Family planning in developing countries: A study in communication strategies

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FAMILY PLANNING IN DEVELOPING COUNTRIES:
A STUDY IN COMMUNICATION STRATEGIES

by

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University of Nevada, Las Vegas
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ABSTRACT

Family Planning in Developing Countries: 
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This thesis examines communication strategies used in the promulgation of family planning in developing countries. The types of information, education and communication are studied. The case study of the telenovela focuses on an application of communication theory to promote social change.
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"No creative endeavor is ever accomplished alone." This sentence, and comparable ones, generally turn up in the "Acknowledgment" page of a publication for a very good reason: It's true. Therefore, there are several people who deserve to be recognized for their assistance and guidance which, ultimately, made this thesis possible. First and foremost, my daughter, Tamela Sparks has been a tremendous source of support and synergy, especially during the idea stages of this paper. Her contributions are beyond words, as are my thanks. Next, are my committee members (a/k/a "The Pantheon") who have remained constant in their guidance and flexible to the many conceptual changes through which this paper evolved. They are: Dr. Anthony Ferri (chair), Dr. Richard Jensen (Utah Travel & Tourism), Dr. Lawrence Mullen and Dr. Helen Neill. Finally, Population Communications International generously contributed their time to provide the two episodes of Acompáñame which have been transcribed and appear in the Appendices. I thank you all!
CHAPTER 1

INTRODUCTION

Since the Industrial Revolution, the population of the world has grown at an exponential rate, doubling approximately every 40 years (Meadows, Meadows & Randers, 1992) and putting a strain on the world's natural resources. Because greater demands are drawing on what is essentially a limited, closed system, the path to environmental sustainability is the reduction of those demands. In order to reduce the demands, a reduction in the numbers creating the demands -- the global population -- is essential. Meadows et al. (1992) explain:

The human population and economy depend upon constant flows of air, water, food, raw materials, and fossil fuels from the earth. They constantly emit waste and pollution back to the earth. The limits to growth are limits to the ability of the planetary sources to provide those streams of materials and energy, and limits to the ability of the planetary sinks to absorb the pollution and waste. (p. 8)
The burgeoning global population is pushing the growth limits. In a large system such as the Earth and its human population, the wheels of change turn slowly. Therefore, immediate negative population growth is imperative for future sustainability.

There are numerous programs worldwide dedicated to the idea that family planning is the key to reducing the population. While this idea could seem to be an uncomplicated premise, it becomes complicated when the dynamics of human culture and beliefs are factored in. The largest areas of growth are in the developing countries, such as India, Mexico, Kenya, etc. "In the poor world economic growth seems the only way out of poverty. And a poor family sees that many children can be a source not only of joy, but also of hope for economic security" (Meadows, et al., 1992, p. 5). The objective, then, must be to convey the positive impact that population control will have on the respective nation's standard of living.

India has for several decades been addressing the issue of population reduction. In particular, the rural audience, where the majority of the population lives, has been specifically targeted. The Indian government recognizes that multi-source information dissemination is fundamental to both reaching more of its population and emphasizing the importance of the family planning message. The programs launched in the 1960s and 1970s could not rely on the mass media of television and radio, since much of the rural
population was poor and did not have these media available to them. Instead, family planning messages were communicated through local viewing of film documentaries, combined with various campaigns including promotions on billboards, trains and even boxes of matches (Banerjee, 1979). India's efforts have often been frustrated by the inability to reach the desperately poor and illiterate, such as the "untouchables" (i.e. the excluded segment of India's centuries-old caste system). Yet, despite the ongoing government-driven family planning campaigns, India is poised to pass China as the world's most populous country (Population Communications International, 1998).

From the goals and action plans of the United Nations to the home visits conducted by counselors at local family planning clinics, the efforts to promote global population reduction are extensive. The majority of the monies appropriated for the operation of the clinics is allocated for medical supplies and other tangible expenses. Money for information, education and communication (IEC) is in short supply. Consequently, a cohesive information source, i.e. a central place where a variety of IEC data has been collected and made available for field professionals, is often difficult to find.

Everett M. Rogers has focused on "mass communication in national development, and diffusion and the impacts of new communication technologies" (Berger & Chaffee, 1987, p. 945). Rogers wrote in his 1973 book, Communication
Strategies for Family Planning, that publications about communication strategies as applied specifically to family planning were scarce, and therefore, created a need for his book. According to Rogers, his purpose was "to summarize and synthesize what is known about communication strategies in family planning, to define the field of family planning communication, and to point out directions for future research" (p. 41). Rogers built on basic communication models to explore the nature of communication for purposes of family planning in developing countries. He concluded that mass media, and specifically, television had not been fully exploited.

