<table>
<thead>
<tr>
<th>Title</th>
<th>Social marketing : family welfare programmes.</th>
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<tbody>
<tr>
<td>Author(s)</td>
<td>Riparip, Jet.</td>
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Social Marketing: Family Welfare Programmes

By

Jet Riparip
BACKGROUND RATIONALE

In 1984, The Philippines National Population Program (NPP) authorities requested the Population Center Foundation (PCF) to conduct an environmental analysis of the population and family planning (FP) situation in the country.

The analysis revealed the following:

1. High awareness and approval of FP but declining Contraceptive Prevalence Rate (CPR)

   In 1980, public awareness of FP stood at 97% and public approval was at a high 96.5%. Equally high approval scores were registered for such FP concepts as Small Family Size (93%), Delayed Marriage (94%), Delayed First Pregnancy (67%) and Birth Spacing (78%).

   And yet, from a high of 37.1% in 1978, CPR among MCRAs went down to 33.4% in 1983. This was the highlight of the 1983 National Demographic Survey (NDS) which is corroborated by the major finding of the 1982 consumer research studies conducted by PCF in the commercial contraceptive market: that 35% of MCRAs in Metro Manila and 24% of MCRAs in Metro Cebu have never tried any FP method.
The downturn in overall CPR levels was due to a significant drop in the CPR of less effective methods (down 8.7% from 24.5% in 1978 to 15.8% in 1983). Although gains were made in the CPR of more effective methods (up by 5.1% from 12.5% in 1978 to 17.6% in 1983), the prevalence of rumors and misconceptions on these methods (e.g., pill vasectomy) continued to have a direct bearing on the high resistance (by merely a third of MCRAs, according to the 1983 NDS) to modern methods; and thus implied some inadequacies in FP/IEC strategy.

2. Lack of unified, coherent communication campaign

One possible root cause for this decline in CPR levels was attributed to the lack of a central communication program and a proliferation of decentralized projects, i.e., a diversity of communication campaigns centering on four key population concepts (small family size, delayed marriages, effective use of methods, and population as it related to development). Although each concept was targeted at different audiences, e.g., married couples of reproductive age (MCRAs), youth, influencers etc., what was lacking was a unified, coherent central theme encompassing all four concepts.

3. Heavy emphasis on interpersonal activities and limited use of Mass Media

Traditional FP/IEC policy and practice have consistently placed heavy emphasis on interpersonal communication (e.g., through outreach workers), and relegated media and other forms of communication to a secondary role. And yet, the 1983 NDS showed that:
a) MCRA awareness of BSPO was disappointingly low. Most MCRA, in fact, said that no FP worker had spoken to them about FP and, of those who were aware of BSPOs, most said that they had not received any contraceptive supply from BSPOs.

b) Medical/paramedical persons were the main sources of information about, and supplies for, the method currently used by 57% of MCRA.

c) Broadcast media and print (e.g., comics and similar materials) scored better than lectures (by outreach workers) as sources of FP information. However, the use of mass media was characterized by:

a. an imbalance in budgets, with more funds allocated for development and production, and less for placement and distribution of materials/messages; and

b. an over-reliance on free space and time (mostly in low-rating placements) resulting in poor reach and frequency levels.

Lack of clear definition of target markets

Past FP/IEC campaigns were addressed mostly only to females. Even the composition of FTOWs and BSPOs was (and possibly still is) heavily biased in favor of females. The neglect in addressing male audiences was thought to have been another contributing factor in the rise in program
dropouts. Because of the general approach to target market
definition, advertising copy/messages were mostly informative/
educational and not motivational.

5. Non-inclusion of private sector services in NPP/IEC program

The over-emphasis on free FP services and products by the
government IEC campaigns has inhibited the participation of the
private sectors. The task of increasing the number of paying
clients has never been addressed by the NPP in the past. Despite
a high level of IEC spending in the past, the IEC materials of
the NPP, coupled with the interpersonal motivational structures
of the Outreach Project (i.e., FTOWs, BSPOs) have remained
oriented as a free program for the poor, and have always empha-
sized/promoted the use of free centers for free FP products and
services. Reliance only on current program outlets such as
government clinics, RHUs, FP centers, etc. for the delivery of
FP products and services was deemed not sufficient to achieve
the NPP high scenario prevalence goals.

In response to the National Population Program's need to conceive of
more effective communication measures to motivate married couples of
reproductive age or MCRAs (and potential MCRAs) to value family planning
as a way of life, and to improve their quality of information about
specific family planning methods, the PCF proposed to the Commission on
Population (POPCOM) the innovative use and application of commercial
marketing techniques and principles to address a social issue such as
population.
The Foundation called the attention of POPCOM management to the merits of using commercial techniques in communicating to vast numbers of the population to create demand for specific family planning options. Such commercial approaches and strategies adapted by the project included: market segmentation, creative strategizing of communication objectives, media analyses and planning in the primetime and high-rating programs.

In 1985, PCF was commissioned to develop and manage the multi-media campaign project entitled the Demand Generation Campaign Project (DGC). The project had for its general objective the improvement of the quality of information/awareness about family planning as integral to family welfare, as well as the correct understanding of FP methods and services.

Specifically, this project had the following objectives:

Information/awareness about FP as integral to family welfare or the Thematic Phase.

1. To convince the target audience that FP is an urgent need and a personal concern in the achievement of family welfare, particularly during these economically difficult times; and

2. To build an image of FP in terms of its benefits to people as individuals, i.e., for maternal and child health, individual fulfillment, etc.

Method-Specific or Tactical Phase.

1. To improve the quality of awareness for specific FP methods primarily among MCRAs (and potential MCRAs).
2. To convince primary target audiences to consult physicians and trained program professionals on the appropriate FP method they should use.

3. To provide correct information on the appropriateness of each method to the needs of couples.

4. To position tactical communication in synergy with the thematic FP campaign.
PLANNING THE CAMPAIGN

A. Selection of Advertising Agency

The designation of an advertising agency was necessitated by the desire to adopt the various techniques and approaches found to be successful in commercial marketing/advertising. It was envisioned that the ad agency would provide the technical expertise in areas such as: market definition/segmentation, copy strategizing, media planning and selection, production and execution of campaign materials. PCF, as project managers, would combine its perception/perspective of the national population program with its knowledge of commercial marketing techniques to be able to develop a truly effective communication strategy.

A total of fourteen (14) advertising agencies were initially considered for this project. After a thorough screening based on a selection criteria set by PCF, the list was narrowed down to seven (7). Of the seven (7) agencies invited to participate in this project, five (5) responded, and meetings and discussions were held with them for a period of two (2) months.

Apart from presenting their credentials, the agencies were also required to translate their thoughts/ideas into communication messages, by way of sample creative executions. It was PCF's intention to judge each agency's creative thinking ability through these presentations. WELL Advertising Agency came out with the best planned and most acceptable communication campaign.
The WELL presentation was anchored on the central theme of planning as captured by the term "RESPONSIBLE PARENTHOOD" which best embodied the FP values/benefits that the NPP wants to impart to its target audiences, i.e., maternal and child health, individual (family) fulfillment. In addition, WELL researched on and took into serious consideration the Catholic Church position re family planning, indicating the agency's concern/appreciation for developing an "effective yet non-provocative campaign".

The agency also presented a logical and reasonable approach to market segmentation, recommending that the campaign concentrates on addressing the target group that can best respond to the theme of planning. Thus, the target markets were identified as:

- young married couples (with 2 children or less)
- newly married couples (still with no children)
- engaged couples and adolescent singles

By indirectly suggesting that RESPONSIBLE PARENTHOOD means planning for two children, it was argued that couples with 3 or more children will react that they are likewise being addressed. This target market would cover the population belonging to the age group of 15 to 29 years, representing 29% of the total population.

A report on the selection procedure undertaken by PCF on the choice of the ad agency as well as a summary evaluation report on the presentations of the 5 agencies is appended as Annex I and I-A.
Definition and Segmentation of the Market

The PCF project management team agreed with the agency to clearly identify the target audiences of the project in order to guide the development of specific communication strategies and messages for each group. Furthermore, this market segmentation exercise was necessary to help the advertising agency in prioritizing media budgeting/programming. It was agreed that the campaign would concentrate on addressing the target groups that can best respond to the theme of planning. Hence, the DGC campaign addressed the following markets:

By Status:
- married couple (without children or with 2 children or less)
- engaged couples
- adolescence who are dating

By Age Bracket:
- 15 to 19 years old who are presumed single and currently dating
- 20 to 29 years old who are presumed engaged or married

By Economic Status and Location:
- Urban Areas - ABC, D and E
- Rural Areas - ABC and D

The exclusion of the "rural E" was based on the fact that this population segment mostly residing in the
outskirts of provincial towns and barrios who, by virtue of their residence location is not covered by and/or exposed to traditional mass media (Radio, TV and print). Thus, "rural E" may be excluded as potential target audience of a media-based communication campaign. (The rationale behind this market segmentation exercise is appended as Annex II).

C. Development of Communication Plans and Guidelines

The communication plans and guidelines of both the thematic and tactical campaigns outlined the specific objectives, communication strategies, as well as copy platform/positioning statements of both campaigns. Copy executions of all materials which were developed by the project followed these approved communication plans. (The approved Communication Plans and Guidelines are appended as Annex III.)

In developing these communication plans, PCF and the advertising agency adopted consultative strategizing by seeking the opinions and inputs of various groups such as FP experts/physicians, pharmaceutical companies, POPCOM regional IEC coordinators and POPCOM Central Office staff. On materials for the method-specific campaign, the following were also consulted:

a) Pill - Dr. Azucena Suplido

b) IUD - Dr. Perla Sanchez, Dr. Rebecca Ramos

c) Tubal Ligation - Dr. Virgilio Oblepias
d) Vasectomy - Dr. Ludovico Manglapuz;  
- Dr. Norberto Jocson  

e) NFP - Ms. Esperanza Dowling

Furthermore, since one of the key objectives of the project was to encourage consultation with doctors/FP clinics for medical advice as to the proper FP methods to use, the sponsorship of the campaign by various medical professional groups was sought to provide more medical credibility to the campaign. It was also felt that stronger support for the population program can be obtained from the medical profession if importance was given to the role they play in the MCRA's ultimate decision to practice FP /adopt an FP method.

Thus, sponsorship of the following institutions were obtained for the following campaigns:

- **Thematic Campaign** - Philippine Obstetrics and Gynecological Society (POGS)
- **Tactical Campaign on:**  
  - **Pill/Injectables** - Family Planning Organization of the Philippines (FPOP)  
  - **IUD** - Institute of Maternal and Child Health (IMCH)  
  - **Vasectomy/Tubal Ligation** - Philippine Association for the Study of Sterilization (PASS)  
  - **Natural FP Methods** - Philippine Federation for Natural Family Planning Inc. (PFNFPi)
Organization of a Review Panel Board

A review panel board was also organized who, together with the designated POPCOM and PCF staffs, reviewed and approved the recommendations and executions of the advertising agency. To obtain a multidisciplinary reaction to the various campaign materials, the review panel board included the following:

a) Atty. Eugenia Jamias
   - the then POPCOM Executive Director

b) Mr. Ephraim Despabiladeras,
   - POPCOM, IEC Population Program Coordinator,
   - to provide perspective of the national population program

c) Dr. Gloria Feliciano, a mass communication expert

d) Dr. Amaryllis Torres, a psychologist and social scientist

e) Dr. Conrado L.I. Lorenzo, Jr. a medical person and one who could provide perspective of the private sector.
E. Designing of Research and Evaluation Studies

The research component of the project was designed to provide the project planners, managers and implementors with information that would serve as basis for the development of campaign materials, the improvement of campaign strategies, and the assessment of the campaign accomplishments.

1. Pre-testing of print, radio and TV copy materials.

2. Pre and post communication campaign tracking studies among target audiences.

3. Post TV campaign study.

F. Budgeting

The project's total cost amount to ₱13,999,600.
IMPLEMENTATION

A. Thematic Campaign

The thematic campaign sought to convince the target audience that family planning is an urgent need and a personal concern in the achievement of family welfare. It also aimed to build an image of FP in terms of its benefits to people as individuals. The campaign was implemented nationwide.

