

Asia's Population and Family Planning Programmes: Leaders in Strategic Communication

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The Asian and Pacific region can look forward to continuing to play a key role as a leader in strategic communication for better reproductive health

Asian countries have led the world in identifying problems related to rapid population growth and high fertility and in developing programmes to address those problems. Thus, it is not surprising that Asian countries have been leaders in developing strong communication programmes to inform, educate and persuade their people of the need to grow more food, provide more jobs, plan and space births, limit fertility, and feed and educate their children wisely. It is also very likely that Asian countries, despite temporary economic problems in some of them, will continue to be leaders in development programmes in the twenty-first century as mankind continues to deal with the ever-challenging reproductive and family health problems of a world populated by more than 6 billion people.

In developing programmes to deal with these emerging problems, Asian countries were the first to see that communication — with policy makers, clients, the public and health care providers — is not a "spare wheel" to be used when economic or health programmes break down, but rather a "steering wheel" that can guide the direction of people's thinking, of community norms and of informed individual choice (Fraser and Restrepo-Estrada, 1999).

It is widely acknowledged that until the 1960s and 1970s most of the world's experience in the area of development communication was driven by the agriculture sector. The dominance of rural populations, of farming as a source of revenue, the need for higher agricultural productivity (e.g. the "green revolution") and the investments of the donor community made possible projects and experiments in agricultural communication that provided the theories and early publications in this field. Until fairly recently, the art and science of development communication, as well as the teaching of communication as an applied discipline, was largely derived from the collective experience in agricultural communication (Rogers, 1973).

During the last quarter of the century, however, the learning and knowledge curve shifted from agriculture to public health. The increasing prominence of issues such as population and family planning, primary health care, maternal and child health, and most recently HIV/AIDS and other infectious diseases, has focused attention on the role of communication in public health programmes. As public health communication following the agriculture model attracted more investment resources from governments and donors, it also attracted more highly qualified individuals and institutions worldwide in experimenting, designing, implementing and evaluating innovative communication programmes aimed at behaviour change. Today, in Asia and elsewhere, the art and science of development communication is much more driven by the experience and lessons learned from health than from any other development sector.

Early programmes such as the Taichung experiment in Taiwan Province of China and the mothers' clubs in the Republic of Korea depended heavily on communication (Rogers and Kincaid, 1981). Both of these programmes, beginning in the 1960s, drew much from agriculture-based theories of information dissemination and laid the basis for many subsequent Asian programmes. In Taichung, fieldworkers were the key element of a multifaceted experiment, with posters, community meetings and mailings to newlyweds and others. Ultimately, home visits produced only about 40 per cent of the acceptors but contributed to a broad dissemination of information about family planning methods to a population that already wanted smaller families. Later, with the addition of mass media, a wide range of methods and accessible services, the programme became one of the first family planning successes (Freedman and Takeshita, 1960).

In 1968, the Government of the Republic of Korea initiated the mothers' club programme as a village-level organization, the purpose of which was to promote family planning practice and serve as a channel for information and for supplying contraceptives, especially the newly introduced oral pill. One of the main purposes was to make the programme's 1,467 family planning fieldworkers more effective as agents of change without increasing their numbers and cost. The typical mothers' club was a small discussion and action group composed of about 25 mothers of childbearing age. Each month the leader of the club received a copy of the Happy Home magazine, which contained information about family planning and other health-related topics. Nationally broadcast radio programmes often featured the activities of successful clubs. The clubs were also used as "voluntary rotating credit associations" for members to fund individual or group development projects. In 1975, one of the most successful mothers' clubs, in the village of Oryu Li, was used as the basis for a national television documentary programme. The club's story was then used as the basis for one of the earliest entertainment-education projects in Asia, a prime-time 28-episode television drama, entitled "Pearl of the Soil", enacted by some of the country's most popular television personalities. In this manner, one village's successful mothers' club became a model for the whole country to emulate (Rogers and Kincaid, 1981).

Similarly, in India, the first country officially to adopt population policies in 1951 and launch a family planning programme

in 1952, the government used media, group talks, print and other materials available at the time to spread the word about family planning. The greatest setback in the Indian programme occurred in 1976 when the government turned away from a voluntary, communication-driven programme to an emergency effort based on forced sterilization, a move which proved counterproductive (Panandiker and Umashankar, 1994).