Coincidentally, in 1974, a year after Rogers' book, the Mexican Institute of Communication Studies was created with "an investigative team to formally articulate and test theoretical and empirical hypotheses for the social use of television" (Nariman, 1993, p. 8). Miguel Sabido, who had successfully produced numerous telenovelas (i.e. "soap operas") for entertainment purposes, recognized that television had the potential to effect social change while still being "entertaining and commercially profitable" (Nariman, 1993, p. 7). One of the first prosocial themes Sabido tackled was family planning.

Television has always been an effective method to reach large segments of the general population. However, much of the work of family planning organizations, agencies and their personnel is done in the field, such as in clinics and other
locally administered programs. In Chile, for instance, the effectiveness of one particular clinic can be measured by the response of patients to individualized treatment. One-on-one interviews revealed comments like "[At this clinic] you are treated as an equal" or "one is treated like a person, like a human being" versus other clinics in Chile where the personnel are perceived as not caring about their patients (Vera, 1993, p. 43).

Of the legion of programs and organizations working in developing countries, very few are dedicated to the sole purpose of communication as it applies to family planning. One of these is Population Communications International (PCI). Its mission statement is: "to work creatively with the media and other organizations to motivate individuals and communities to make choices that will influence population trends encouraging sustainable development and environmental protection" (Population Communications International [PCI], 1998). According to PCI literature,

While most population organizations focus on the valuable and essential provision of family planning medical services or related research, PCI addresses the need for information and motivation to encourage use of family planning and the adoption of small family ideals worldwide. In short, others provide the family planning clinics; PCI motivates people to walk in the door seeking their services. (The mission
and values of Population Communications International, 1998)

In addition to PCI's concerted effort to encourage family planning, a host of organizations from the global to the local level are endeavoring to motivate nations to reduce their population growth. The purpose of this thesis is to study the communication strategies used in the promulgation of family planning. Among the areas to be studied are: 1) the use of the World-Wide Web in information, education and communication dissemination; 2) the specific types of IEC currently being employed; and 3) the variety of IEC which have historically been successful in communicating the necessity of family planning in developing countries, with a specific focus on the telenovela as an application of communication theory.

China's family planning programs have not been included in this thesis due to the compulsory nature of their programs (Family Health International, 1998). On June 10, 1998, the U.S. Congressional House International Relations Subcommittee met to discuss China's practice of "forced abortions and sterilization" ("Forced abortions and sterilization", 1998). Among the coercive methods, cited by Rep. Christopher Smith, that are currently being employed by the Chinese government are: imprisonment for women who resist abortion/sterilization and severe fines (three to four times income) for those couples who have had an "unauthorized pregnancy."
Therefore, in spite of its considerable population, China's programs have been omitted from this study.
CHAPTER 2

LITERATURE REVIEW

Introduction

The dissemination of information, the availability of education and the actual communication itself is a type of hierarchical pyramid\(^1\) where the messages can be traced back from the general population to organizational focal points. Among organizations involved in family planning advocacy are international councils, national governments, universities and private firms.

Beyond communication structure are the types of information, education and communication that have been employed by the various levels of organizations. They range from simple posters hung in clinics to campaigns delivered through mass media. In addition, there are several references to social diffusion and innovation communication theory.

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\(^1\)The "pyramid" is used in this study strictly for clarification and illustrative purposes.
World Wide Web

At the top of the pyramid is the World Wide Web (WWW). Given that the monies appropriated for family planning programs are largely used for medical supplies, staff, buildings, etc. and little is left over for information, education and communication (IEC), the WWW is a boon to financially strapped programs. The Web has become a singular reference point uniting the family planning international councils, universities and private firms, which, in many cases, are working directly with individual national governments.

Family Health International (1998) has a compilation of "Related Internet Resources and Search Engines" that lists over 60 organizations associated with "Family Planning, Population, Reproductive Health and Women's Studies". In addition, the user can be connected directly to the individual web sites from the list.

The University of Wisconsin - Madison (1997) has a "Finder's Guide [that is] intended as a practical tool for population professionals who need a single source for the quick location of organizations that publish and distribute or post population or family planning documents." The Finder's Guide provides the names, addresses and, frequently, the telephone / fax numbers and e-mail addresses for approximately 800 international contacts.

In a separate but related listing, the Australian National University (ANU) has set up "The World-Wide Web
Virtual Library" (1998). The Library lists 155 global links to "Demography & Population Studies" facilities. Many of these sites are concerned with family planning and other population issues and are located on or sponsored by a university. Some organizations, such as the World Health Organization (WHO), appear on all three lists.

Organizations

Below the World Wide Web on the communication pyramid can be placed the family planning organizations listed on the previously mentioned compilations. The extensive number of organizations prohibits summarizing the programs and goals of each. Therefore, three have been selected to illustrate the type of work being undertaken. The following organizational summaries and statements of purpose were accessed through the World Wide Web.

