational approaches.

Another is that we need to pay much more attention to the process of research utilization. For example, linkage between administrators and researchers is vital as are systematic feedback, an atmosphere of trust, a careful documentation and dissemination system and flexibility to adapt research to field needs while it is ongoing. In these respects, some Asian countries are well-experienced and Taiwan is recognized as a model.¹

But Taiwan needs to put more of its research into practice. Recent studies in Taiwan have identified many legal barriers to effective population and fertility control programming. Not enough, however, has been done to correct these, although a good start has been made recently, e.g., reduction of the number of children eligible for tax exemption to two.

Although all commonsense and applied research has indicated the vital necessity for a comprehensive in-school program of population education in Taiwan, the

Ministry of Education has as yet been unable to implement one. In this case, the remedy may require a shifting of emphasis and structural change in an organization rather than more research.

In the area of family planning promotion, some needs include operation research to find ways to involve males—both as participants in family planning and as field workers; strengthened efforts to reach young people, particularly adolescents as they enter the workforce (factories and large department stores, for example); recording of the process of fieldworker-client interaction to improve its quality; and expanding the role of voluntary and quasi-voluntary agencies to implement programs that the governmental bureaucracy delays.

Especially relevant to Taiwan's present situation is the need to develop an active and meaningful population studies association to help focus the efforts of the many well-trained scientists who have returned to Taiwan over the past decade. Of immediate concern in this regard is the lack of a central agency to help coordinate and focus the independent efforts of the present core of trained researchers who represent a dozen different institutions. Such a national population (and perhaps development?) research institute would be a major contribution to future planning for research to meet changing social and economic and demographic trends.

In summary, Taiwan's family planning program has made considerable progress over the years in halving the population growth rate since 1963. Breaking through the fertility decline plateau, which remained at about 1.8% for about ten years, should be used as a psychological incentive to move from the present 1.55% to the goal of 1.25% by 1989 and not as a reason to be complacent about reaching that target. As we have learned in the past, to slow down or become complacent is not merely to stand still but to move backwards.

As more international attention begins to be paid Taiwan's remarkable economic recovery, it is natural that Taiwan's achievements in social development will be focused upon. The increasingly favorable distribution of the younger age group of women of childbearing age (in comparison with the past) provides an unusual opportunity for Taiwan to capture the crown of population planning leadership that it wore during the mid to late 1960's. The path to this glory may be with Taiwan's breaking through its fertility decline plateau (about 1.8% for about 10 years) and serving as a model again for the many other Asian countries which are experiencing similar plateaus (e.g., Thailand, Indonesia, Philippines). To serve as such a model means an even more intensive input, especially by governmental agencies other than Health.

SELECTED REFERENCES

1. G. Cernada, *Knowledge Into Action: A Guide to Research Utilization*, Baywood Publishing, Farmingdale, N.Y., 1982.
2. R. Cuca and C. S. Pierce, *Experiments in Family Planning: Lessons from The Developing World*, World Bank, Washington, D.C., 1977.
3. H.P. David and S. J. Lee, *Social and Psychological Aspects of Fertility in Asia*, Korean Institute for Research in the Behavioral Sciences and Transnational Family Research Institute, Seoul, Korea, 1974.
4. T. C. Hsu, "Review of Family Planning Programs in ROC," International Conference on Population and Family Planning, Taipei, January 1983.
5. Internal Memos, International Committee for Applied Research on Population, 1973.
6. W. Watson (ed.) *Family Planning in the Developing World*, The Population Council, New York, 1977.
7. J. Ross et al, "Findings from Family Planning Research," *Reports on Population Family Plannig*, #12, Population Council, N.Y., October 1972.
8. United-Nations-ECAFE, Communication Aspects of Family Planning, *Asian Population studies Series*, No. 3, November 1968, Bangkok.

Footnote: The number of possible references to document this overview which are needed make it impossible to list them in any single article, particularly one dealing with Taiwan which has published many hundreds. This suggests a lesser but useful project remaining to be done: an *updated annotated bibliography*, which might be done by an active population studies association or academic and agency professionals.

家庭計劃推廣工作的研究方向

(中文摘要)

陳 喬 治

本文論述亞洲各國家庭計畫推廣工作中，今後所需特別着重的方向，包括：

- 研究避孕方法提供機構與使用者兩者間的接觸，尤其是面對面的溝通。
 - 如何改進避孕方法之延續使用，本文提供一些應作之實用研究。所提議的有些是 International Committee for Applied Research in Population 在 1973 年即已提出，但至今未施行之研究。
 - 公眾對各種大眾傳播所提供家庭計畫資料、消息來源的態度。這方面的研究至今未受重視。此文同時提供了適用於目前工作的傳播模式。
 - 比較各種不同教育方式的試驗性研究。如在台灣試驗用男性家庭計畫訪視員。
 - 使用市場調查方法，研究各社會階層對避孕所持有的各種看法、想法、態度與行爲。
 - 心理—社會需求的研究：如男孩偏好、夫婦間之溝通、及對事如何作抉擇的研究。
- 總結而言，各國今後的研究工作，應更着重實用研究，並重視如何將研究所得結果，應用於實際工作之推行上。以台灣為例，應修改有關鼓勵生育的各種法規、推廣學校人口教育、使男性更廣泛參與家庭計畫推廣工作、增加年輕人及未婚者對此方面的教育、擴大私人機構對此工作的參與，及設立一個人口研究學會與全國性的人口研究所。最近台灣的人口成長率已降至 1.55 %。台灣如能更進一步加強對人口之研究，則不難成爲亞洲各國在此方面工作的楷模。