1. Conceptualization of an Overriding Slogan.

The first creative activity undertaken by the project managers was the conceptualization of an overriding slogan which would serve as the signature theme of the campaign and which would serve as the signature theme of the campaign and which was to be integrated/carried in all IEC materials of the NPP. The need for a new slogan was brought about by the disturbing finding that the term "family planning" was considered to be contraceptive oriented. Thus, several slogans and themes were developed and pre-tested for clarity, understandability and acceptability. The slogan that was most preferred because it best captured and incorporated the benefits and values of family planning was:

RESPONSIBLE PARENTHOOD
Magplano ng Pamilya
Sa inyo at ginhawa
Sa anak ang biyaya
## Development of Thematic Materials

The project managers developed and pretested various campaign materials, each with a different theme/message for a specific target market segment. Apart from being visually different, the ad executions were written in either English, Tagalog, or other vernacular text, depending on the target reader, for better understandability. The various materials produced were as follows:

<table>
<thead>
<tr>
<th>TARGET</th>
<th>THEME</th>
<th>MEDIUM</th>
<th>VERSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>Spacing/Health/</td>
<td>Newspapers/</td>
<td>English/</td>
</tr>
<tr>
<td>Class C</td>
<td>Small Family Size</td>
<td>Magazines/</td>
<td>Tagalog</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Radio/TV</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>Spacing/Health/</td>
<td>Magazines/</td>
<td>Tagalog</td>
</tr>
<tr>
<td>Class D-E</td>
<td>Small Family Size</td>
<td>Komiks/Radio</td>
<td>Cebuano</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ilocano</td>
</tr>
<tr>
<td>Engaged</td>
<td>Planning/</td>
<td>Newspapers/</td>
<td>English/</td>
</tr>
<tr>
<td>Class C</td>
<td>Small Family Size</td>
<td>Magazines/</td>
<td>Tagalog</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Radio/TV</td>
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<tr>
<td>Engaged</td>
<td>Planning/</td>
<td>Magazines/</td>
<td>Tagalog</td>
</tr>
<tr>
<td>Class D-E</td>
<td>Small Family Size</td>
<td>Komiks/Radio</td>
<td>Cebuano</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ilocano</td>
</tr>
<tr>
<td>Adolescent</td>
<td>Delayed Marriage</td>
<td>Newspapers/</td>
<td>English/</td>
</tr>
<tr>
<td>Class C</td>
<td></td>
<td>Magazines/</td>
<td>Tagalog</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Radio/TV</td>
<td></td>
</tr>
<tr>
<td>Adolescent</td>
<td>Delayed Marriage</td>
<td>Magazines/</td>
<td>Tagalog</td>
</tr>
<tr>
<td>Class D-E</td>
<td></td>
<td>Komiks/</td>
<td>Cebuano</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Radio</td>
<td>Ilocano</td>
</tr>
</tbody>
</table>

**Intro/Reminder Ads**

In addition, an intro ad was developed, for the purpose of introducing the term RESPONSIBLE PARENTHOOD to explain its meaning within the context of family planning. The placement of these into ads in leading dailies/newspapers preceded the actual start of the media campaign and was intended to make RESPONSIBLE PARENTHOOD a familiar term prior to the start of the multi-media campaign.
Collateral/Launching Materials

The project managers also initiated the development and production of special launching brochures that summarized the thematic approach. These brochures were intended to brief/orient all POPCOM regional officers, IEC coordinators and field workers on the meaning and rationale of the RESPONSIBLE PARENTHOOD campaign.

The project managers also developed, designed and produced suggested collateral materials (STICKER, POSTER, BILLBOARD) to support promotional activities in the field. However, due to the project's limited budget (as most of the funds were allocated to media placements), the project managers committed to produce only prototype quantities of collateral materials for distribution to all regions, with the agreement (between POPCOM and PCF) that the regional offices undertake the task and cost of reproducing more copies, if the need arose. The regional offices were responsible for the execution and distribution of these collateral materials i.e., putting up of billboard, distribution and allocation of materials to all field workers and partner/participating agencies.
B. Tactical Campaign

The tactical phase of the communication campaign sought to improve the quality of information for specific FP methods primarily among MCRAs, by convincing primary target audiences to consult physicians and trained program professionals on the appropriate FP methods they should use. The campaign's strategy was to relate the value/end benefit of each FP method to the specific need to target users. It presented each method on the basis of its uniqueness. The campaign did not promote any specific commercial product names.

The project team decided on the use of sponsoring agencies for each of the six (6) methods promoted, in order to provide medical credibility to the messages being disseminated. The six (6) methods promoted and the corresponding sponsoring agencies were:

- Pill/Injectables - Family Planning Organization of the Philippines (FPOP)
- IUD - Institute of Maternal & Child Health
- Vasectomy/Tubal Ligation - Philippine Association for the Study of Sterilization (PASS)
- Natural Family Planning - Philippine Federation for Natural Family Planning, Inc. (PFNFPI)

The implementation of the tactical (method-specific) campaign was limited to three (3) sites: NCR, Metro Cebu and Bicol (Naga and Legaspi Cities), to test public reaction to a potentially controversial issue of method-specific advertising since the campaign will be utilizing radio and print (komiks/magazines).
Furthermore, since the success of the tactical phase would rely on field interpersonal activities, the plan to limit the campaign to only 3 sites would enable the project team to better monitor the project-related activities of fieldworkers.

1. Development of Tactical Materials

The project team developed various campaign materials, each with a different theme for specific target market, summarized as follows:

<table>
<thead>
<tr>
<th>Method</th>
<th>Theme</th>
<th>Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill</td>
<td>Madaling Inumin Subok na Natin</td>
<td>MCRAs who want to space their children</td>
</tr>
<tr>
<td>IUD</td>
<td>Pangmatagaian Menos Gastos na Paraan</td>
<td>MCRAs who want to space their children</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>Machong-macho Pa Rin</td>
<td>MCRAs who do not want to have any more children</td>
</tr>
<tr>
<td>Tubal Ligation</td>
<td>Mabisang Solusyon</td>
<td>MCRAs who do not want to have any more children</td>
</tr>
<tr>
<td>NFP</td>
<td>Ligtas Na Araw Nalalaman</td>
<td>MCRAs who want to space their children</td>
</tr>
<tr>
<td>Injectables</td>
<td>Matipid, Maginhawang Paraan, Bisa tuma-tagal ng 3 buwan</td>
<td>MCRAs who want to space their children</td>
</tr>
</tbody>
</table>
Collateral Materials

The project managers also initiated the design, development and production of collateral materials for use by field workers during the interpersonal motivation activities. The messages of these materials were synchronized with the copy points and strategies of the radio and print materials. The materials furthermore incorporated a telephone "hotline" through which interested MCRAs may call for free medical advice or information regarding the nearest FP center/clinics.

A complete listing of thematic and tactical campaign materials (including sample executions) is appended as Annex IV. A summary of the findings of the copy pre-testing of the thematic and tactical campaign materials can be found in Annex V.
The development and preparation of a media placement plan for both the thematic and tactical campaigns was based on a media scenario analysis conducted by the agency. This analysis took into consideration: media available in each region/province, listenership/viewership/readership profile, station/program rating, circulation, and distribution figures, media reach/frequency, alternative media available (i.e., cinema, billboards, etc.)

Although the original project proposal presented a tentative media plan and budget, the agency submitted its recommendation based on agreements reached on target markets and creative and media strategy. The revised media plan was premised on the campaign attaining a desired exposure/frequency level to enable the messages to be effectively seen/heard.

The revised media schedule reflected a front-loading of the TV commercials with double spots in some programs. This resulted in increased TV frequency, and better impact, particularly during the introductory months, but, due to this increase of TV weights and the project's limited funds, the TV campaign prematurely ended in April 1986, after only 4 months of implementation.

A few months after, POPCOM released an additional media placement budget of P2.5 M for the thematic campaign. This money was used to buy more TV and provincial radio spots. The actual media placement plans showing original project and POPCOM-infused budgets are appended as Annex VI.
Thematic Media Plan

The thematic media campaign started on September 1986 and ended on August 1986, or a total of twelve (12) months. The media placements plan called for the use of radio as the primary medium supported by print (magazines/comics). Television was used principally in the NCR where TV remains to be the most effective medium (TV viewership in NCR among class I and II households is 92%); furthermore, TV because of its audio-visual faculties normally results in better impact and higher recall.

<table>
<thead>
<tr>
<th>No.</th>
<th>No. of exposures</th>
<th>% of Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>RADIO - Metro Manila</td>
<td>7 Stations</td>
<td>3,768 spots</td>
</tr>
<tr>
<td>Provincial</td>
<td>61 stations</td>
<td>76,640 spots</td>
</tr>
<tr>
<td>TV-NCR only</td>
<td>5 programs</td>
<td>166 spots</td>
</tr>
<tr>
<td>PRINT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Newspapers</td>
<td>8 publications</td>
<td>27 inserts</td>
</tr>
<tr>
<td>- National magazines</td>
<td>5 publications</td>
<td>12 inserts</td>
</tr>
<tr>
<td>- Vernacular magazines</td>
<td>4 publications</td>
<td>21 inserts</td>
</tr>
<tr>
<td>- Komiks</td>
<td>4 publications</td>
<td>67 inserts</td>
</tr>
</tbody>
</table>

Tactical Media Plan

On the other hand, the tactical media campaign started in May 1986 and ended on November 1986, or a total of seven (7) months. The media placement plan called for the use of radio as primary media with komiks as support.

<table>
<thead>
<tr>
<th>No.</th>
<th>No. of exposures</th>
<th>% of Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>RADIO - Metro Manila</td>
<td>3 stations</td>
<td>4,356 spots</td>
</tr>
<tr>
<td>- Metro Cebu</td>
<td>3 stations</td>
<td>3,370 spots</td>
</tr>
<tr>
<td>- Bicol</td>
<td>4 stations</td>
<td>5,720 spots</td>
</tr>
<tr>
<td>PRINT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Komiks</td>
<td>3 publications</td>
<td>53 inserts</td>
</tr>
<tr>
<td>- Magazines</td>
<td>2 publications</td>
<td>10 inserts</td>
</tr>
</tbody>
</table>
D. PRE-TRACKING COMMUNICATION CAMPAIGN STUDY

This study was aimed at providing benchmark data on the perceptions and attitudes towards Responsible Parenthood and FP methods of the campaign's target population. Using a probability sampling scheme, the study entailed the conduct of interviews with 1,600 respondents, 1,200 were married and 20-29 years old and 400 were single and 15-29 years old, all drawn from class D and E households. The study was conducted in July-August 1985.

The results of the study showed that awareness of family planning was high with almost all respondents mentioning familiarity with the term and claiming awareness of at least one (1) FP method. The most frequently mentioned sources of awareness of FP methods were friends, seminars at City Hall, school and parents and relatives. Relative to family planning, awareness of "Responsible Parenthood" was low. Among those claiming awareness, the term was most frequently associated with providing for the basic needs of the children/family. A media profile of the respondents showed that less than half owned a TV set while about three-fourth owned a radio. Peak viewing hours were between 6 to 10 in the evening while peak listening time was between 7 a.m. to 12 noon. About three out of five respondents read newspapers and comics; less than half read magazines.

The study's benchmark data on responsible parenthood and family planning awareness and attitudes which used in the analysis of the Post-Tracking Communication Campaign Study findings
for the assessment of campaign accomplishments. The results of the pre-tracking study considered in the allocation of the media budget and in the choice of media outlets.

E. IN-DEPTH STUDY OF DOCTORS’ ATTITUDES TOWARDS FAMILY PLANNING

This study probed into doctors’ perceptions and attitudes towards family planning and the different contraceptive methods. It also looked into doctors’ FP prescribing behavior. In this regard, sixty (60) doctors were interviewed during August-September 1985: 30 from Bicol and 30 from the Greater Manila Area. As to specialization, there were 15 General practitioners (GPs) and 15 obstetrician/gynecologists (OB-Gynes) chosen for each area.

The results of the in-depth discussions indicated a general trend towards approval of family planning. Economic considerations surfaced as the primary reason for approval. While majority of the doctors approved the use of artificial methods for preventing pregnancy, there were a few who were against their use due to religious convictions or apprehensions about their side effects. All of the respondent doctors had recommended FP to patients but had often deferred to the patients' choice of a method. Pills, tubal ligation and rhythm were the methods more of the urban doctors wished to promote; while most rural doctors wanted the following methods promoted: ligation, pills, IUD and vasectomy.

The results of this study gave project management greater confidence that clients encouraged by the campaign to consult a doctor regarding FP would more likely be prescribed a method.
F. POST-TRACKING COMMUNICATION CAMPAIGN STUDY

This study was conducted in November-December 1986, 13 months after the thematic campaign was launched and 7 months after the introduction of the tactical campaign. It aimed primarily to measure the effects of the multi-media communication campaign on the level of awareness of and attitudes towards Responsible Parenthood and FP methods. While a short-term communication campaign cannot be expected, in large measure, to bring about behavioral changes amongst its target population, the study nevertheless also attempted to measure possible effects which the campaign may have had on family planning practice. For purposes of comparability the same sampling and data collection schemes used during the baseline study was adopted for the post campaign study.
G. OTHER MARKETING-RELATED ACTIVITIES

While the Demand Generation Campaign was primarily media-based, it was acknowledged by the project management team that the success of the campaign to help motivate its target audiences to adopt/practice FP method or service would depend on the interpersonal activities of the government and private sector service providers. Thus, PCF conceived of supplementary marketing strategies to improve the project's effectiveness.