Nevertheless, when Wilbur Schramm and Everett Rogers reviewed the state of family planning communication programmes in the early 1970s, they highlighted a number of important weaknesses. These included the following: (a) minimal coherent communication planning or strategic design to define and achieve specific goals, (b) a failure of communication campaigns using single or multimedia to integrate their messages with existing service delivery programmes on the assumption that awareness would automatically lead to action, (c) "one-size-fits-all" messages disseminated to the general public rather than specific appeals to different segments of the audience, (d) limited pretesting of messages with intended audiences, (e) little application of scientific theories of behaviour change in relation to communication in developing messages and activities and (f) lack of indicators and other evaluation tools to determine the impact of any communication interventions (Rogers, 1973; Schramm, 1971).

Strategic communication

In the last 25 years, Asian programmes have moved ahead to compensate for many of these weaknesses. As family planning programmes overall have moved from the clinical, medical stage through the field-based, community distribution stage to a more client- or consumer-oriented basis, communication programmes have become more sophisticated and, above all, more strategic (Piotrow and others, 1994; 1997).

What are the specific elements that distinguish a strategic programme or campaign from many of these earlier efforts? There are at least seven key elements of strategic communication which are well exemplified in family planning programmes that have been organized in the last quarter-century in a number of Asian countries. In fact, the authors predicted some of these elements in an earlier article in this Journal (Piotrow and Rimon, 1988). Today strategic communication has the following characteristics:

Science and research-based

A science and research-based approach to communication builds upon social science models of behaviour change and documented evidence of audience reaction to specific messages. Modern strategic communication is therefore science-based, research-based and theory-based in order to develop clear objectives and hypotheses, test them in the field, put them into practice on a scaled-up basis, and evaluate the results (Bandura, 1977; Flay and Burton, 1990).

Client-centred

There is much more emphasis in all aspects of family planning programmes on the client, but nowhere is this emphasis more important than in the field of communication. Focus groups, interviews, surveys, values and life-style research and other forms of audience analysis are widespread. Moreover, audiences for family planning messages today are segmented so that specific messages can be developed which are most appropriate for women, for men, for adolescents, for new mothers and for other important segments of the population.

Benefit-oriented

Building upon much greater knowledge of the needs and concerns of the audience, communication programmes today emphasize the benefits to a specific audience of particular behaviours. These benefits may differ widely. For example, the benefits of contraceptive use for a sexually active adolescent may be quite different from the benefits to a 35-year-old woman who already has four children. A crucial element in strategic communication is to emphasize not the goals and objectives of the policy makers or service providers, but rather those of the clients and intended audience.

Service-linked

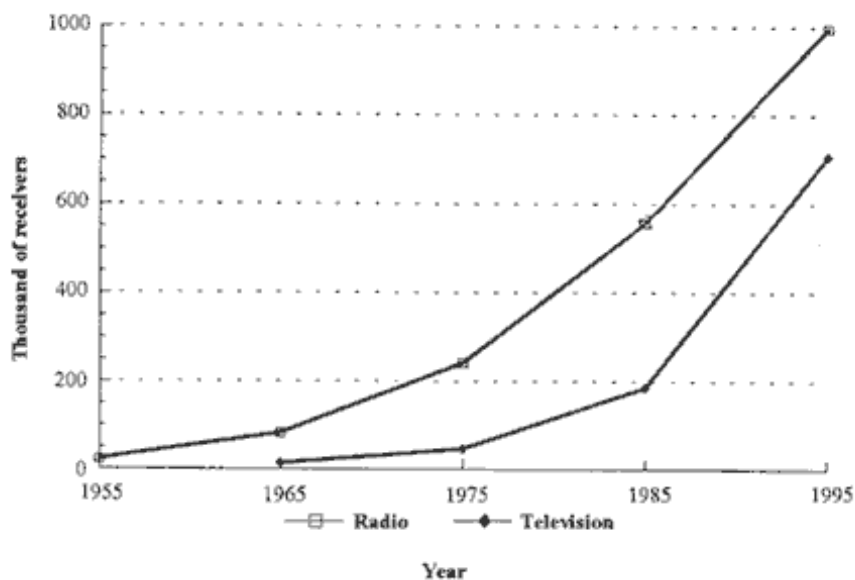
Strategic communication needs to link the proposed benefit with an immediate course of action that can bring that benefit to the client. Thus, health promotion programmes, including family planning programmes, need to identify and promote those services, providers or products that can help individuals meet their needs. They also need to provide a direct cue to action to stimulate the client and to build self-confidence. In short, health messages need to empower clients to make decisions and adopt behaviours that benefit them individually (self-efficacy) and as a group (collective self-efficacy) (Bandura, 1977).