One of the largest and most far-reaching of these organizations is the United States Agency for International Development (USAID) (1997), Office of Population. USAID's two primary areas of concern are: 1) "Countries that contribute the most to global population and health problems"; and 2) "Countries where population and health conditions impede sustainable development". To reach the populations of these countries, USAID employs a variety of programs, such as:

Programs designed to affect popular attitudes toward family planning...address[ing] the needs and attitudes
of men as well as women, emphasizing free and informed choice, and assessing the reasons why people participate or do not participate in programs. (1997)

Another large organization is the Population Council. This group also has extensive international involvement. Its WWW literature states that the goals of its Programs Division are to:

- collaborate with governments, nongovernmental organizations, and scientific institutions in developing countries to design and implement population policies,
- improve delivery of family planning and related health services, enhance understanding of the determinants of reproductive behavior, and improve the conditions of women. This collaboration includes professional exchanges and research, training, awards, technical assistance and dissemination of information. (1997)

Of the global councils, the United Nations ranks among the most recognizable. Within the United Nations is the United Nations Educational, Scientific and Cultural Organization (UNESCO) (1997), which has a division for "Environment and Population Education & Information." UNESCO is concerned with stabilizing the rapid global population growth in the interest of environmental sustainability, health quality and human rights. To this end, UNESCO is coordinating efforts among nations and individuals to "improve the quality of education ...[and] utilize
communication and information to promote a permanent and active consensus for future life."

Individual Nations

The efforts of global councils, universities and private firms are employed within developing countries which have a demonstrated need for IEC in relation to family planning. Numerous books and journal articles have been written about the effectiveness and availability of IEC strategies. Some target specific family planning issues (e.g. types of contraceptives) while others evaluate the results of national and nongovernmental organizational (NGO) programs.

In developing countries where emergency contraception (i.e. postcoital) is available, a major problem in its distribution is the lack of awareness on the part of the women in the region (Ellertson, Winikoff, Armstrong, Camp & Senanayake, 1995). One reason for this lack of awareness is that "the most expensive part of expanding access to emergency contraception is informing women and providers about the option." (Ellertson, et al., 1995, p. 256).

The effectiveness of programs in Nigeria, Tanzania and Zimbabwe was analyzed by Mensch, Fisher, Askew and Ajayi (1994). They found the IEC "subsystem" to be the weakest of those considered (e.g. commodities and equipment available, facilities provided, etc.).
The "efforts and results" of programs employed from 1972 - 1994 in developing countries were analyzed by Ross and Mauldin (1996). Their findings indicate a tendency for programs to be weakened as fertility rates drop or as a region becomes more socially or economically strained (Ross, et al., 1996). Several IEC areas were evaluated and revealed that mass media IEC was ranked higher than social marketing or home visits by staff in both weak and strong programs (Ross, et al., 1996).

Population Communications International (PCI) is an organization whose purpose is to advocate family planning in developing countries through various mass media strategies (Ryerson, 1994). Most of the allocation of financial resources for clinics goes to medical equipment and supplies, leaving only a small portion for IEC (Ryerson, 1994). However, it has been observed that when a nation strengthens a weak program, there is a corresponding increase in "public statements" and "stronger outreach" (Ross, et al., 1996).

The General Population

At the base of the communication pyramid is the general population. Family planning clinics primarily address the medical needs of a developing nation's population. The lowering of the fertility rate requires more than just medical technology. It also requires both an attitudinal and behavioral change of that nation's society. Media campaigns by international councils, national governments and private
firms have had a significant success rate in raising public awareness.

Ringheim (1994) of the World Health Organization examined the factors that decide how and when men share reproductive responsibility with women, and discovered several cultural biases. In Zaire, for instance, when physicians believed that large families (e.g. five children) were desirable, recommendations for male sterilization (vasectomy) may not be made (Ringheim, 1994). In Mexico, "the proportion of sterilized women in 1989 was about 25 times that of men" (Ringheim, 1994, p. 91). Religious leaders also exerted influence (Ringheim, 1994). In Nigeria, it is the cultural norm for men to want large families for lineage purposes and for support in their old-age (Isiugo-Abanihe, 1994). Such attitudes held by Nigerian men are often the reason why their wives do not pursue family planning (Isiugo-Abanihe, 1994). Therefore, although educating and empowering women have been high on the agendas of family planning advocates, it is still the men in some developing countries who ultimately decide whether or not birth control will be practiced.