1. Solicitation of the Active Participation of Commercial Companies

As part of the effort to solicit the private sector's support and active participation in the Demand Generation Campaign Project, PCF organized a meeting with ten (10) pharmaceutical companies that were engaged in the importation, manufacture and distribution of various contraceptive products. The 10 companies who attended the July 19, 1985 meeting were:

<table>
<thead>
<tr>
<th>Products Promoted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Berlimed Philippines Corp.</td>
</tr>
<tr>
<td>2. G.D. Searle</td>
</tr>
<tr>
<td>3. Hi-Eisai Pharmaceutical, Inc.</td>
</tr>
<tr>
<td>4. Johnson and Johnson</td>
</tr>
<tr>
<td>5. Norwich-Eaton, Inc.</td>
</tr>
<tr>
<td>6. Organon-Zuellig Pharma</td>
</tr>
<tr>
<td>7. Pascual Laboratories, Inc.</td>
</tr>
<tr>
<td>8. Philusa Drug Distributors, Inc.</td>
</tr>
</tbody>
</table>
9. Upjohn, Incorporated - injectable
10. Wyeth-Suaco Laboratories, Inc. - pill

These participant companies came up with the following action plan as their contributions to the project:

- intensification of the promotional activities of their respective contraceptive products/brands among doctors;

- assurance of continuous/adequate supply of contraceptive products/brands at the commercial trade outlets;

- Wyeth-Suaco, particularly, to assist in the distribution of a personalized letter among doctors being covered by their medical representatives soliciting the latter's support to the project (a total of 1,000 letters were distributed by Wyeth-Suaco, sample of which is appended as Annex VII.)

2. Use of Telephone "Hotline" in 3 Regions

Discussions during the development of the tactical materials showed that only facts about the methods could be presented in these materials and due to limited time and space. Information on the clinic outlets where the clients could avail of the FP methods or services could not be accommodated anymore.

Convinced of the importance of linking the clients to the clinic outlets, the PCF project team decided to feature a telephone "hotline" in all tactical print and radio which would lead the information seeker to alternative options on where to go for specific methods and services.
The telephone numbers used in the ads actually belong to the Instant Sagot Project of MDOI. Thus, the Instant Sagot Project telephone counsellors were trained to refer any interested caller to the nearest FP clinic/center for consultation. To further and better guide the telephone counselors, PCF initiated the development and production of a complete directory listing of the location of each FP clinic/center in the 3 pilot areas, showing contact persons and services offered.

3. Conduct of Launching Conferences in 3 Regions

To better organize the field workers for the implementation of the DGC, particularly during the tactical phase, PCF in coordination with the Regional Population Offices (RPO) in NCR, Cebu and Bicol conducted launching conferences in the 3 pilot regions on the following dates:

- April 28 and 29, 1986 - National Capital Region
- May 7, 1986 - Metro Cebu
- May 12, 1986 - Legaspi City

The activity was conducted to ensure that all personnel of FP agencies, clinics, and FTOWs were aware of the objectives and plans of the method-specific campaign. Direct marketing and merchandising activities were also discussed. These were putting up of posters and dispensers containing various FP leaflets at strategic places such as busy drugstores, public places, clinics; use of tactical campaign materials; role of Instant Sagot Counsellors; use of PCF directory of clinics and services.
As an explanatory note, the implementation of the thematic and tactical campaigns at the regional levels was the responsibility of the different Regional POPCOM Offices in the field.

For the thematic campaign, the RPOs' involvement were primarily to see to the proper distribution and use of the project-produced collateral materials (poster, sticker, brochure) in their respective areas. In addition, they were to arrange for the reproduction of additional collateral materials and the installation of the RP billboards (designs of which were provided by the project managers.)

For the tactical campaign, the RPOs of the three pilot areas were to mobilize the different government and non-government FP service networks to participate in the campaign. They were also responsible for the distribution and placement of the different tactical materials (poster, leaflet/leaflet dispensers) in their areas; distribution and retrieval of monitoring forms in their various FP clinics; monitoring of the airing of DGC placements in their respective sites as well as collecting of IMCH Instant Sagot reports and transmitting same to PCF.
H. MONITORING

PCF created a field inspection team composed of 1 PCF staff, 1 POPCOM Central Office IEC staff, and 1 RPO IEC staff to monitor the following:

1. actual media placements
2. regional distribution and placement of various collateral materials

The team conducted regular visits to radio/TV stations and campaign sites. It also reviewed print media placements and agency radio-TV placement reports. PCF also made available its staff to monitor actual radio spots.

Before leaving the implementation phase, let me elaborate further on the role of PCF as Project Manager.
As Project Manager, PCF was responsible for overall supervision direction and control of all activities and aspects of the project. The role and major contributions of PCF to the Demand Generation Campaign Project are detailed below:

A. Screening/Selecting the Ad Agency

1. PCF drew up a set of criteria for the selection of agencies who were to be invited to bid for the project. These were:

a. The agency's business is stable and its standing reputation in the industry is good. Its staff can provide the project with full services for all aspects of the communication campaign:
   - creative services (copy, art)
   - production
   - media planning/selection

b. Agency has proven it can develop/manager a strong communication campaign addressed to different audiences such as trade (commercial companies), medical profession, community government.

c. Preferably, the agency (or its key personnel) has been involved in similar developmental communication projects in the past.

d. The project will be a major concern of the agency to enable the project to draw maximum efforts from the agency. Thus, a medium size agency was decided to be most suitable to work with.
2. Sent out invitations to seven qualified ad agencies. Of these seven agencies, only five responded to the invitation. These five ad agencies are: Hemisphere-Leo Burnett; Asia West Marketing Communications; Avellana and Associates; Well Advertising; and Advertising and Marketing Associates.

3. Oriented the invited agencies on the background of the project, rationale and objectives of the campaign and the past experience of the "Condom Controversy." At this point, PCF provided an important guideline that controversy must be avoided.

4. Reviewed the presentation of each agency's approach to the campaign, judging its ability to understand the targeted market behavior and most especially, its sensitivity to controversy.

5. Finally, the selection of the agency as an independent decision and responsibility of PCF. (This stage took two months)

Provided Research Data Inputs for the Development of Specific Objectives as well as Guidelines in "Copy Development"

1. Provided agency with an inventory of recent IEC materials developed and produced for the population program.

2. Conducted interviews with current, past, and non-FP acceptors for their views and misconceptions on FP and FP methods.

3. Advised agency to conduct interviews with people from different sectors for their own understanding of FP.

4. Retrieved and selected recent research findings that provide insights in contracepting behavior and perceptions about FP and provided these to Agency.
2. Solicited their support in increasing their marketing efforts as well as ensuring adequate supply of their contraceptive products in the field.

3. Succeeded to persuade Wyeth-Suaco to assist the project by distributing personalized letter to doctors soliciting their support to the campaign. They did this by requiring all their medical representatives to distribute the letter to the various doctors they covered. PCF formulated and reproduced the letter while they distributed them.

Assisted in the Analysis of Media Placement Plans

1. Reviewed/evaluated the proposed media placement plans based on the geographic reach of TV, radio and print in each region.

2. Requested Agency to develop an ideal media plan. PCF presented this ideal plan to IXJPCGM to convince them throw in more funds for supplementary media placements to fill in the gap.

3. PCF asked for changes when needed e.g. choice in the stations, programs, additional placements in specials, increase in frequency of exposure

Reviewed all Copy Executions

1. Reviewed copy execution as well as type of dialect to be used in the campaign for TV, radio, print.

2. Had several sessions on ways of improving copy executions (i.e. the print ads were not to be controversial; the radio and TV scripts were to be appealing and clear in conveying the messages)
3. Advised Agency that the second version of the method specific radio plugs must address the common misconceptions of the methods promoted. Thus, instead of the usual drama type used in the first version, the second version followed a question-answer format with an authority figure.

Screened/Approved Talents

1. PCF viewed and approved all screen test shots of TV talents; reviewed photographs of print talents; and listened to voice samples of the radio talents.

2. Provided the minimum requirements in choosing the talents. These minimum requirements are:
   a. age group of kids should be distinct to show a three year gap
   b. always consider that couples marry when they've reached the ideal age 25 years old for the female and 27 years old for the males
   c. number of children should be only two or three
   d. physical appearance of the talents is very important because with FP they should not look haggard, mal-nourished or depressed.

Approved the Thematic Radio Jingle

1. First, PCF approved the lyrics of the jingle. This took some time since the lyrics had to be revised several times because the previous versions were promising too many benefits which could be questioned.
2. PCF then reviewed and approved the musical score.

3. PCF was actually present in the production of the jingle in the recording studio to react to performance of the talents and overall production.

Monitored the Production of the Radio and TV Spots

1. Sat down in pre-production meetings to agree on final production details (choice of talents, announcer, costume and set design for TV, etc.)

2. Monitored all actual production work done by joining the field TV showtime and attending recording sessions.

Conceived Other Marketing/Interviewing Activities

1. Suggested the use and obtained the agreement of various medical professional groups to sponsor the different Responsible Parenthood and Tactical campaigns for more medical credibility.

2. Suggested the inclusion/use of telephone hotline in method-specific materials to link potential acceptors to service delivery outlets.

3. Developed and produced directory of FP clinics/centers for use by Telephone Counselors in tactical pilot sites.

4. Proposed to Agency the airing of "back-to-back" thematic and tactical plugs in radio programs for greater recall of messages.

Organized and Conducted Campaign Launch Conferences in 3 Sites

1. Organized working papers and materials needed on Conference.

2. Made arrangements for the venue and food directly with the hotel.
3. Briefed the RPOs concerned on the flow of the conference session and provided them with outline of issues/topics they handled during the conference.

Oversaw the Project's Financial Management

1. Reviewed all expenditures to ensure these are within approved budget levels.

2. Programmed all project commitments so that these are in step with release of funds for POPCOM.

3. In several instances, however, PCF had to advance funds to Agency pending release of funds from POPCOM in order not to disrupt project schedule. PCF advanced as much as P3.2 million and as low as P1.1 million to the DGC project.

Closely Monitored Developments in Media Industry to Enable the Project to Adjust its Plans Accordingly

1. When we heard that the rates of the media placements would go up, we reserved as many media spots as we could so as to avail of the old media rates.

2. Recommended change in stations of programs, based on feedback/reports from field personnel regarding effectiveness and reach of original selections.

Conducted Periodic Visits to Project Sites

1. Conducted field checks to monitor: distribution/placement of IEC materials, actual media placements, progress of RPOs in the implementation of their own direct marketing activities.
Designed and Supervised the Research Studies

(Copy Pre-test, Pre-and-Post Study and Doctor's Study)

1. PCF decided on what research studies the project had to implement.
2. Selected research agency to handle research work.
3. Reviewed and approved the recommended research design/methodology.
4. Supervised the implementation of the research studies.
5. Evaluated/analyzed research findings with respect to project objectives.
ANALYSIS

1. The year-long trimedia campaign succeeded in achieving its communication objectives. Overall awareness of the RESPONSIBLE PARENTHOOD campaign term was significantly higher during the post study period (increased by more than double from 23% pre to 53% post) in all project research sites. Total awareness of the FP methods (tactical) campaign, despite a short 7-month campaign period, was also high at 64%. Of the six (6) methods featured in the FPM campaign, increases in the level of awareness of four (4) methods were noted, namely: ligation (+3%), vasectomy (+3%), injectables (+48%) and NFP methods (+26%). It must be mentioned that the significant gains registered for injectables and NFP can be clearly attributed to the effectiveness and success of the method-specific (tactical) campaign since these are two most recent program methods not previously, nor prominently featured in past IEC campaigns.

A more in-depth discussion of the post-tracking study is Appended as Annex VIII.

2. Likewise, the project's success was in its ability to develop a communication strategy that was universally acceptable, credible and non-controversial. The project succeeded in conveying/presenting values of family planning through its campaign term "RESPONSIBLE PARENTHOOD", as shown by the positive shift in attitudes towards RP concepts after exposure to the RP/FPM campaigns. In addition, the project was able to implement a media campaign on FP methods (tactical) without attracting controversy/adverse reactions to the campaign since it was closely linked/associated with the highly acceptable RP campaign. Another key strategy, of course, was the use of various medical professional groups to sponsor the different tactical campaigns, in order to provide more medical credibility.
3. Contrary to earlier doubts regarding the soundness and reasonableness of allocating a huge portion of the project funds for high-value media expenses, the project managers were correct in their strategy of adopting/using primetime and high-rating programs as vehicles for the dissemination of RP/FPM messages. A significantly greater proportion of respondents who claimed to have seen/heard the RP campaign cited radio (75%) and TV (71%) as the main sources of awareness. Likewise, the major source of awareness of the FPM campaign was the radio (39%). On the other hand, print (comics, magazines and newspapers) which has been utilized heavily in previous IEC campaigns, registered low scores (6 to 7% only). These findings support the claim that mass media (radio, television), although seemingly expensive, are effective vehicles for reaching target audiences.