Entertainment-education focused

The increasing role of mass media in bringing information, entertainment and new agendas to the modern world has helped to revolutionize health communication (IBAR/BBC, 1996). Strategic communication in the mass media uses entertainment to capture audience attention, create role models, show the consequences of behaviour, and provide an

emotional impact that helps clients to understand and remember the message that is given (Coleman and Meyer, 1990; Noelle-Nariman, 1993). Entertainment-education approaches are used today in communication at the grassroots level through street theatre, community drama and the like, but, above all, they are incorporated in many mass media productions, including radio and, to an increasing extent, television (Kaiser Family Foundation, 1996). There is increasing evidence from many projects worldwide that the mass media, especially those using entertainment-education approaches, are cost-effective in reaching people, increasing their knowledge and influencing their behaviour (Singhal and Rogers, 1999).

Figure 1. Developing-World Radio and Television Receivers, 1955-1995



Source: International Broadcasting Audience Research Library/British Broadcasting company, 1996. World Radio and Television Receivers, 1996 (London, IBAR/BBC World Service)

Professionally developed

Strategic communication today uses the skills of communication professionals, including market researchers, advertising agencies, radio and television broadcasters, theatrical producers, theatrical script writers and performers. The quality of strategic communication today needs to be comparable not only to the quality of commercial entertainment and communication, but also comparable, in its fashion, to the professional quality of medical care and health services that are provided.

Programmatically sustainable

The era of one-time or intermittent communication interventions is becoming history. We hear less of the old refrain: "We had a health communication campaign last year; we don't need to do one this year". Lessons from the corporate world, especially from successful consumer-oriented companies, confirm that communication and advertising are an integral part of the overall process and not an outside stimulus needed only to "jump-start" or save a faltering programme. For example, if Coca-Cola were to suspend its communication and advertising for a year or two, it would most certainly lose market share. It would be unthinkable for any health service delivery programme to take the position that, because health services were provided the year before, they therefore need not be provided this year. Yet, this thinking used to predominate in the field of communication. But the situation is changing. Now, more than ever, the need for informed choice, gender sensitivity and attention to client-provider interactions as they relate to quality of care calls for sustained strategic communication interventions, whether these are expressed through increasing involvement and participation of beneficiaries as stakeholders of programmes or through partnerships, leveraging and investment in mass media programmes that sustain themselves over time.

Moreover, it is increasingly recognized that, as communication programmes become programmatically sustainable, they are more likely to influence social norms and social networks. These in turn lead to more individual behaviour change that is itself better sustained, because social conditions and norms are more favourable and supportive. Then, as individuals start publicly advocating the behaviour they have adopted (e.g. contraceptive use, or safe sex practices), they are more likely to continue such behaviour. The open and public nature of such personal advocacy has a cumulative impact on changing community norms and on sustaining those changes over time.

Success stories

These seven components of modern strategic communication are well illustrated in recent Asian family planning

communication programmes which have had a considerable impact in their own countries and which have also served as examples to be copied and adapted in other countries around the world. Some of these outstanding Asian examples of strategic communication are described below.

Indonesia

The Blue Circle campaign in Indonesia illustrates how a promotional campaign strongly linked to services used other elements of a strategic approach to increase the clientele for urban-based private-sector services during the late 1980s (Haryono and others, 1990; Piotrow and others, 1997; Rimon, 1986). Indonesian survey data clearly showed that, unlike any other country in the world, Indonesia experienced higher contraceptive prevalence rates in rural areas, where villages were closely bound communities, than in urban areas, where individuals often did not know where to find family planning facilities. The Blue Circle campaign was designed to increase the use of private-sector facilities and reduce dependence upon the government, which would serve only those clients who were too poor to pay a fee for services. The Blue Circle symbol was selected after extensive audience research because it was an easily identified, protective symbol that doctors, nurses and clients would all accept as a sign of private-sector, good-quality services. Initially, participating doctors and midwives in private practice were trained and given continuing education and materials about family planning. Afterwards they received a Blue Circle sign to display outside their offices and educational material to offer to their clients. A publicity campaign promoted Blue Circle clinics as a way to find convenient, high-quality, private-sector services at an affordable price.