The need, then, is to reach the men and women of childbearing age in developing countries and generate new cultural attitudes. Population Communications International has produced "soap operas" focusing on population issues. Ryerson (1994) maintains that "people learn new attitudes and behaviors by first observing them in others and observing the
consequences for others before trying them, themselves" (p. 257). He further states:

Because entertainment broadcasting on radio and television reaches the largest audiences of any mass media programs, and because of the potential for identification by audience members with key characters in serial dramas, the use of this format for demonstrating the personal benefits of new attitudes and behaviors has achieved remarkable breakthroughs in a number of social development areas, including literacy, reproductive health, family communications, and family planning. (p. 258)

In the 1970s and 1980s, Miguel Sabido produced several successful "telenovelas" for broadcast in Mexico (Svenkerud, et al., 1995). His development of the telenovela to effect social change and the resulting impact on public information campaigns in other countries are the focus of the case study in the following chapter.

Social Diffusion and Innovation

An innovation is "any idea, practice, or device that is perceived by people to be new" (Bandura, 1986, p. 142). In countries where family planning is a concept different from the established belief system(s) of the populace, such as a predominant religious belief, then the idea of family planning is an innovation. Innovation is radiated through a society via social models. Social models are individuals
whose ideas and opinions are highly valued by other individuals or a society as a whole. "Modeling affects the adoption of innovations in several ways. It instructs people about new ways of thinking and behaving by demonstration or description" (Bandura, 1986, p. 145).

Bandura (1977) listed the pattern that diffusion of innovation follows: "new behavior is introduced by prominent examples, it is adopted at a rapidly accelerating rate, and it then either stabilizes or declines depending upon its functional value" (p. 50). The introduction of birth control methods in developing countries follows this pattern. Countries which have introduced the vasectomy as a birth control option have often depended upon the acceptors of this method to counsel other potential users. Without acceptors to "attest to the new method's effectiveness, vasectomies are slow to become accepted by the male population" (Ringheim, 1993, p. 92).

Social diffusion theory is successfully applied only if social models diffuse the innovation. Woven throughout the following examples of IEC dissemination is the strategy of targeting social models.

Multi-Source Information, Education and Communication

Bandura (1986) stressed that modeling is most effective when diffusion emanates from more than one source: "Except
for simple practices, no single source ever provides complete information on the nature of the innovation, its likely benefits and costs, and complete instruction on the skills and social changes needed to implement it successfully" (p. 146). The following examples of IEC illustrate how several different sources and types of IEC can be combined to provide a more comprehensive approach.

In Nigeria, Tanzania and Zimbabwe some of the IEC used include: 1) "sign announcing availability of family planning service"; 2) "group talk including family planning service"; 3) "information sheet/pamphlet/brochure"; and 4) "poster" (Mensch et al, 1994, p. 30). Mensch (1994) did not elaborate on any other types of IEC. Population Communication International's long-term plan for communications in India, Latin America, Pakistan, the Philippines, Africa (Kenya, Nigeria and Tanzania) includes...serial dramas on television, radio, and...comic book series dealing with...health education...family harmony and family communications, [and] population education. (Ryerson, 1994, p. 260)

The United Nations Educational, Scientific and Cultural Organization UNESCO has nine specific activities aimed at developing and improving IEC. They are comprehensive and utilize a variety of communication strategies:

1. Regular bilateral and multilateral consultations with UN Agencies
2. Regional workshops with representatives of UN Agencies, Government bodies, NGOs [Non Government Organizations] and Movements, Research Institutions in natural and social sciences to define frameworks for future action - Each workshop will identify knowledge gaps to be filled, messages to be communicated, target groups to be reached, exchange mechanisms for information, teaching-learning materials, use of mainstream and community media

3. Series of briefs will be prepared after these workshops in co-operation with regional or national institutions on selected key topics including guidelines on how this knowledge may be used for developing education, training and information materials

4. Pilot projects will be launched to develop education and training prototype materials targetted to a specific group

5. Distribution of materials via governmental and non-governmental delivery systems

7. Assistance in reshaping national education and training programmes in the formal and non-formal sectors

8. Production of Information materials (VIDEO, CD-ROM, PUBLICATIONS, INTERNET, etc.)

9. Co-operative arrangements with major news agencies, radio and television broadcasting corporations, and community media for the dissemination of messages and programmes (UNESCO, 1997)

Population Services International (PSI) states in their literature:

Whether creating a radio soap opera in Cambodia, conducting peer education with teens in South Africa, or educating factory workers in Haiti, PSI is known worldwide for using the most creative and persuasive communications to help individuals make healthier, safer life choices. (1996)

In addition, "PSI projects use mass media, community events, and interpersonal communications to bring consumers face-to-face with high quality, affordable [family planning] products" (PSI, 1996).

In Chile, one particular clinic has a dramatic impact on its clients by taking a very individual, personal approach. On their first visit, clients are asked to attend a 45-minute talk on the basic elements of reproductive health, family planning, and infant care. A dozen or
so women attend each of these weekly talks. Through observation in the examination rooms we learned that in addition to these talks, the midwives review the material presented in the talk while examining the client to make sure it has been well understood. (Vera, 1993, p. 41)

This one-on-one follow-up to the initial presentation has contributed to the clinic's effectiveness.