4. As expected from a short-term communication campaign that has no built-in or synchronized field interpersonal component, the campaign did not have any impact on FP behavior. Despite telephone attempts to link media information to service outlets, current usage levels remained unaffected. This indicates that for a demand generation campaign to succeed in increasing FP usage, there must be closer coordination among all the entities involved in the information/product/service delivery system. It is suggested that the RPOs take a more responsive and active role in coordinating and monitoring field activities, product and service delivery outlets, "Instant Sagot" telephone counsellors and field workers to ensure that their activities are in line with the media campaign.
The Project Manager, Population Center Foundation (PCF), has succeeded in demonstrating the use and application of commercial marketing techniques and principles to a social development concept. While PCF sought the services of an advertising agency in copy development, media planning and selection, and materials production, PCF provided the overall supervision, guidance and direction to the project. In addition, PCF developed and conceived supplementary marketing activities (see Section V), to improve the project's ability to effectively meet its objectives. The major consideration for PCF's success in managing this project is its sensitivity and ability to combine the orientation of the national population program with advertising technology, principles and strategies. This enabled the project to develop a multimedia campaign which was nationally acceptable, credible and non-controversial.

In conclusion, this multi-media communication campaign has made a notable impact among its target audience, as borne out by results and findings of the various post-campaign evaluation studies. However, while the task of reaching the target audience has been successfully started, we would lose the opportunity to build on an initial momentum and sustain the psychological awareness of "planning", unless the campaign is continued. Thus, it is strongly recommended that this multi-media communication campaign be extended, in order to improve on whatever gains/changes have already been obtained during this recently-concluded communication project.
REPORT ON THE SELECTION OF THE ADVERTISING AGENCY FOR THE DEMAND GENERATION (THEMATIC/TACTICAL) PROJECT

This section reports on the steps, activities and procedure undertaken by the PCF Programs Division Staff in arriving at the final selection of the advertising/communication agency that will assist in the implementation of the POPCOM-sponsored Demand Generation project.

1. Based on the listing of accredited advertising agencies (i.e., by its own industry association), the PCF Programs Staff (Aida Sayson, Nini Gamboa and Willie Tirona) prepared a list of fourteen (14) candidate agencies that could be considered for this project. This list was subsequently narrowed down to seven (7) agencies based on the following criteria:

   a. The agency's business is stable and its standing/reputation in the industry is good. Its staff can provide the project with full services for all aspects of the communication campaign:
      - creative services (copy, art)
      - production
      - media planning/selection

   b. Agency has proven it can develop/manage a strong communication campaign addressed to different audiences such as trade (commercial companies), medical profession, community, government.
c. Preferably, the agency (or its key personnel) has been involved in similar developmental communication projects in the past.

d. The project will be a major concern of the agency, thus enabling the project to draw maximum efforts from the agency.

2. Formal letters of invitation were sent on February 15, 1985 to these seven (7) advertising agencies, inviting their interest/participation in bidding for the project:

   a) Advertising and Marketing Associates, Inc. (AMA)
   b) Asia-West Marketing Communications, Inc.
   c) Avellana and Associates, Inc.
   d) Basic Advertising, Inc.
   e) Hemisphere - Leo Burnett, Inc.
   f) J. Walter Thompson Co. (Phils.)
   g) WELL Advertising and Marketing Agency, Inc.

3. Of the seven (7) agencies invited, only five (5) responded and meetings were held with the PCF programs staff on the following dates:

   Hemisphere - February 25
   March 28
   March 28

   Asia West - February 27
   March 15

   Avellana - February 28
   March 21

   WELL - March 4
   March 20
   March 28
During these sessions, the agencies presented their credentials, i.e., agency profile, key personnel, services rendered, including a review of the various creative campaigns they have developed in the past. Initial discussions were also conducted regarding the status of IEC activities of the National Population Program as well as the general thrust/objectives of the demand generation project.

4. To get a better appreciation of how the agencies planned to translate their thoughts/ideas into communication messages, the agencies were subsequently asked to develop preliminary presentations of sample creative executions. While acknowledging that these recommendations would still be refined and subjected to further testing and validation, it was PCF's intention to judge each agency's creative thinking ability through these presentations.

5. The PCF staff rated the agencies on the basis of four (4) general criteria:

a) agency's understanding of the problems besetting the state of the art of the NPP's IEC campaign;

b) agency's adherence to the general thrust/objectives of the demand generation (both thematic and tactical) project;
c) agency's awareness of and sensitivity to possible reactions of Catholic hierarchy and other influential groups to a massive FP campaign;

d) agency's creativity in copy strategy/ executions.

6. After consultation with the PCF Programs Division Staff, the PCF Programs Division Director (Mrs. Aurora Silayan-Go) made the final decision to award the project to WELL Advertising and Marketing Agency, Inc.-- on the basis that it had the best planned and most acceptable campaign. (See attached evaluation/summary sheet of agency presentations).

7. The WELL presentation was anchored on the central theme of PLANNING as captured by the term "Responsible Parenthood", and best embodied the values/benefits the NPP wants to impart to the target audiences, i.e., maternal and child health, individual (family) fulfillment.

   In addition, WELL's presentation took into serious consideration the Catholic Church position re: family planning, indicating the agency's concern/appreciation for developing and "effective yet non-provocative campaign". WELL's recommendation incorporated the results of initial discussions/explorations done with leading church authorities (like Monsignor Pagulayan and Fr. Ameye of the CIOM Order, both of whom are advisers of Cardinal Sin).
The agency also presented a logical and reasonable approach to market segmentation, recommending that the campaign concentrates on addressing the target group that can best respond to the theme of planning. These were identified as:

- young married couples (with 2 children or less)
- newly married couples (still with no children)
- engaged couples and adolescent singles

By indirectly suggesting that responsible parenthood means planning for two children, it was argued that couples with 3 or more children will react that they are likewise being addressed. This target market would cover population belonging to the age group of 15 to 29 years representing 29% of total population.
<table>
<thead>
<tr>
<th>AGENCY</th>
<th>Background/Experience of Key Agency Personnel</th>
<th>Highlights of Campaign Presentation</th>
<th>Comments on Adherence to Campaign Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Asia-West</td>
<td>- mostly former J. Walter Thompson people</td>
<td>- Central theme is &quot;Responsible Parenthood&quot;</td>
<td>- Agency showed no effort to incorporate possible church reaction into creative executions.</td>
</tr>
</tbody>
</table>
|             | - one key agency personnel formerly with KABALIKAT-PIACT | - Segments target market into:  
  a. Those who wish to delay first pregnancy  
  b. Those who wish to space next pregnancy  
  c. Those who wish to limit number of children | |
<p>|             | | - Suggested that all IEC materials be under the signature of &quot;Movement for Responsible Parenthood&quot; | |
|             | | - Question/Answer format for method-specific campaign, using doctor as authority figure. | |</p>
<table>
<thead>
<tr>
<th>AGENCY</th>
<th>Background/Experience of Key Agency Personnel</th>
<th>Highlights of Campaign Presentation</th>
<th>Comments on Adherence to Campaign Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Avellana</td>
<td>- currently Ad/PR agency for Central Bank and Federation of Exporters &lt;br&gt; - previously engaged by PCF for condom marketing project in 1976.</td>
<td>- &quot;Stop at Two&quot; theme &lt;br&gt; - Heavily anchored on detailed economic difficulties of raising a bigger family &lt;br&gt; - Recommended to confine launch of method-specific campaign in a few insularized market areas to best control communication activities and to test for possible backlash</td>
<td>- PCF expressed some concern/hesitation to imposing a number (i.e., 2 children) in a highly visible campaign due to Catholic Church orientation. &lt;br&gt; - Staff attitude toward church issue was insensitive.</td>
</tr>
<tr>
<td>3. Hemisphere</td>
<td>- Agency presently being used by PCF for IEC materials for NFP Centers and Legarda Youth Centers projects.</td>
<td>- &quot;APAT DAPAT&quot; theme attempted to illustrate ideal family size (includes father and mother) &lt;br&gt; - Used children as presenters of problems of non-practice of FP &lt;br&gt; - Integrated promotional activities into media campaign in order to solicit response/reaction from target audience, e.g., slogan/essay writing contests, spelling bee, etc.</td>
<td>- Agency did not feel rumors/misconceptions about FP methods a major issue for method-specific campaign. &lt;br&gt; - &quot;APAT DAPAT&quot; confusing: leads one to think that 4 children is being promoted &lt;br&gt; - Sensitivity to church issue not evident in discussions</td>
</tr>
<tr>
<td>AGENCY</td>
<td>Background/Experience of Key Agency Personnel</td>
<td>Highlights of Campaign Presentation</td>
<td>Comments on Adherence to Campaign Objectives</td>
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<td>---------</td>
<td>-----------------------------------------------</td>
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<td>---------------------------------------------</td>
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</tbody>
</table>
| 4. WELL | Key agency personnel formerly with J. Walter Thompson | Central theme is "Responsible Parenthood"  
Approach to market segmentation is to address target group that can best respond to the theme of FP:  
- newly married couples (with 2 children or less)  
- engaged couples  
Integrated church orientation/position toward FP into presentation  
Recommended cautious use of mass media for method-specific campaign (mostly radio, print) | Agency on its own initiative conducted some research to probe into Catholic Church position toward FP and incorporated this in its presentation.  
Concept of market segmentation given importance more than other agencies  
Sample executions showed creative ability to blend program concepts of size, welfare, crisis and even methods, with the Catholic orientation toward planning as a desirable value. |
<table>
<thead>
<tr>
<th>AGENCY</th>
<th>Background/Experience of Key Agency Personnel</th>
<th>Highlights of Campaign Presentation</th>
<th>Comments on Adherence to Campaign Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. A.M.A.</td>
<td>previously engaged by PCF for condom marketing project in 1976</td>
<td>create strong, response-oriented selling statement, thus suggested use of telephone and mailing</td>
<td>Agency did not feel need to promote FP in terms of one specific, unifying generic theme, thus, did not develop a slogan.</td>
</tr>
<tr>
<td></td>
<td>one key agency personnel involved with other population agency (FPOP) as consultant</td>
<td>stressed efforts with direct selling activities (i.e. interpersonal motivation approaches); suggested the need for organizing new networks.</td>
<td>Strongly disagreed with the use of broadcast media for method-specific campaign.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sample executions directly addressed need for FP methods, without mentioning specific methods.</td>
<td></td>
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</table>
The purpose of this market segmentation exercise is to identify quantitatively, the relative importance of each of the various market groups that the media campaign will be addressed to. Media budgeting/programming may thus be accordingly prioritized.

This market segmentation exercise starts from the following basic statistical, demographic information:

- Project 1985 Population: 54,800,000
- Urban Population: 33% (18,084,000)
- Rural Population: 67% (36,716,000)

From the foregoing, we now establish that:

- Of the Urban population, we will address the ABC, D and E socio-economic groups: while
- Of the Rural population, we will address the ABC and D socio-economic groups.

Rationale for exclusion of the Rural "E"

The rural "E" are the population segment that belong to the lowest income group, mostly residing in the outskirts of provincial towns, and in the barrios who, by virtue of their residence location, are not covered by and/or exposed to traditional mass media. It is therefore more prudent for us not to include this group as part of our planning discipline because inclusion will unreasonably tilt the numerical scale toward the rural E, considering their number (57% of rural population).
Thus, a profile of target market can be presented as follows:

Chart A

**Quantification (Numerical Figures in 000's)**

<table>
<thead>
<tr>
<th></th>
<th>URBAN</th>
<th>RURAL</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Pop’n:</td>
<td>33%</td>
<td>67%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>18084</td>
<td>36716</td>
<td>54800</td>
</tr>
<tr>
<td>ABC</td>
<td>22%</td>
<td>1%</td>
<td>4345 (12.8%)</td>
</tr>
<tr>
<td>000</td>
<td>3978</td>
<td>367</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>49%</td>
<td>42%</td>
<td>24282 (71.6%)</td>
</tr>
<tr>
<td>000</td>
<td>8861</td>
<td>15421</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>29%</td>
<td>------</td>
<td>5245 (15.6%)</td>
</tr>
<tr>
<td>000</td>
<td>5245</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>100%</td>
<td>43%</td>
<td>33872 (100%)</td>
</tr>
<tr>
<td></td>
<td>18084</td>
<td>15788</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>53.4</td>
<td>46.6</td>
<td>100%</td>
</tr>
</tbody>
</table>

From the above initial segmentation, we now quantify our target publics comprising of:

- Newly-married couples (no children yet)
- Young parents (with 2 children or less)
- Engaged couples, and/or adolescence who practice dating with their sweethearts

These people mostly belong to the age group of 15 to 29 years and based on available demographic data, they represent 29 percent of the population.
15 to 29 years old: 11%
20 to 24 years old: 10%
25 to 29 years old: 8%

Statistics reveal that 39% of all live births reported in 1977 occurred to women of ages 15 to 24 years. This strongly indicates that the youth, from 15 to 19, form a critical mass which a "delayed marriage" campaign could be addressed to, as part of the overall umbrella of Responsible Parenthood. (Subsequently, the agency developed materials for an adolescent campaign).