The project started in four cities in the first year and expanded to 300 cities and urban areas by the third year. In 1988, within six months of the programme's launch, 32 per cent of the participating doctors reported an increase in their weekly family planning patient load averaging 28 per cent. Almost 60 per cent of midwives reported increases averaging 36 per cent. By 1994, the proportion of family planning services provided by the private sector had increased from 12 to 28 per cent. The Blue Circle project, by articulating a clear goal of promoting professional providers — the "PRO" approach — and an obvious benefit to urban dwellers who could afford a small service fee, succeeded in creating a whole new market for family planning services in Indonesian cities. Modern advertising and public relations techniques were used, including mass media, radio and television promotion, billboards and a special event in which a helicopter landed in a national sports arena to publicize the Blue Circle. It proved to be such an effective application of strategic communication that the Blue Circle logo was eventually used to designate a whole range of contraceptive products.

Philippines

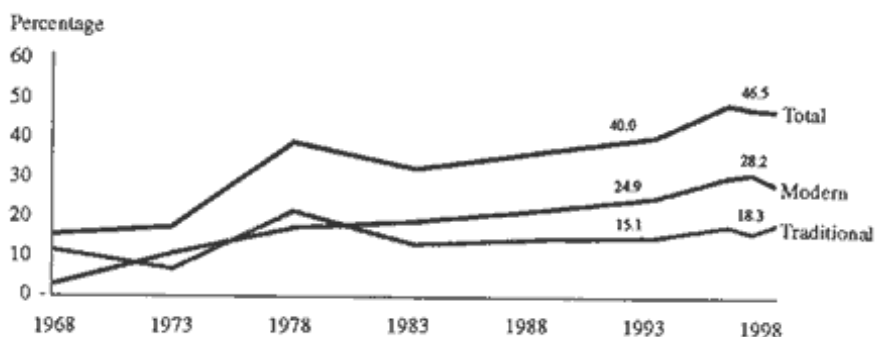
The opposition of the Roman Catholic Church to modern contraceptive methods has posed a constant challenge for family planning promotion in the Philippines. A strategic communication campaign in that country began with extensive audience research. Through focus groups, interviews and surveys, it became clear that Philippine families loved their children and would not embrace family planning if it were seen as anti-baby or anti-child. To meet the concerns of clients and would-be clients and to respond to the love which Philippine families have for their children, the campaign developed a logo of two children skipping along and the slogan: "If you love them, plan for them". This approach honours the Philippine belief in children as central to the family. The aim of family planning therefore could be projected not so much to avoid having children as to provide the opportunity to love each child better by planning for each of them appropriately (Rimon, 1998).

The logo was widely promoted in a range of mass media through radio spots, billboards, print materials and appropriate media news and references. The benefits of family planning for families and children were consistently emphasized. Over a three-year period, these communication programmes helped to increase modern contraceptive use by five percentage points, from 25 to 30 per cent. The approval rating for the logo and the message "If you love them, plan for them" was 99.9 per cent. The Department of Health adopted the logo as the new symbol for the family planning programme. Like many of the most recent campaigns, the Philippine campaign relied heavily on mass media. It used both radio and television extensively during the period 1993-1996, and integrated interpersonal and community events as part of the overall communication strategy. Strategically, the campaign was launched after the logistics system was in place and the health providers had been trained to provide improved services. The campaign was designed in three phases: first, the repositioning of family planning as "love of children"; second, the promotion of health providers as better trained and caring; and third, promotion, through testimonials, of specific contraceptive methods as being safe and effective. Throughout the three-year period, the communication materials were designed, packaged and tested using the entertainment-education approach (Rimon, 1998; Kincaid and others, 1999).

Nepal

In Nepal, the government took a different strategic approach towards communication. Recognizing the difficulty of transport and person-to-person training and communication in the mountainous Nepalese terrain, the Ministry of Health and Radio Nepal worked with Johns Hopkins University Population Communication Services to develop a radio communication project that strategically integrated distance education for service providers with entertainment-education for villagers. The programme was developed on the basis of extensive audience research, which showed that providers in Nepal often did not treat their clients well and clients were not eager to seek out clinic services (Schuler and others, 1985). Therefore, the programme was focused on improving the quality of client-provider communication and on promoting these new attitudes and practices of the providers to potential clients. The benefits to both clients and providers of a participatory and friendly exchange would be shown in increased use of services, longer continuation rates and a higher rate of client satisfaction (Kincaid and others, 1999; Storey, 1998; Storey and others, forthcoming).