Information

According to Bandura (1986), social models will have the greatest influence on the target population if they hold a prestigious or prominent position in a society. In the diffusion of family planning information, physicians are an integral part in the dissemination of information. Ringheim (1993) discovered that:

Research in Africa and Latin America has revealed that the personal attitudes and training of service providers can strongly influence what they consider acceptable methods, and these attitudes may be passed on to clients. Physicians may assume that their clients would find a contraceptive for men unacceptable and might consequently be reluctant to recommend the procedure. (pp. 90-91)

A physician may also personally believe in many children and, consequently, be reluctant to advise that males be sterilized. "Thus, the resistance of physicians could
interfere with attempts to improve awareness and use of male methods" (Ringheim, 1993). Ringheim (1993) concludes, "it is clear that policymakers exert control, whether subtle or overt, over access to new contraceptive technologies" (p. 91). Therefore, the reluctance of a physician to provide family planning information to patients is pivotal to the success of family planning programs.

In addition to consultations regarding pre-coital contraception, information regarding post-coital (i.e. emergency) contraception must also be available. Again, the service provider plays an important role in the dissemination of information.

It is not sufficient that women have some general idea of their options. For emergency contraception to become a true choice, women must have detailed knowledge of the methods available and be able to find supplies within the short time frame permitted by this method. (Ellertson et al, 1995, p. 261)

While much information is dispensed verbally through clinic consultations and examinations, printed materials also need to be available to provide written reinforcement for the verbal presentations.

Printed materials [in Nigeria] were in relatively short supply at most SDPs [Service Delivery Points, i.e. clinics], indicating that whatever information was relayed to clients in counseling could not be expanded upon or reinforced when they left the service.
Only about half of the SDPs (in Nigeria) or fewer (in Tanzania) displayed a sign indicating the availability of family planning services, and fewer than one-third offered a group health talk that included information about family planning. (Mensch et al, 1994, p. 23)

Finally, information needs to be obtained by the researchers in order to analyze the effectiveness of family planning programs. Some programs use focus groups to gather information about clients' perceptions and program effectiveness. "Focus-group discussions have proved to be useful for exploring the cultural aspects of acceptability of a new method. They are well adapted to gathering information and attitudes about topics that are sensitive, intensely private, or culturally taboo." In Egypt, Indonesia, the Dominican Republic and Thailand "the women [in focus groups] disclosed many rumors circulating [regarding certain contraceptives] in the communities about the various methods, some of which were attributed to service providers" (Ringheim, 1993, p. 91).

Education

One program puts emergency contraception information literally in the clients' hands. "Researchers in the United Kingdom are testing a number of important innovations in emergency contraceptive education, including giving prospective clients laminated wallet cards with detailed
information about [combining oral contraceptives post-coitally]" (Ellertson et al., 1995, p. 257).

Higher education of the populace also plays an important part in the response rate to participation in a nation's family planning programs. For instance, Educated [Nigerian] men prefer to have smaller families in part because they are more likely to have views and life-styles that are consistent with lower fertility and higher quality of child care; their perceived costs of rearing children are high, and they are less likely to view children as a source of satisfaction. (Isiugo-Abanihe, 1994, p. 157)

Communication

Communication comes in many forms and is present at many levels. Following is a sample of the variety of research and observation of communication as it pertains to family planning in developing countries.

Communication with a country's policymakers is imperative for the successful implementation of a family planning program. In Bangladesh, program implementation has met with fewer obstacles when researchers and other non-government leaders "serve regularly on advisory and oversight committees for the government" reducing the impact of the transient nature of elected officials (Haaga et al., 1996, p. 84). In addition, "One of the most effective methods of communication has been researchers' joint visits to project sites with
high-ranking officials from the government or donor agencies" (Haaga et al, 1996, p. 85).

There also must be dialogue within the family unit about family planning. Such dialogue is rare in Nigeria, "especially in rural areas and among the Muslim population" (Isiugo-Abanihe, 1994, p. 150). Yet, in Columbia, the majority of husbands who opted for sterilization had discussed it with the spouses (Ringheim, 1993). Ringheim (1993) further notes, "Although clients typically learn about a [contraceptive] method through communication with a spouse, friend, or relative, a substantial minority of clients also attribute initial information to clinic personnel" (p. 93). Ryerson (1994) observes that mass media campaigns promoting family planning are dependent upon "open family communications" and that successful programs must encourage this communication (p. 257).

Word-of-mouth among patients, their neighbors, friends and relatives has proven to be an important method of communication. Basing his dissertation on the data collected through the Demographic Health Surveys, Ngom (1994) found there is a high occurrence of informal communication among women in West Africa. Ngom (1994) states, "empirical evidence presented in [the paper] suggests that it is likely that a high percentage of West African women rely on their friends and relatives when they need information about family planning methods" (p. 47).
At the Chilean clinic mentioned above (see "Multi-Source Information, Education and Communication"), word-of-mouth is a primary communication method, due to the favorable treatment the patients receive (Vera, 1993). In addition, Vera's (1993) research on the impact of interpersonal communication among the clinic's patients produced results, such as the following, at the clinic.