Thus, from Chart A, we further narrow down our target market as follows:

Chart B

Quantification of Target Market

(Base: 29% of total population as reflected in Chart A)

<table>
<thead>
<tr>
<th></th>
<th>URBAN</th>
<th>RURAL</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base:</td>
<td>000</td>
<td>5244</td>
<td>9822</td>
</tr>
<tr>
<td>000</td>
<td>18084</td>
<td>15788</td>
<td>33872</td>
</tr>
<tr>
<td>x 29%</td>
<td>5244</td>
<td>4578</td>
<td>9822</td>
</tr>
<tr>
<td></td>
<td>1153</td>
<td>106</td>
<td>1259</td>
</tr>
<tr>
<td>ABC</td>
<td>11.7</td>
<td>1.1</td>
<td>12.8</td>
</tr>
<tr>
<td></td>
<td>2570</td>
<td>4472</td>
<td>7042</td>
</tr>
<tr>
<td>D</td>
<td>26.2</td>
<td>45.5</td>
<td>71.7</td>
</tr>
<tr>
<td></td>
<td>1521</td>
<td>------</td>
<td>1521</td>
</tr>
<tr>
<td>E</td>
<td>15.5</td>
<td>------</td>
<td>15.5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>5244</td>
<td>4578</td>
<td>9822</td>
</tr>
<tr>
<td>%</td>
<td>53.4%</td>
<td>46.6%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
In summary, therefore, we present the relative importance of each consumer segments, for purposes of media selection, as follows:

1. Rural "D" 45.5%
2. Urban "D" 26.2
3. Urban "E" 15.5
4. Urban "ABC" 11.3
5. Rural "ABC" 1.1
I. General Objectives (of Population Commission)

To help bring down present rate of population growth from 2.4% (1982) to 2.0% in 1987 and to 1.7% in 1997 or an average of 2 children per family by the year 2000.

II. Specific Objectives

1. Primary
   A. To convince/persuade target audience to make "Responsible Parenthood" a way of life.
   B. To convince/persuade target audience to plan their married/family life.
   C. To convince/persuade 15-19 age groups to delay marriage and consider R.P. when proper time comes.

2. Secondary
   A. To increase awareness among target audiences of the need for specific methods to space children/offspring.
   B. To create favorable attitudes among doctors towards R.P. that they may be pre-disposed to recommend specific methods to patients.

III. Communication Strategies

A. Highlight/underscore the benefits of "Responsible Parenthood" as they meaningfully relate to the urgent/Immediate needs of the couple and their children.

Although the message will be addressed to the couples in the case of engaged and married couples, more attention will be given to men or husbands since they are the dominant figures in the family.

B. Highlight/underscore the urgent need for planning one's married/family life in critical as well as normal times.

C. Strongly suggest the need to consult a doctor soon before unplanned and unwanted consequences occur.
D. To address target audiences in a manner that will:

1. Not provoke controversy, especially with the Catholic Church.

2. Respect the rights of target audiences to plan their family according to their own conscience/needs.

3. Touch a "human nerve" in them so as to elicit favorable response.

E. To enlist coop/endorsement of civic, medical and other kinds of community group in order to project multi-sectoral support for the program/campaign.

F. To conduct this Thematic Campaign in synergy with the Tactical Campaign.

V. Communication Rationale

A. Responsible Parenthood, instead of Family Planning, will be projected because:

1. It is used and accepted both by the Catholic Church and non-religious sectors as a desirable term to refer to a proper and sensible raising of a family.

2. It bears no negative association/connotation - unlike "Family Planning" which has acquired notoriety and negative implications.

B. A sense of urgency must be injected in the campaign to bring about immediate targetted results.

C. Enjoining couples to consult a doctor aims at:

1. Having the couple get proper medical advice about spacing children and specific methods.

2. Getting couples acquainted with specific methods and getting them to use the proper method at this early part of the campaign before the Tactical Campaign proper begins.

3. Providing the couple a concrete stop for them to act immediately.

D. A controversy with the Catholic Church will derail the campaign. If there is a way - indeed there is - to get the Church's silent acceptance/approval of the Thematic Campaign, it should be used.
The target audiences should not feel like they are being taught on how to live their married life. The effort should not interfere, but should suggest, remind and persuade to act. The decision to plan and space children is the sole right and responsibility of the couple.

E. Greater success can result from increased cooperative effort of respected community groups or organizations.

V. Target Audience

A. Area - Nationwide

B. Profile of Principal Targets

1. Status
   - married couples (without children or with 2 children or less)
   - engaged couples
   - adolescents who practice dating

2. Age Bracket
   15-19 yrs. old who are presumed single and currently dating
   20-29 yrs. old who are presumed engaged or married

3. Economic Status and General Location
   Urban Areas - ABC, D & E
   Rural Areas - ABC & D

4. Total Numbers
   15-19 yrs. old (w/o Rural E)
   Rural - 724,000
   Urban - 356,000
   Total - 1,080,000

   20-29 yrs. old (w/o Rural E)
   Rural - 5,857,000
   Urban - 2,885,000
   Total - 8,742,000

   GRAND TOTAL - 9,822,000 - 29% of total population of
   33,872,000 (w/o Rural E)
   - 9,822,000 - 18% of total population of 54,800,000

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C. **Secondary Market**

1. **Couple 30-44 yrs. old (w/o Rural E)**
   
   a. **Economic Status**
   
   Urban - ABC, D & E  
   Rural - ABC & D

   b. **Total Numbers**
   
   Urban - 1,676,000  
   Rural - 3,404,000  
   Total - 5,080,000 - 15% of total population of 33,872,000 (w/o Rural E)  
   
   5,080,000 - (93% of total population of 54,000,000)

D. **Rationale**

1. The Thematic Campaign, though nationwide in scope will address its message only to the principal targets because:

   a. It is these groups from which greatest favorable desired results can be generated. These groups are the most productive physiologically speaking.

   b. They are more inclined to accept the campaign's suggestion to plan/space children since the couples have no children yet or have two or less.

   c. They are more predisposed to planning and implementing their plans because they have more time and less responsibilities in their hands.

   d. The campaign, although segmented in message, is not segmented when executed through media vehicles. Meaning, media vehicles will allow the secondary market to receive the message.

   e. The message, though it has a segmented appeal i.e., suggesting a manageable number of children such as two (2), actually will also be meaningful and, therefore, acceptable to the secondary market; meaningful in the sense that the suggestion of spacing children or having manageable number of them will trigger a decision among the secondary target group to stop bearing additional children.
VI. Cozy Platform

A. Married Couples as Targets

1. Stress urgent need to plan and implement RP.

2. Stress benefits of RP (Comfort or “Ginhawa” for parents; blessings/peace or “biyaya” for children.

3. Space number of children according to material and spiritual needs of the family members.

4. Suggest indirectly/subliminally that two children is ideal.

5. Consider the health and physical well-being of the family.

6. Consider present economic difficulties.

7. Consider family goals: children’s education, shelter, mode of transportation, insurance, etc.

8. Stress the urgency to seek medical advice from a doctor or from a Responsible Family Clinic (Family Planning Clinic).

B. Engaged Couples as Targets

1. Plan married life - not just wedding details now.

2. Consider benefits of RP as they relate to couple and future children (ginhawa and biyaya).

3. Space children according to material and spiritual needs of the family members.

4. Consider/project combined income in relation to future needs of family, taking into account present and future economic difficulties/opportunities.

5. Stress the need to consult a doctor or medical advice before deciding on spacing children.

6. Consider the needs to raise children and the couple’s physical well-being.

C. Adolescents Now Dating

1. Stress the need to identify goals/aims as life.

2. Stress the need for determination to reach goals/aims.

4. Enjoy the blessings and joy that teenage brings free from serious love commitments.

5. Develop self-confidence from wider field of constructive activities (hobbies, part-time employment) and wider circle of clients.

6. Consider marriage at age 27 (for boys) or 25 (for girls). In effect, delay marriage. Cite growing cases of broken marriage due to teenage marriage.

7. Consider the benefits/beauty of Responsible Parenthood.
TITEL: TACTICAL
COMMUNICATION PLAN
AND GUIDELINES

I. General Objectives (of Population Commission)

A. To improve the quality of awareness for specific FP
   methods among target audiences.

B. To increase contraceptive prevalence rate among
   target audiences.

II. Specific Objectives (of Campaign)

A. To convince/persuade target audiences to use a
   specific FP method now in consonance with FP.

B. To build an image of safety and effectiveness for
   all FP methods.

C. To convince/persuade target audiences to consult a
   doctor or a Family Planning Clinic.

D. To position Tactical Communication in synergy with
   the Thematic FP Campaign.

III. Communication Strategies

A. Stress and relate the value and benefits of each of
   the FP methods to the specific needs of target markets.

   Moreover, each method will be presented on the basis
   of its individual uniqueness without favoring it over
   the others.

IV. Positioning Statements on Methods

A. Natural Family Planning

   To convince married couples that NFP is a safe, scientific,
   and economical method that delivers effectiveness for
   selected type of women.
2.

Support
1. No medical product is needed.
2. There is no financial expense on a product (except maybe for the private physician's advice).
3. Requires extraordinary discipline and abstinence from both couples and could therefore be conducive to marital closeness.

B. Pill
To convince married couple that the pill is the leading, safe and modern method of contraceptive. It is available in different brands and compositions to suit every woman's needs.

Support
1. The pill's substantiated record of effectiveness is 95%.
2. Among the modern methods available, the pill's CPR is the highest (5.5% in 1983).

C. Injectable
To communicate that the injectable is a long-lasting, highly effective and safe method that requires only one administration every 3 months.

Support
1. Convenience is provided to the women since administration remains effective throughout three menstrual cycles.
2. Its relative rate of effectiveness is 95%.
3. It is not a permanent method.

D. I.U.D.
To convince target women (and men) that among all reversible methods, the I.U.D. is the method which when adopted by women, stays longest in use.

Support
The I.U.D. requires no medication. It is convenient and does not require daily reminders.
E. **Ligation**

To convince target couples that ligation is fully effective and recommended by physicians to women who cannot or do not want to bear more children, and whose husbands are not vasectomized.

**Support**
1. Ligation has a relative effectiveness rate of 99% and is non-reversible.
2. It is covered by Social Security Legislation (Medicare).
3. It is free if performed by POPCOM accredited service clinics.

F. **Vasectomy**

To convince married men (and women) that vasectomy is not castration (Kapon); that it is medically safe and totally effective; that it actually increase sexual urge in men and mutual satisfaction.

It is the method recommended by physicians and trained program professionals to couples who do not want to beget more children, and whose wives are not ligated.

**Support**
1. Vasectomy has a relative effectiveness rate of 99-100%.
2. It is free if performed in government accredited service clinics.
3. It is covered by Social Security Legislation (Medicare).
ANNEX IV

LIST OF CAMPAIGN MATERIALS PRODUCED

A. THEMATIC CAMPAIGN MATERIALS

1. Print Advertisements

   Total No. of versions: 19

   Breakdown of Ads for Newspapers and Magazines:

   1 Intro Ad English/Tagalog
   1 Ad for Married Couples of Class C English/Tagalog
   1 Ad for Married Couples of Class D and E Tagalog/Cebuano/Ilocano
   1 Ad for Engaged Couples of Class C English/Tagalog
   1 Ad for Engaged Couples of Class D and E Tagalog/Cebuano/Ilocano
   1 Ad for Adolescents of Class C English/Tagalog
   1 Ad for Adolescents of Class D and E Tagalog/Cebuano/Ilocano
   1 Reminder Ad English/Tagalog
Breakdown of Ads for Kamiks:

3 versions for Married Couples
3 versions for Engaged Couples) Tagalog/Cebuano/Ilocano
3 versions for Adolescents

2. Radio Advertisements

Total no. of versions: 17
Radio Jingles : 7
Mini-dramas : 10

Breakdown of Radio Jingles and Mini-Dramas:
1 60 seconder radio jingle
2 30 seconder radio jingle
4 15 seconder radio jingle (each produced in 6 dialects)
10 radio mini-dramas (each produced in 6 dialects)

3. TV Advertisements

Total no. of versions: 5 (produced only in Tagalog)

4. Collateral Materials

1 billboard design and copy
1 sticker design ($50,000 pcs.)
1 poster design and copy ($20,000 pcs.)
1 brochure design and copy ($50,000 pcs.)
b. TACTICAL CAMPAIGN MATERIALS

1. Radio Advertisements

Two (2) 60 seconder radio scripts for each of the 6 methods: pill, IUD, vasectomy, tubal ligation, NFP and injectables (produced in Tagalog and Cebuano)

2. Print Advertisements

a two page illustrated copy (komiks) for each of the 6 methods (produced in Tagalog, Bicolano and Cebuano)

3. Collateral Materials

- 30,000 pieces/method Tagalog leaflets
  10,000 pieces/method Cebuano leaflets

- 600 dispensers Tagalog
  50 dispensers Cebuano

-Sales kit folders

  1,000 pieces Tagalog
  500 pieces Cebuano

-Poster 1,000 Tagalog
  500 Cebuano
to raise a happy, healthy family, consider

Responsible Parenthood

Married Couples. Responsible Parenthood involves proper spacing of children according to the material and spiritual needs of the family.