Figure 2. Trends in contraceptive prevalence: percentage of currently married women aged 15-49 using modern and traditional contraceptives in the Philippines: 1968-1998



Source: National Statistics Office and Department of Health of the Philippines, and Macro International, Inc., 1999. National Demographic and Health Survey 1998 (Manila, National Statistics Office and Macro International), p. 55.

Thus, the strategic programme was based on two different interventions: first, a radio serial drama entitled "Cut Your Coat According to Your Cloth" told the story of a Nepalese village and was designed to appeal to rural listeners throughout the country. The second programme, entitled "Service Brings Rewards", was created to train providers in counselling their clients in a pleasant, friendly, respectful manner so that clients would accept the services offered, return and bring their friends. The programme developed and promoted a new concept of client-provider communication which emphasized a highly participatory approach on the part of both client and provider to emphasize the needs of the client rather than rote training of providers. The radio communication programme in Nepal has, therefore, been a unique example of a research-based, entertainment-education project directly linked to service providers, yet focusing entirely on the needs of the clients.

What has been the impact of the Nepal programme to date? In clinics in the region where the programmes were initially broadcast, the number of clients more than doubled from about 600 per month to 1,200 or more. Both programmes are now broadcast nationally. The unique combination of entertainment-education for clients and distance education for providers has provided a strategic thrust to health promotion in Nepal, a thrust which is applicable not only to family planning programmes but also to a whole range of maternal and infant health interventions (Storey and others, forthcoming).

India

India has a long history of family planning communication campaigns, often producing mixed results. A strategic campaign that began recently in Uttar Pradesh shows some of the new directions being pursued. With a population of 165 million people, Uttar Pradesh is the largest state in India, equivalent in population size to the fifth largest country in the world. Despite a total fertility rate (TFR) of 5.4 children per woman, modern contraceptive method use reaches only 18.5 per cent. To address the situation, the United States Agency for International Development and the Government of India established the Innovations in Family Planning Services project in 1992. The goal of the project is to reduce TFR to less than 4.0 and increase the modern contraceptive prevalence rate to 35 per cent by 2004.

Formative communication strategy research identified the lack of open discussion about family planning and modern methods as a key inhibitor among all intended audiences. In fact, additional research indicated that only 32 per cent of rural couples ever discussed family planning and 46 per cent of family planning decisions were made by someone other than the wife (Williams and others, 1998).

A professional advertising agency was hired which developed a comprehensive interpersonal and mass media campaign centred around the slogan "Come Let's Talk". This campaign theme is illustrated by the tota and mynah birds, well recognized in India as male and female mythical characters that are known for their talkative nature. Their benefit-focused messages are contained in entertaining poetry, riddles and banter intended to stimulate dialogue between couples, their in-laws, friends and relatives as well as policy makers and service providers — all in a non-threatening, non-controversial but action-oriented way. These mnemonic characters have been featured in a mass media campaign on television and radio, in the press and wall paintings — as well as incorporated into more than 600 entertainment-education performances of folk media, including puppet shows, street theatre, ballad songs and traditional singing groups. The entertainment-education approach was also used to link the campaign to service delivery through a massive counselling training programme which oriented more than 9,000 field staff through health melas (fairs or festivals) and interactive workshops.

This client-centred campaign is helping to reposition family planning in India from a government quota programme to a "people's programme", with strategic communication offering better informed families something positive to talk about.

Bangladesh

A strategic communication campaign is under way in Bangladesh that links public-sector clinics and more than 40 private-sector service providers in offering integrated family planning and reproductive health services. An outstanding example of strategic communication, the Green Umbrella campaign illustrates how an effective visual symbol can powerfully communicate the idea of integrated services and the important concept of preventive services as protection for the whole family (Kincaid, 1999; Whitney and others, 1999).

The Green Umbrella logo, with its slogan "Take Services, Stay Well", was introduced to dramatize the new orientation of the primary health care programmes from a domiciliary, door-to-door delivery system towards a more stationary facility able to provide a range of family planning, reproductive health, and maternal and child health services. Launched with great fanfare and a parade through the streets of Dhaka, the Green Umbrella was quickly recognized as the symbol for integrated care and the identifying logo for private sector and government clinics which could provide a range of services for the family.