One of the midwives observed how well the women liked the waiting room -- some arrived well in advance of their appointments and commented on the room -- and she proposed the installation of television and video cassette recorder sets so that clients could watch instructional tapes. Some midwives thought it was a great idea, others, were not so sure. The clinic's director was willing to abide by a democratic decision; she felt that there was something worth preserving in the waiting-room interactions as they were. As a result of the interviews, the staff decided to continue the natural interaction of the clients and gave attention to a series of details, such as adjusting temperature and the location of chairs to facilitate it (p. 48).

Finally, the use of mass media as a communication method is an important criterion when evaluating the strength of a family planning program (Ross, 1996). Other measures include "advertising of contraceptives allowed," "social marketing," and "home visits by workers" (Ross, 1996, p. 145).
CHAPTER 3

CASE STUDY: THE TELENOVELA

Introduction

The "telenovela" (i.e. televised "soap opera") has become a significant force for cultural change in developing countries. When used in conjunction with public information campaigns, the telenovela takes on the mantle of "entertainment-education programming." According to Svenkerud et al. (1995),

Entertainment-education programming represents a promising media strategy in development communication that can increase audiences' knowledge about social issues, create favorable attitudes, and change their overt behaviors on such topics as family planning, gender equality, and child development. (p. 147)

At the center of entertainment-education programming is Miguel Sabido, who is considered the architect of the telenovela as employed for social change. Sabido is "a sociologist who developed commercial soap operas in Mexico in the 1970's and early 1980's that stressed adult literacy, family planning, sexual education and the role of women in society" ("With hint of scandal," 1993).
An organization which has worked with Sabido is Population Communications International (PCI), whose sole purpose is developing and executing campaigns for population reduction directed primarily at developing countries. PCI's "five staff members negotiate with government officials, religious leaders and television producers to create dramas in countries overwhelmed by population growth." ("With hint of scandal," 1993). PCI has observed that

People will not use family-planning clinics simply because they are built; people's attitudes toward family planning must change. And the most effective way to help change those attitudes is through the media: newspapers, radio and, primarily, television. ("With hint of scandal," 1993)

"Sabido united his theories of mass communication with the dramatic skills of established novela writers." (Paxman, 1996, p. 63). He created programs which would work with public information campaigns (Nariman, 1993). According to Ryerson (1994), Sabido "emphasized five essential components of an effective prodevelopment soap opera:

1. Attract a large audience,
2. Emphasize cultural archetypes and stereotypes,
3. Represent emotions,
4. Promote socially desirable values, and
5. Promote a vehicle for social learning" (p. 258). These components are referred to in this thesis as the "Sabido methodology."
The telenovela, as created by Sabido, is "[b]ased on a multi-disciplinary theoretical framework involving elements from Bandura's social learning theory,...and Jung's theories of archetype" (Svenkerud et al, 1995, p. 149). This case study focuses on the theories of Bandura and Jung and the direct application of those theories to the telenovela.

**Bandura: Social Learning Theory (1977)**

Bandura's studies of human behavior have shown that "behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action" (p. 22). This observation is the basis for Bandura's "Social Learning Theory."

"Within any social group some individuals are likely to command greater attention than others" (p. 24). Therefore, the impact or effectiveness of the models is crucial to the process of social learning. "Models who possess engaging qualities are sought out, while those lacking pleasing characteristics are generally ignored or rejected" (p. 24). Models can then serve as moral guides. When models adapt a particular moral code, attention is brought to the code. If a model is adapting a code different from the societal norm, changes in moral judgments can be produced. The end result may be positive or negative. Bandura states that "[t]he views [the models] express additionally provide justification for reweighing various factors in making decisions about the
wrongness of given acts" (p. 46). Consequently, models who adopt a code deemed immoral by societal standards can effect change to the negative. The key is to use modeling to produce positive changes, both in behavior and morality.