Parents and would-be parents will be well-advised that considering maternal health and child care, 3 years is a reasonable gap between births.

Engaged Couples. Responsible Parenthood suggests that engaged couple plan ahead— not just their wedding, but all, their family life.

Responsible Parenthood
Magplano ng pamilya
Sa inyo ang ginhawa
Sa anak ang biyaya.

encing your children, consider the opinion of those you respect, including your doctor.

A public service of:
Philippine Obstetrical and Gynecological Society, Inc.

Tina, 16 & Kim, 13, with parents Rey & from Moonwalk Village, Parañaque, Rizal. Married the couple has adopted Responsible Parenthood as a

Business Day 9-23-85
Para sa isang maligaya at malusog na pamilya,
bigyang halaga ang

**Responsible Parenthood**

Para sa mga mag-aarsay, ang Responsible Parenthood ay may kinalaman sa pag-aaral ng mga anak ayon sa pangangailangang maticnal at espiritual ng iyong pamilya. Isang magandang payo sa mga magulang ay maging magaling at maging magulang na kanilang malalahanin na 3 taong pag-aaral at sa pangunahing ang makabubuti sa kalusugan ng inyong anak.

Para sa mga malapit nang ikasal, ang Responsible Parenthood ay nagpapahiwatig na kailangan na Sununin hindi lamang ang nakatakdang kasal, kundi higit sa lahat, ang mga magulang may pamilya.

Iba na ang may plano para sa pamilya.
Ang kinabukasan ay mas sigurado.

Responsible Parenthood

Magplano ng pamilya
Sa inyo ang ginhawa
Sa anak ang biyaya.

Sa pagplano ng pamilya, bigyang halaga ang opinyon ng mga taong nirerespeto niyo, kasama na ang inyong doktor.

Isang pagliningkod bayan ng:

**Philippine Obstetrical and Gynecological Society, Inc.**

**Si Narciso Layu, Jr., sa ang kanyang maybaba ay sa at ang kinahanglang mga anak sa itaas, 4 na taon, sa Pa. Bacolod Silay ay nagpapakita ng Responsible P**

**Limaymay 10-21-85**
Responsible Parenthood
Magplano ng pamilya. Sa inyo ang ginhawa. Sa anak ang biyaya.

Pagkatapos ng honeymoon, pag-handlaang tanggpya ang responsibilidad bilang isang magulang.

Lalo na ang Responsible Parenthood na may kinikilingan sa pag-dagwat ng mga anak ayo sa puna angalleng material at spiritual ng inyong pamilya.

Ang tungkulin ng mga magulang ay hindi biro. Kinakikainan ang maayos na pag-api ng parnay a.

Maganda kung simulan na ngayon diri' ang maybinak maging anak o paano ang pag-aaral nila? Kailan ba ninyo gugot magkaroon ng sariling bahay? Butabak ha ninyong magkaron ng sariling negosyo at sariling saaksay?

Sa mga gustong umasenso, madaang ang pagplano. Sa inyong pag-mamahalan, pianitar ngayon din at pag-dagwat ng mga anak. Tandaan, tatlong taong pag-aagat sa pangangalang nababalik na sa kalusugang ina at anak.

Responsibl* Parenthooc
Magplano ng pamilya. Sa inyo ang ginhawa. Sa anak ang biyaya.

Sa pagaapano ng pamilya, bigang halagang ang opinyon at mga taong ninerepekti ninyo, kaasma na ang inyong doktor.

Isang pagpilingkod bayan ng:
Philippine Obstetrical and Gynecological Society, Inc.
Pare, ganito kayo ngayon... paano naman kayo bukas?

Magplano ng pamilya. Sa inyo ang ginhawa. Sa anak ang biyaya.

Alam na ninyo na ang pagiging magulang ay hindi bato. Sa inyong pagpapamilya, bigyang halaga ang Responsible Parenthood na may kinalaman sa pag-aagwa ng mga anak at pangangailangang material at espiritwal ng inyong pamilya.

Lalo sa panahon ngayon, pagtapat na kita ninyo mag-agwa ng mga anak. Magligaya kay inyong mag-aaral ng mga anak. At siya nga pala, kalain ba ninyo mga anak sa inyong pamilya at asawa? Gusto ba inyong magkaroon ng sariliing negosyo? Kailan?

Sa inyong pagmamahalang masalarap at mag-agwa ng mga anak. Hangaring magkaroon ng malupit na pamilya at tanas na 3 taon ang kanais-nais na pag-aagwa dahil ito ang makabuti sa kalooban ng ina at anak.

Responsible Parenthood
Magplano ng pamilya. Sa inyo ang ginhawa. Sa anak ang biyaya.
a common goal: A happy, healthy, well-spaced family. That's Responsible Parenthood.

Congratulations! You're about to introduce a new member in the family two years after your wedding— that's great!

As responsible parents, stick to your plan of raising a happy and healthy family. To do so involves spacing your children considering your family's spiritual and material needs.

If you haven't done it, plan how many children you think you can properly support. Look ahead. When and where will the children go to school? How soon can you afford to build a house of your own? How about a life insurance? A car?

With mutual love and understanding, space your children. Considering maternal health and child care, 3 years is a desirable gap between births.

It's best if you aspire to have a small family. This way, you can properly care for your children and fully prepare for their future.

Plan your family. For a better family life today. For a better tomorrow.

Responsible Parenthood
Magpakalo ng panalaya. Sa inyong ang ginhawa. Sa anak ang bitag.

In spacing your children, consider the opinion of those you respect, including your doctor.

A public service of:

Philippine Obstetrical and Gynecological Society, Inc.
Make your dreams happen first. Serious love relationships can come later.

Teen years are the best times of your life. Take time to enjoy them. Develop useful hobbies. Make lots of friends. And if you're "grown-up" and can't get serious about the right girl before you are 16 years old, you aren't ready yet. A lot of young people like you are forced into early marriages because "something has already happened" or "many marries me."

There's a time for everything. A time for your studies. A time to build a career. Later on, a time for serious love relationships. But don't rush them when you're about 20 years or older. And then a time for Responsible Parenthood.

Take care of yourself and of God, all those who come after you. You will then become a well-educated and responsible member of your community. So make your dreams or personal plans happen first. Make the most of your time now.

Responsible Parenthood
Magplan ng pasensya sa batang umanong.
Sa anghang mundo.

Magpapahala para unti-unting mag-anong anak.

A public service of:
Philippine Obstetrical and Gynaecological Society, Inc.

2/2/86 Philippines PANAMA 11
Tinguhaan anay nga matuman ang inyo mga ginahandom. Ang tudok nga paghigugmaanay mahimu man mapaisol anay.

Ang pamilya ni Dadivas sa imong kauguban ang pina-

kamasadya nga panahon sa inyo kabuhin. Tinguhaan sa imong kaugubanang nga mapulunan nga mga bulu-
haton. Magpangita sing abyan. Kaga

kon may kahigayuna nga maghulog kay basi masudan mo ang isa ka baay nga wala ma pa mahundon. Madami

ang mga kabanaan ang nampilahan sa damlag nga pagpang-

asawa banyo may "natibo na." May panahon para sa tanan nga butang. May oras para sa pagtuon. May oras para sa trabaho, kaq may sa paghigugma. Kon pananglit mag-
dangat na sa edad nga 25 ... ini na ang panahon nga mahimu na magpaham-
tang sa kalunong kag panahon para sa Responsible Parenthood. Sa kahoy sang Gunod, ini tanan sarang mahusay

aged spahamtan nga nga isa ka lubos

kag mabakud nga tinuga.

Hinpalitan ang kahigayunan.
Pahayaan anay nga matuman ang inyo mga ginahandom.

Magtapos anay agod mag-aextent. Magpakaway sa husto nga edad.

Isa ka hanlahanan nga pagpangalagad sang.

Philippine Obstetrical and Gynecological Society, Inc.
Dahil nagmamahalan kami, tutuparin muna namin ang aming pangarap bago kami pakasal.°


Kapag mga pangarap ay matupad na, maaaring hanaapbuhay at nasa bangko, at nasa hustong edad na (lumulubad, 25 taong gulang) pwede nang magpamilya.

Kanyang-kanya na ninyong obisyay sa usap isang magiging anak, hindi lang ang nararapat na pagmamahal pati na rin ang kanilang ibang pangangalangan.

Paghandaan ang kahihukan. Magtapas at maghanapbuhay muna upang maaga ang ganito at ibiyad ang iyong magpamilya.

Philippine Obstetrical and Gynecological Society, Inc.
MAY PANGACAP SI ELY

KAKAYA LANG ANG ANAK NINA DANIEL.
TAMA KA SA MAHINDY ...

KAYA RAE.
NG AMAN LA, BA ANAK: \AN
ANG ANG ANG MALAKAS NA KAININ SA

A PASH SI ME MAG-ASA ...

MATATAG IS PANDECAP
ANG ANG ANAK
TINA, DIN.
ANG ANG NA-

TUWING UMAGA AY GANTI TO ANG
TANAIN SA PAMILYA NI DANIEL.
MATATA, MALIGAYA, MALAYOS.

ANG PAMILYA NINOY Y ATULAD DIN
BA NG PAMILYA NI DANIEL ?

Walang pagkilala ng bayan ng
Philippine Obstetrical and Gynecological Society, Inc.
Tamang Pagkakataon

MAGASA MO, TERRY! PROVE TO ME YOU REALLY LOVE ME!

I CAN'T, RIC...

HASPAS MAN, MGA TERO, RIC.

THERES AUS GAVE TAO! TAPOS NAGI TERRY BILLING ACCOUNTANT.

MGA SANA MO RIC?

HATID KITA, TERRY.

MGA SANA MO RIC?

BUOT DI.

KAILA KAILA, ELMO.

AT...

K-KAILAN MO KO SAGASYA TERRY?

MGA SANA MO RIC?

BUTUT DI.

KAILA... KAILA...

MGA SANA MO RIC?

K-KAILAN MO GUSTO ELMO?

BUTUT DI.

STOP MO STOP MO STOP MO...

G-GANDON BA?

MGA SANA MO RIC?

KAILA KAILA, ELMO...

MGA SANA MO RIC?

BUTUT DI.

KAILA KAILA, ELMO...

MGA SANA MO RIC?

STOP MO STOP MO STOP MO...

MGA SANA MO RIC?

BUTUT DI.

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BUTUT DI.

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MGA SANA MO RIC?

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BUTUT DI.

KAILA KAILA, ELMO...

MGA SANA MO RIC?

STOP MO STOP MO STOP MO...

BUTUT DI.

KAILA KAILA, ELMO...

MGA SANA MO RIC?

STOP MO STOP MO STOP MO...

BUTUT DI.

KAILA KAILA, ELMO...

MGA SANA MO RIC?

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BUTUT DI.

KAILA KAILA, ELMO...

MGA SANA MO RIC?

STOP MO STOP MO STOP MO...

BUTUT DI.

KAILA KAILA, ELMO...

MGA SANA MO RIC?
Responsable Parentesco
Magplano ng pamilya.
Sa inyo ang ginhawa, sa anak ang biyaya.
RESPONSIBLE PARENTHOOD STICKER
Ano ang Responsible Parenthood?
Ingiksyon ang paraan tumatagat ng 3 buwan

**Isang Ingiksyon 3 Buwan Ang Bisa**

Ang Injectable (Ingiksyon) Ay Iti-nuturok Sa Braso O Pigi Ng Babae.

Sa Pamamagitan Nito Napipigil Ang Paglabas Ng Itlog Mula Sa Ovaryo (Ovary). Kayat walang napakayaring Pagtatagpo Ng Pulinay (Sperm) Ng Lalaki At Itlog Ng Babae. Dahil Dito, Hindi Maaaring Magpalang-tao Ang Babae.

**Walang Dapat Ipangamba**

Lang Araw Ma-tapos Mainiksyunan, Maaaring Magkapadon Ng Konting Pagdurugo O Spotting. Ang Iba Namay Maaaring Hindi Patanong. Pakiay, Makaramdam Ng Konting Panananakit Ng Ulo O Pagpupuwal Walang Dapat Ipangamba. Dahil Ito'y Natural Lang At Mawawala Rin.