The Green Umbrella logo and its message were powerfully reinforced through an entertainment-education television serial. The programme "Shabuj Shathi" featured a charming fieldworker, Bokhul, who travelled with her green umbrella to different villages and different families to provide needed family planning supplies and health advice for mothers with young children. Evaluation of the impact of Shabuj Shathi revealed that approximately 80 per cent of the urban population and 60 per cent of the rural population watched episodes of Shabuj Shathi. It was rated as one of the most popular local drama serials ever seen on Bangladeshi television. A nationally representative cross-sectional survey of 10,500 women showed that married women who watched the television drama were more likely to use a modern contraceptive (52.8 per cent) than those who did not watch it (38.4 per cent).

Moreover, those who watched Shabuj Shathi gained substantial knowledge about HIV/AIDS, childhood diseases and nutrition. Interestingly enough, none of the other available sources of information — watching television, listening to radio, visit by health worker or membership in the Grameen Bank — had a comparable impact on HIV/AIDS knowledge. The television show appeared to have a greater impact than even socio-economic status, education or urban residence in informing a substantial portion of the population about the looming HIV/AIDS threat. Visiting a health planning service facility and using a modern contraceptive were significantly related to recall of the Shabuj Shathi television drama even after controlling for socio-economic characteristics and other influences on behaviour. In other words, the combination of a colourful, popular symbol, promoted through television spots, public appearances and the donation of 80,000 green umbrellas to family planning workers, combined with a very popular nationally distributed television series, constituted a highly strategic communication initiative in Bangladesh that reached a significant portion of the population, including more than a third of those in rural areas, and positively influenced health knowledge and reproductive health behaviour (Kincaid, 1999). Recognizing the popularity of the series, the Lever Brothers company provided funding support, thus making a major contribution to programmatic sustainability.

These examples of strategic communication in five Asian countries with strong voluntary family planning programmes have been publicized around the world and cited as examples for programmes elsewhere. It is indeed true that, through research-based, client-centred, benefit-oriented, service-linked, entertainment-focused, professionally developed and programmatically sustainable strategic campaigns, Asian countries have once again shown their leadership in family planning programme development and specifically in the area of strategic communication. They have shown that strategic communication can be the steering wheel for modern family planning and health promotion programmes.

Future directions

Where will strategic communication programmes in Asia go in the future to address new and emerging health and population issues? In the early part of the new century, there will be more emphasis on the following issues.

Behavioural science research as a basis for programme design

As evidence of the impact of communication on behaviour increases and as more resources are invested in communication, expectations for the role of communication in affecting behaviour will continue to grow. As a result, there will be increasing attention to behavioural science research both at the formative stage in designing programmes and at the evaluation stage in determining programme impact. Sophisticated research techniques will go beyond the usual demographic and socio-economic segmentation of audiences and will include segmentation by values and lifestyles, psychographics, image-mapping, product positioning, readiness according to behaviour change models and advanced evaluation methodologies which can measure intermediate behaviour changes, interaction effects and the relative cost-effectiveness of different measures. All these approaches, which are currently employed by advanced programmes, will be used much more extensively. And undoubtedly new models and analytic techniques will be developed leading perhaps towards an overarching theory of the impact of communication on behaviour change (Piotrow and others, 1997).

Much increased use of entertainment-education through the mass media

The rapid spread of entertainment vehicles, such as television dramas, respects no boundaries (Singhal and Rogers, 1999). In the last few years, for example, the most popular television/radio drama series in Indonesia and the Philippines were Mexican soap operas. Brazilian and Venezuelan programmes have also found their market niche in Asian countries. "Baywatch", an American television production, is considered the most watched television programme in the world, because it is broadcast via satellite and cable networks which cover most of Asia. Indian movies are omnipresent in theatres and

television programming in many other Asian countries. At the same time, the movement for entertainment-education for social change is also spreading, either through direct production of television series such as Shabuj Shathi in Bangladesh (which has also been requested in Japan and Viet Nam) or by collaboration with commercial producers of television programmes and movies worldwide.