Television, unlike printed media or person-to-person communication, reaches a large number of people in a short amount of time. Bandura notes:

The advent of television has greatly expanded the range of models available to children and adults alike. Unlike their predecessors, who were limited largely to familial and subcultural sources of modeling, people today can observe and learn diverse styles of conduct within the comfort of their homes through the abundant symbolic modeling provided by the mass media. (p. 24)

Symbolic modeling, i.e. fictional and/or demonstrative, is a powerful social influence which can drive changes in societal attitudes and modes of conduct. "In view of the efficacy of, and extensive public exposure to, televised modeling, the mass media play an influential role in shaping behavior and social attitudes" (p. 39). Bandura considers the possibility of conventional role models losing their prominence in favor of the new, less traditional, symbolic modeling via the mass media. This result could come about because

During the course of their daily lives, people have direct contact with only a small sector of the environment. Consequently, their perceptions of
social reality are heavily influenced by vicarious experience -- what they see, hear, and read in the mass media. The more peoples' images of reality derive from the media's symbolic environment, the greater is its social impact. (p. 40)

What happens to the symbolic models, i.e. the result of their behavior, will often determine whether or not the behavior will be adopted by members of the viewing audience. "They are more likely to adopt modeled behavior if it results in outcomes they value than if it has unrewarding or punishing effects" (p. 28). The audience can learn vicariously, in other words, learning from the models' mistakes and thereby not experiencing personal failure or punishment. "As a general rule, seeing behavior succeed for others increases the tendency to behave in similar ways, while seeing behavior punished decreases the tendency" (p. 117). Furthermore, an audience will respond positively to a behavior which resulted in praise for the symbolic model even if adopting the new behavior creates short-term disadvantages:

Observed positive consequences are especially likely to foster adoption of behaviors that have unpleasant aspects and hence, require incentives if they are to be performed...[The audience] will pursue formerly resisted courses of action more readily if they see models praised for exhibiting such conduct than if
models receive no recognition for their actions. (p. 119)

These changes of attitudes and divergence from traditional societal morals were seen by Bandura to be crucial in the area of family planning and population reduction. Directing observations specifically to the problem of the world's burgeoning population, Bandura urges that "[t]he challenge ahead is the development of social practices which promote the common good in ways that still preserve the greatest possible individual freedom" (p. 212). He felt that changes in attitude could be effected through modeling and social learning without the use of coercion. He saw psychology as a tool for societal enrichment and that it could "aid [society] in making value choices by assessing the consequences of alternative lifestyles and institutional arrangements" (p. 213).

Jung and Archetypes

"Every telenovela is really a reflection on morality," says Miguel Sabido. "It is trying to figure out who is good, who is bad, what is good, what is bad" (Quinones, 1997, p. 126). These reflections are generated through the use of Carl Jung's theory of archetypes.

According to Jung's theory, certain stereotypes or archetypes are repeated throughout myth, literature and society in general.
The concept of the archetype...is derived from the repeated observation that, for instance, the myths and fairy tales of world literature contain definite motifs which crop up everywhere. We meet these same motifs in the fantasies, dreams, deliria, and delusions of individuals living to-day. (Storr, 1993, p. 415)

Often, individuals are not aware of these archetypes. "Multidimensional and not always operational at the surface level of consciousness, they are manifested through symbols, prototypes and myths" (Svenkerud, 1995, p. 152). While operating at the subconscious level, "[a]rchetypes have an organizing influence on images and ideas. Archetypes are not themselves conscious, but seem to be like underlying ground themes upon which conscious manifestations" are built (Storr, 1993, p. 16).

Archetypes are the impetus for conveying a story line. "Just as characters in a play are the movers of its plot, archetypes are the movers of events in mythological stories" (Nariman, 1993, p. 37). Given that mass media can generate change quickly within a society, "[e]ntertainment-education soap operas are an effort to fill the lag between societal advance and the corresponding formation of living myths that reconcile humans with these advances" (Nariman, 1993, p. 37).

Table 1 on page 33 lists the archetypes used in telenovelas. These five archetypes are categorized in chronological order, from the child through to the senior adult. Listed also is the corresponding challenge and rite
Table 1

Universal Physiological and Psychological Archetypes Used as Prototypes for Characters in Entertainment-Education Soap Operas

<table>
<thead>
<tr>
<th>Female Archetypes</th>
<th></th>
<th>Male Archetypes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The Girl</td>
<td>Menstruation</td>
<td>The Boy</td>
<td>Physical growth</td>
</tr>
<tr>
<td>The Teen</td>
<td>First complete sexual experience</td>
<td>The Teen</td>
<td>Sexual capability and experience, travel</td>
</tr>
<tr>
<td>The Woman</td>
<td>Pregnancy</td>
<td>The Man</td>
<td>Fathering a child</td>
</tr>
<tr>
<td>The Mother</td>
<td>Menopause</td>
<td>The Father</td>
<td>Aging</td>
</tr>
<tr>
<td>The Senior</td>
<td>Death</td>
<td>The Senior</td>
<td>Death</td>
</tr>
</tbody>
</table>

of passage, i.e. vicissitude, which accompanies each age.

According to Nariman (1993),

The characters in entertainment-education soap operas are intended to be the purveyors of modern myths that speak to the challenges of human behavior in accord with the natural, social, and spiritual environments of today. As such, these characters are designed to embody certain archetypes. (p. 38)

Through the use of these archetypes, "prosocial messages" are transmitted (Svenkerud, 1995).