**Doktor O Clinic Personnel Lang Ang Dapat Mag-Iniksyon Nito**

Ang Unang Ingiksyon Ay Ibig-Nasagawa Alinman Sa Unang 7 Araw Ng Pagrekega. At Ang Ika-4 Mag-aasang Na Ingiksyon Ay Ibigay Tuwing Ikatlong Buwan. Isang Dalubhasang Doktor O Clinic Personnel Amang Ang Dapat Mag-Iniksyon.

**Laking-Tipid Na, Laking-Ginawa Pa**

Dahil isang beses lang sa loob ng 3 buwan ang mga Painiksyon malaki ang inyong maraming matitipid malaking ginawa rin ito. Dahil walang dapat isipin at tandaan pa matapos ang ingiksyon.

**Maraming Buting Dulong**

Bukod sa Ito'y Mabasa, Matipid, At Maginhawa, Ito'y Hindi, Sa-gabalan Ang Pagtatatalik At Pahil Tuwing Ikatlong Buwan Ang Pagpakainiksyon Masuri. Kung Mabuti Ng Doktor, Sa Gano'n Mapapangalagaan Mabuti Ang Iyong Kalusugan.

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Isang pagtutulungan bera ng:

Family Planning Organization Of The Philippines

**Sa dagdag na kaalaman, tumawag sa:**

Manila, Tel., Nos. 712-1013 & 712-1068; Metro Cebu Tel., No. 314-027, Legazpi, T.C. No. 11-332.
Panlalaki ito!

SANDALING OPERASYON
ANG VASECTOMY AY PERMANENTENG PRA-RAAN NG DAHISIL SA PAG-AANAK PARA SA LALAKI ITOY ISANG SIMPLENG OPERASYON, MATAPO DO NITO MAAARI KA NANG ULMUWI AT MAGPAHINANG NA LANG SA BAHAY.

BALIK-TRABaho agad
Ang katapos ng dalawang araw na pahinga puwepe ka, kung magtrabahong muli.

WALANG DAPAT IKABAHALA
Pagsahog ng ope-rasyon, makakaranas ka ng konting payamawasa at pang-agitim ng balot na lapt sa bayas. Itoy normal na reaksyon sa katawan kanaway Lang dapat ikabahala.

MACHONG-MACHO PA RIN
ANG VASECTOMY AY KINAGASAWA NG DOKTOR NA PALUBHASA SA STERILIZATION SA PANA-MAGITAN NG PASAPALI AT PAGPUTOL SA ANURANG PUN-LAY (WAS DEFERENS) NA SIMANG DINARAAN NG PUNLAY (SPERM) BAGO MUNA SA TAMOD (SEmen).

MALAWI NA HINDI ITO KAPANDARAHIL SA KAPON BAYAG ANG TINATANG GAL. MALAWI PING WALANG EFEKTO ANG VASECTOMY SA PAGKA-LALAKE LALO NA SA PAGNANASA GAZEX, FATULOY PA RING MAGKAKAEDON NG CRMAT QAY'M KAYSAT MACHONG-MACHO KA PA RIN.

Sa dagdag na kaalaman, tumawag sa:
Metro Manila, Tel. Nos. 712-1013 & 712-1068; Metro Cebu, Tel. No. 714-92; Legaspi. Tel. No. 42-80
Ibab'at ibang uri ito

Ang ibab’at-ibab’at uri ng natural family planning methods, kasama na ito sa cervical mucus, basal body temperature at symptothermal methods.

Katawan kailangan

Sa cervical mucus method, ang uri ng uterine na cervical mucus na lalimabas mula sa kumulo ng matriks na babae ang mag-asawa Batayan para malaman ng mag-asawa kung si misis ay magpatala lang tao o hindi sakaling nilatay magtalik.

INIT NG KATAWAN MAY KAHALULUGAN

Sa basal body temperature, ang likas na temperatura ng babae ay nagising batawan ng mag-asawa kung ang kanilang pastatalik ay magaring mabuti sa pagkatulungan tao ni misis, kinukuhang nila ang temperatura ni misis araw-araw sa panahon ito ng thermometer sa symptothermal method.

Maskaraon ng wastong kaalaman ang mag-asawa sa mga tawang kaalaman ng mga senyales sa mag-asawa. Kung babae at malilangit kay ng mag-asawa.

Magpak kaunawaan at operasyon ng mag-asawa.

Ilang pasilbingkod bayan ng:

Phil. Federation for Natural Family Planning Inc.

Bd dagdag na kaalaman, tumawag sa:
Manila, Tel. Nos. 712-1013 & 712-1068; Metro Cebu, Tel. No. 714-92; Legaspi, Tel. No. 42-80
Tumagamit ng PILLS

PUMIPIGIL NG OBULASYON
Ang PILLS ay mga Tableta ng may sintetikong hormon. Halintulad sa mga natural na hormon, ngayon ang PILLS ay pumipigil sa obulasyon o paglabas ng mga silog sa ginekol, dahil dito na nagmaganang pagsalubong.

ARAW-ARAW NA PAG-INOM
Ang PILLS ay ingat maaari, Araw-araw, upang di makalulot uminom sa takotang oras halambawa, uting gabi baso matulog.

DALAWANG URI LAMANG ITO
May iba’t-ibang brands ng PILLS na maating sa botika, ngunit dalawang uri lang ang PILLS. Ang PILLS na may mgaLord doob at ang PILLS na may katang na doserabutins sa Bukid Ang Babae sa Doktor na nag-trainin sa Family Planning. Umapo mula sa lahat ang dosis na angkop sa kanya.

WALANG DAPAT IKABALAH
May mga reaksiyon ang Pilawan sa pag-inom ng PILLS tulad ng pananalit ng ilig-ila, presusuka sa isda, maari ring pakaranan ng pananalit na pison o pagdurugo, na naglimun lahat ng ito? Panandalian lamang at hindi nang-saya sa lahat ng uminom ng PILLS.

OKAY NA OKAY ANG PILLS

Sa dagdag na kaalaman, tumawag sa:
Manila, Tel. Nos. 712-1013 & 712-1068: Metro Cebu, Tel. No. 714-92; Legaspi, Tel. No. 42-80
Hindi magastos na operasyon

Ang tubal ligation ay mabisa, ligtas, permanente at di magastos na method para sa mas-agawang sapat na ang bilang ng mga anak.

Balik-trabaho agad

"Y simpleng operasyon lâmans, skatapos ng ilâng oras, puwepe ang umuwi, at naaari ka; bumalik sa normal na gawain pos ang tatlong araw na ga.

Sagawa ng shasang or.

"Y binagawang ng isâng tor (na eksperto sa sterilization) sa panahon ng pagtali at pag 6a mga anjurang itlog ran tubes.)

Il Ditó naiwaban ang cy ng itlog ng ba-bahay-bata kaya't san din ang pagtatag-itlog ng babae at ('sperm') ng lálake. Siguradong di na palang tao pa gi.

Sa mga pugitlingked bawan ng:

PHIL. ASSOCIATION FOR THE STUDY OF STERILIZATION

ag na kaalaman, tumawag sa:
a. Tel. Nos. 712-1013 & 712-1068; Metro Cebu, Tel. No. 714-92; Legaspi, Tel. No. 42-80
**MENOS GASTOS**

**HINDI ISTORBO**

**NAGSASANAY ANG KATAWAN**

**DOKTOR O CLINIC PERSONNEL LANG ANG DAPAT MAGLAGAY AT MAG-ALIS**

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**dagdag na kaalaman, tumawag sa:**

Manila, Tel. Nos. 712-1013 & 712-1068; Metro Cebu, Tel. No. 714-92; Legaspi, Tel. No. 42-80
VASEC TOMY
Panlalak i ng
AN ONG VA STOM Y AV
PERMANENTEN OA
RAAN NG PAGGIPL SA
PAG-MANAK PARA SA
LALAKI. ITOY ISANG
SIMPLE SIGNS OPERASYON.
M ATOPOS NITO ORAA RI
KA NANG UMUMI AT
MASIPAHINSA NA LANG
SA BAYAD.

BALK-TRABAHO AGAD

WALANG DAPAT
IKABAHALA

ANG VA STOMY AV
ISINASAGAWA NG
DOKTOR NA PALUBHASA SA
STERILIZATION SA PAMA-
MAGITAN NG PASTATALI AT
PAGPUTOL SA ANURANG FUN-
LAV (VAS DEFERENS) NA SIYANG
DINARAANAN NG PUNLAV
(SPERMA) BAGO HUMALO SA
TAMOD O SEMEN.

M ATOPOS ANG 10
HANGGAN 30
PAGLABAS NG IHONG
TAMOD O KAYAY
ZERO SPERM COUNT.
GANAP NA ANG
BISA NITO.

PHIL. ASSOCIATION
FOR THE STUDY
OF STERILIZATION
**VASECTOMY**

Panlalaki ito!

**SANDALING OPERASYON**

Ang vayectomy ay permanenteng paraan ng pagpigil sa pag-ana nga pa para sa lalaki. Ito'y isang simpling operasyon. Matatagpuan ito ka lang umumi at maghinga na lang sa bahay.

**BALIK-TRABAHO AGAD**

Pagskatapos ng dalawang araw na pahinga, pwepece ka nang magtrabahong muli.

**WALANG PAPAT IKABAHALA**

Pagskatapos ng operasyon, magaka ranas ka ng konting paglamasa at pangingitim ng balat malapit sa bayad. Ito'y normal na reaksiyon ng katawan kaya't walang papat ikabahala. May miwala rin ito agad.

**MACHONG-MACHO PA RIN**

Ang vayectomy ay isinasagawa ng doktor na dalubhasa sa sterilization sa pama - magitan ng pastatali at pagguot sa anurang punlay (vas deferens) na siyang dinasaan ng punlay (sperm) bago humalo sa tamod (semen).

Malinaw na hindi ito kapon, dahil sa kapon, bagag ang tinatanging gal. Malinaw ding walang epektto ang vayectomy sa pagkai-lalake lalo na sa pagnanasa sa aso, patuloy pa rin mga magkakadon ng orgasm kaya't machong-macho ka pa rin.

Para sa dagdag na kaalaman, tumawag sa:

Metro Manila, Tel. Nos. 712-1013 & 712-1068; Metro Cebu, Tel. No. 714-92; Legaspi, Tel. No. 42-80
Kung sapat na ang bilang ng mga anak

"MAGPA-LIGATE"

HINDI MAGASTOS NA OPERASYON

ANG TUBAL LIGATION AY MABISA, LIGTAS,
PERMANENTE AT DI MAGASTOS NA
METHOD PARA SA MAG-ASAANG
SAPAT NA ANG BILANG NG MGA ANAK.

TOY SIMPLONG OPERASYON LAMANG,
PAGKATAPOS NG ILANG ORAS, PUWEDE
KA NANG UMUMI. AT MAARI KA,
NANG BUMALIK SA NORMAL NA GAWAIN
MATAPOS ANG TATLONG ARAW NA
PAHINGA.

ISINASAGAWA NG
DALUHASANG
DOKTOR

TOY ISINASAGAWA NG ISANG
DOKTOR (NA EKSPERTO SA
STERILIZATION) SA BATAYA-
GITAN NG PAGTALAK AT PAG-
PUTOL SA MGA ANUANG ITLOG
(FALLOPIAN TUBES)

DAHIL DITO, NAIWASAN ANG
PAGPALOY NG ITLOG NG BABAY
BAE SA BAHAY-BATA KAYA'T
NAIWASAN DIN ANG PAGTAGAP-
PO NG ITLOG NG BABAE AT
FUNLAY (SPERM) NG LALAKE
KAYA' T SIGURADONG DI NA
MAGKAPALANG SAO PA SI
MISIS.

Para sa dagdag na kaalaman, tumawag sa:
Metro Manila, Tel. Nos. 712-1013 & 712-1068; Metro Cebu, Tel. No. 714-92; Legaspi, Tel. No.
Iniksyon ang paraan tumatagal ng 3 buwan

LANG INIKSYON
BIWAN ANG BISA

NG INJECTABLE
INIKSYON) AY ITI-
UTUROK SA SABRASO
PISI NG BABAES

SA PAMAMAGITAN NITO
APAPIGILANG PAGLABAG
G ITLOG MULA SA OBARYO
DAWAN), KAYAT WALANG
ANGXYAYARING PAGTATAG-
TO NG PUNLASY (SPERM)
NG LALAKI AT ITLOG NG
BABAES, DAHIL PITO, HINDI
MAARING MAGPALANG-
TAO ANG BABAES.

WALANG DAPAT
PANGAMBA

LANG ARAW MA-
TAPOS MAINIKSYUNAN
MAARING MAGKAPDON
NG KONTING PAGDURUGO
O SPOTTING. ANG IBA
NAMAY MAARING HINDI
BATAN NG REGLA O
KAYAY MAKARAMPAM
NG KONTING PANANAKIT
NGULO O PAGDUPUWAL.
WALANG DAPAT IPANGAM-
BA, DAHIL ITOY NATURAL
LANG AT MAWAWALA RIN.