The Third Conference of Entertainment-Education for Social Change will be held in the Netherlands in September 2000. It will bring together practitioners, advocates, producers, celebrities, communication specialists, educators and evaluators worldwide. If entertainment vehicles are capable of spreading mores and behaviours which maybe considered harmful in some countries, they can also be used to spread messages and lifestyles which encourage people to choose healthy behaviours. A number of comprehensive evaluations of Asian entertainment-education programmes have documented their impact, from the popular "Aahat" television series in Pakistan on the need for family planning (Lozare and others, 1993) to the "HumLog" soap opera in India on women's roles (Singhal and Rogers, 1999), to the Philippine music campaign on sexual responsibility among young people starring Tony Award winner, Lea Salonga, of "Miss Saigon" fame (Rimon and others, 1994), and, as previously noted, the Bangladeshi Shabuj Shathi television series.

Dialogue rather than monologue

Strategic communication programmes will be designed more and more to stimulate dialogue, discussion and even debate. When issues are brought out into the open, especially when they are discussed in the mass media, they become legitimate for discussion, even if they remain controversial. Once an issue is openly debated, policies and programmes can be developed. This is certainly the experience in Thailand where pioneering and effective communication campaigns have reduced the spread of HIV/AIDS. In the Philippines, between 1993 and 1996 during the incumbency of HE Mr Juan Flavio Velasco as Secretary of Health, family planning became a controversial issue openly attacked by the Catholic Church hierarchy. Yet, during the period of the controversy, which included a three-stage nationally broadcast family planning communication campaign, modern contraceptive prevalence increased almost 70 per cent faster than before or after when the national mass media campaign was discontinued.

Moreover, research findings from India, Nepal, Pakistan and the Philippines show that spousal discussion about family planning can be triggered by exposure to a mass media campaign. This then becomes a strong predictor of family planning practice. The act of dialogue and discussion is in itself a form of behaviour and can be tracked as part of a series of intermediate behaviour changes that lead to actual practice of family planning (Kincaid and others, 1999; Lozare and others, 1993; Singhal and Rogers, 1999).

Communication for service integration

As family planning programmes expand into reproductive health and as health services offered become both more integrated and more decentralized, the need for a strategic approach to communication becomes more pronounced (Rimon, 1999). The challenge is to design communication strategies broad enough to accommodate a range of reproductive health concerns in a given country and yet specific enough to deliver clear and simple messages that will lead to action. More specifically, can communication programmes promote a category of services, such as reproductive health, yet not dilute each individual component, such as family planning, within that category? What kind of "layering" of issues, or strategic phasing of implementation can achieve programmatic goals for the lowest cost? Lessons can be learned from the ongoing experience of the Green Umbrella communication strategy in Bangladesh. In the Philippines, a new social enterprise called "Friendly Care", encouraged and supported by the business sector, is strategically positioning itself as a provider of integrated family health services (family planning, reproductive health, HIV and other sexually transmitted diseases, child survival, child health, maternal health, adolescent health) which are of high quality but affordable, delivered in clean well-lit clinics, staffed with friendly and caring health providers and franchised to qualified private doctors and midwives. Its success will depend in part on a communication strategy which can develop a "brand of service" that is consistent across all its service outlets and thus builds a cadre of loyal clients and customers.

New communication technology

Satellite transmission and computers, the Internet, distance learning, computer-aided simulation and strategic design, and combinations of new and existing technology will change programmes in ways that cannot even be imagined. No field today is changing faster than communication, and Asian countries will almost certainly be among the leaders. To take just one example of how technology can influence strategic communication, consider that computers can be programmed to serve as an interactive tool which combines (a) a step-by-step design process to ensure the most effective outcome possible, (b) rich databases of bibliographic and factual information such as contained in online journals, statistical profiles, focus group reports, survey data, and so forth, (c) all information accessible from within the national programme itself and via Internet connections to the World Wide Web, (d) integrated by means of alternative theories of behaviour change and (e) utilized by means of interactive computer simulations that enable planners to try out alternative strategies and receive feedback immediately about their relative effectiveness. Computer simulations are now used regularly in industry to design such things as electronic components, aerodynamic automobiles and jet airplanes without having to build actual prototypes for trial-and-error testing and development. The same can be done for national communication programmes.

With the high levels of technology available, with skilled populations comfortable in cyberspace, and with the innovative approach to communication that has always marked their programmes, the countries and territories of Asia and the Pacific can

look forward to continue playing a key role as leaders in strategic communication for better reproductive health in the new century.

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