DOCTOR O CLINIC PERSONNEL
LANG ANG DAPAT MAG-INIK-
SYON NITO

ANG UNANG INIKSYON AY 16I-
NAGAGAWA ALINMAN SA UNANG
7ARAW NG PAGREGLA. AT
ANG IBA SUSUNOD NA INIKSYON
AY 13NIBIGAY TUWING IKATLONG
BIWAN. ISANG DALUBHAGANG
DOCTOR O CLINIC PERSONNEL
LAMANG ANG DAPAT MAG-INIKSYON.

LAKING-TIPID NA,
LAKING-GINHAWA PA

DAHIL IANG BESI-
LANG SA LOOB NG 3
BIWAN ANG PASPI-
PAINIKSYON, MALAKI
ANG INYONG MATITIPID.
MALAKING GINHAWA
RIN ITO DAHIL WALA
ANG DAPAT ISIPIN AT
TANPAAN PA MATAPOS
ANG INIKSYON.

MARAMING BUTING
DULOT

BUKOD SA ITOY, MABI-
BA, MATITIPID, AT MAGIN-
HAWA, ITOY HINDI SA-
GABAL SA PAGTATALIK,
AT DAHIL TUWING IKAT-
LONG BIWAN ANG
PASPI-PAINIKSYON. MAU-
SURI KANG MABUTI NG
POKTOR. SA GANOON
MAPAPANGALAGA ANG
MABUTI ANG NYON
KALUSUSAN.

Para sa dagdag na kaalaman, tumawag sa:
Metro Manila, Tel. Nos. 712-1013 & 712-1068; Metro Cebu, Tel. No. 714-92; Legaspi, Tel. No. 42-80
NATURAL FAMILY PLANNING METHODS
NATURAL NA PARAAN
Unawaan kailangan

IBAT IBANG URI ITO

KATAWAN KAILANGAN
PAKIRAMDAMAN

CERVICAL MUCUS METHOD ANG URI NG LUBO O ANG TINATAWAH NA CERVICAL MUCUS NA LUMALABAS MULA SA KULAWO NG MATRIS NG BABAE ANG NAGSWITBING BATAHAN PARA MALAWAN NG MAGASAWA KUNG SI MISIG AY MAGTALIANG TAO O HINDI SAKALING GILAS MAGTALIK.

INIT NG KATAWAN MAY KAHULUGAN

BASAL BODY TEMPERATURE ANG LUKO NA TEMPERATURA NG BABAEBAY NAGSWITBING BATAHAN NG MAGASAWA KUNG ANG KANILANG PAGTALIK AT MAHARING MALUSI SA PASAY PALANG TAO NI MISIS, KINUKULA NILA ANG TEMPERATURA NI MISIG ARAW ARAW SA PAMAMAGITAN NG THERMOMETER SA SYMPTO- THERMAL METHOD.

MAGAHALOON NG WASTONG KAALAMAN ANG MAG-ASAWA SA MAG TAWANG KAHLULUGHAN NG AGA SENYALES NA MAOORBEBAMAN SA KATAWAN NG BABAEBAY BATAHANG PASAKUHA AT PAGTALA NG LICAB NA TEMPERATURA NG BABAEBAY ARAW ARAW.

Ilang pagtilingkod bayan ng:

PHIL. FEDERATION FOR NATURAL FAMILY PLANNING, INC.
Radio and TV Copy Pre-Testing

These were aimed at measuring the effectiveness of selected print, radio and TV communication materials, in terms of recall, understandability and persuasive/reinforcement value.

For the thematic campaign, the testing of prototype materials was conducted in June-July 1985 in Metro-Manila involving a purposively selected sample (500 interviews) of the campaign's target group: married females and male (20-29 years of age), engaged males (15-19 years of age) and adolescent females and males (20-29 years of age) all belonging to class D and E.

The pre-testing of the prototype thematic campaign materials revealed the following results:

1. The term "Responsible Parenthood" on the print materials was only marginally recalled. There was also low recall for other important campaign themes/messages such as those pertaining to the sponsoring agency and the need to consult one's doctor on family planning. Memorable copy points centered on very general terms such as "planning the family" and "proper spacing". Understanding of the ad's main point communication shows that the main idea conveyed was on limiting/planning the number of children and the need for proper spacing.

2. The radio jingle was generally found to be appealing and easy to understand. While recollection of the jingle's key slogan of Responsible Parenthood was substantial, respondents were not able to expound on its meaning. Other important ideas conveyed by the jingle such as the
benefits of responsible parenthood did not also register strongly.

3. The television commercial appeared to have successfully communicated as its main message the need for planning to be able to provide the family's basic needs. The concept of birth limitation seemed to have been de-emphasized in the ad and was principally conceived as a means to be able to provide rather than as the end-goal of every responsible parent. A few of the respondents noted the need to regulate (i.e., slow down) the delivery of the copy/jingle in order to increase understanding of the ad. The slogan "Responsible Parenthood" was most frequently correlated with the concept of being able to provide for the children's basic needs. Very few equated it with planning, including the number of children to have.

The findings of the various copy research studies on the thematic campaign materials were used in large part as bases in their revision. The slogan "Responsible Parenthood" was given greater prominence in the print ads through improvements in the print and lay-out and the addition of its definition in the text. In the radio ad, important concepts and ideas were further highlighted by supporting the jingle with a mini-drama and by the inclusion of more text which further expounded on the
meaning and benefits of respons;
revised B ad made use of "It
emphasis to the concept of proper s
streamlined while those bearing important w.
repeated for greater emphasis.

Copy testing of the tactical campaign was also
undertaken in Metro-Manila on February-March 1986, using
only a purposively selected sample (150 interviewers)
consisting of married females and males (20-40 years
old) belonging to the D and E socio-economic class.

The pretesting of the tactical materials focused on
the comics and the radio mini-dramas revealed the
following:

1. The comics ad was a two-page insert consisting of
   a one-page story on a specific FP method and a
   corresponding one-page description on the method.
   The pretesting revealed greater recall for ideas/
   messages appearing in its method-descriptive section.
   Perceived as its most important message is that of
   family planning and its advantages for limiting
   and spacing the number of children. Understandability
   of contents appeared to be high, although some
   negative comments were raised on the understandability
   of the NFP ad. Overall, the comics ads were regarded
   positively with most of the positive reactions
centering on their comments rather than the medium used.

2. The method-specific radio ads showed greater recall of general messages pertaining to the need and advantages of birth spacing or limiting the number of children. For tubal ligation and vasectomy, however, specific copy points were recalled which seemed to relate to the respondent’s fears about these methods. The same main message perceived in the comics ads were noted for the radio ads. Most respondents found the ads very easy to understand with the exception of those reacting to the NFP comics. The negative responses to the issue of understandability pertained to the use of terms perceived as vague or unfamiliar. In general, the radio ads were rated positively by majority of the respondents. The positive reactions included opinions about the message and the way the radio ads were delivered.

As in the thematic phase, the results of the copy testing of the tactical campaign materials were used as guide in their refinement. To increase the recall of important terms and ideas in the comics ads, improvements in print and lay-out were undertaken. Understandability of concepts and messages in both
Comics and radio ads were enhanced through the inclusion of more explanations and/or the substitution of vague/unfamiliar terms with the more commonly used ones.
As practicing physician and respected member of your community, you
are in a position which enables you to feel the pulse of the people. More
than any other, you are aware of the magnitude and gravity of the problems
brought about by the economic crisis in our midst, as well as other causes.

These problems are aggravated, among others, by unplanned, uncontrolled
irresponsible childbearing. Ironically, it is the less fortunate of us, the urban and rural areas, who are helplessly trapped, as social
artists put it, in such a "tunnel of poverty and ill-health where no hope
exists possible."

In response to this situation, the Population Center Foundation (PCF)
launched a multi-media campaign aimed at increasing the awareness and
giving the quality of awareness of our countrymen about a practical
way of life expressed in the phrase "Responsible Parenthood." The
Foundation is supported in this endeavor by Wyeth-Suaco Laboratories, Inc.
which has agreed to help disseminate information on the campaign among
medical professionals.

Responsible Parenthood, recorded to have originated from the scholarly
works of Fr. Bernard Haring (CSSR-Redemptorist and an authority on Moral
Theology, working in Rome), is a way of life that has found universal accept-
ance among nations big or small, among races regardless of difference in
race.

In our country, leading Catholic moral theologians have been consulted
in this communication project. They are one in endorsing the campaign because
it is based on the same position as that of the Church which is that Respon-
sible Parenthood should be concerned with proper spacing of children, taking
account both the material and spiritual needs of the couple and their
family.

To give more muscle to this communication campaign and touch as many of
the less fortunate, we would like to enlist your individual support in terms
of convincing your patient-couple think and consider "Responsible Parenthood"
as a part of their family life.
The collective efforts of thousands of doctors like you in this regard substantially determine the quality of life of the less fortunate among us.

In the spirit of injecting hope amidst despair, we wish to thank you in advance for your personal endorsement of Responsible Parenthood.

Very truly yours,

[Signature]

DR. CONRADO L. LORENZO JR.
President & Executive Director
Bakit parami nang parami ang gumagamit ng PILLS

PUMIPIGIL NG OBULASYON

ANG PILLS AY MGA TABLETANG MAY BINTOTONG HORMON (HALINTULAD SA MGA NATURAL NA HORMONYO NG BABAE) ANG PILLS AY PUMIPIGIL SA OBULASYON O PASABAE NG TLOG SA OBARYO, DAHIL DITO NAIWASAN ANG PROPAZULAN ANG TAO.

RAW-ARAW NA PAG-INOM

ANG PILLS AY INUNOM, RAW-ARAW, ULANG DI MAKALIMOT, UMINOM SA TAKDANG DABAG HALIMBAYWA, TUWING GABI BAGO MATULOG.

DALAWANG URI LAMANG ITO

MAY IBAT-BAT BRANDS NG PILLS NA MAAGISI SA BOTIKA KAILAN NG PILLS ANG PILLS NA MAY MABAANG DOGIS AT ANG PILLS NA MAY MABAANG DOGIS AT ANG PILLS. WALANG DAPAT IKA-SABALAY.

OKAY NA OKAY ANG PILLS

ANG PILLS AY MABASA NG LISTAS AT MABALING INUNOM. MABASA NG DOGIS NA KAILAN NG PILLS BAGO MAG-OBULASYON.

AY MGA REAKSYON ANG PATAYAN SA PAG-INOM NG PILLS, TULAD NG PANANAENG NG ILIO SA IBA. MAAARI DIN MAKASALIN NG PANANAENG SA PAGUPLO NG PILLS, NGUNIT LAHAT NG ITOY PANANDALAN LAHAG AT HINDI NANG YAYARI SA LAHAT NG UMUNION NG PILLS.

Para sa dagdag na kaalaman, tumawag sa:
Metro Manila, Tel. Nos. 712-1013 & 712-1068; Metro Cebu, Tel. No. 714-92; Legaspi, Tel. No. 42-80
**MENOS GASTOS**

Ahe IUD at ibang mehansy, pag-asawat ng anak-tulad ng maternal na 5 taon o higit pa, ang gatin ng IUD kasama ito ay menos gastos.

**HINDI Istorbo**

Hindi ito Istorbo sa pastelihin at kung gusto nyo hanggang anak, walang dapaat gawan, kundi ipaalis lamang ang IUD sa gawaing clinic personnel na nag-training sa family planning.

**NAGSASANAY ANG KATAWAN**

At dito, nagsasayang ang katawan, sa paglalarawan ng normal lamang, pati na rin ang may buhay at pangunahing tunggalian, hindi maipigpalak sa IUD, hindi maipigpalak sa IUD, hindi maipigpalak sa IUD, hindi maipigpalak sa IUD, hindi maipigpalak sa IUD, hindi maipigpalak sa IUD, hindi maipigpalak sa IUD, hindi maipigpalak sa IUD, hindi maipigpalak sa IUD, hindi maipigpalak sa IUD, hindi maipigpalak sa IUD, hindi maipigpalak sa IUD, hindi maipigpalak sa IUD.

**DOKTOR O CLINIC PERSONNEL LANG ANG DAPAT MAGLAGAY AT MAG-ALIS**


**IUD**

Institute of Women's Maternal Health
Tamaaing Epektibo sa inyong Pagplano sa Pamilya

Susiha! Basaha karon dayon!

NAGKADAGHAN ANG NAGGAMIT SA PILLS
IUD
MALUNGTARON ANG PAGGAMIT
INJECTABLE EPEKTO
MOLUNGTAD UG 3 KA BULAN
NATURAL NGA PAAGI KLASE—KLASE
MACHO PA USAB SA VASECTOMY
EPEKTIBONG SULBAD ANG LIGATION