Mexico: Cultural Setting and Family Planning History

Mexico is a developing country and a major contributor to the world's population growth. The United States Agency for International Development (USAID) lists the characteristics of countries such as Mexico as having "childbearing by large numbers of very young and older women; many closely spaced births; high numbers of infant, child, and maternal deaths; high female illiteracy; [and] large numbers of women with an articulated but unmet need for family planning services" (USAID, 1997). The Mexican government has been aware of these demographic problems for decades. "In 1936...the first General Population Law was passed in which the peopling of the country was seen as a means to achieve economic and social development, within a nationalist welfare framework" (Corrêa, 1994, p. 28). After the industrialization of
Mexico, continued population growth came under fire and debates ensued "between those who considered population a hindrance to development and those arguing that such a policy shift would inevitably result in coercive population control" (Corrêa, 1994, p. 29). The population reduction advocates won out and a national family planning program was enacted in 1973 in spite of the fact that "the Mexican government...for many years had been the sworn enemy of all official action designed to reduce the birth rate" (Viel, 1976, p. 230).

While the government may support family planning, religious and cultural issues block assimilation of this policy into many segments of the population. Even with a governmentally approved program in place, by the mid-1980s surveys indicated that the majority of men in Mexico were still reluctant to share the responsibilities of birth control (Ringheim, 1993).

In a study done in rural Mexico on "reproductive decision-making," Terry (1994) notes the impact of religion on family size determination and contraceptive use. While the church may advocate family planning, it is opposed to any method which interferes with conception, i.e. contraception vs. rhythm method and/or surgery. While some factions within the church support the conservative view of "women solely in light of their biological capabilities" (p. 100), some priests encourage women to limit their family size. She observed, also, that "women remain subservient to their children and their husbands" and "serve their families
because 'it is the will of God'" (p. 102). Prior to Terry's findings, though, Viel (1976) believed the influence of the Catholic Church in Latin America has been overstated. "Mexico, the only country in Latin America ever to ban the Catholic religion and to persecute its priests, has one of the region's highest birth rates" (p. 225).

Another area of focus for Terry (1994) was the effect of male-dominated influence and beliefs. In some smaller villages in Mexico, men are not inclined to use birth control and "[s]ome women even deny that they themselves have any choice in the matter, saying, 'It's up to the man,' or 'Only the man decides.' Remarks like this reflect the powerlessness many women feel over their own sexuality" (p. 104). In addition, "males may view a woman's use of birth control as an excuse to have an affair" (p. 105). Corrêa (1994) emphasized the dichotomy which exists between government legislation and actual family planning implementation. She observed that Mexico's "rapid deprivatization of reproduction did not challenge gender inequality, since, for example, abortion remains illegal" (p. 29).

Yet, surveys conducted to determine the effectiveness of family planning programs in developing countries indicated that Mexico's program dramatically strengthened from 1972 - 1989, followed by a slight weakening in 1994 (Ross et al, 1996). Ryerson (1994) feels that there is still much work to be done.
Despite a number of success stories in family planning communications, including...Mexico, there are relatively few resources in the population field that are devoted to family planning information, education, and motivation. Moreover, while information programs have been important in helping people understand what services are available, most have generally not addressed the cultural context that has led to a desire for large families. (p. 256)

Mexico and Sabido's Telenovelas

Miguel Sabido, a sociologist, had a history of producing commercial telenovelas in Mexico during the 1960s. By the mid-1970s, he decided to turn his attention toward social issues, such as adult literacy and family planning. He combined theories from the disciplines of psychology, drama and communications to create the "soap opera for social change" (Nariman, 1993).

Building on a Peruvian telenovela called "Simplemente Maria" ("Simply Maria"), a "rags-to-riches" story broadcast in 1969, Sabido produced "Ven Conmigo" ("Come with Me") in 1976 which dealt with the social problem of adult literacy (Nariman, 1993). Following the success of "Ven Conmigo", Sabido developed "Acompáñame" ("Accompany Me"), a telenovela which focused on promoting family planning (see Appendices "A" and "B" for a transcript of two episodes of "Acompáñame"). Although the Mexican government had passed
legislation which encouraged family planning, the cultural ideology in the 1970s still favored numerous children. Sabido addressed this ideology and "presented the individual and social conflict involved in the transformation from an age when having numerous children can lead to serious personal, economic, and societal problems" (Nariman, 1993, p. 37). To do this he "drew upon key archetypes representing universal human physiological and psychological conditions...[see table on page 32]. He then personified these archetypes in the form of cultural stereotypes" (Nariman, 1993, p. 38). Furthermore, "certain characters in 'Accompáname' are positive or negative role models for the family planning behavior promoted by the Mexican government" (Rogers et al, 1985, p. 31).

"This telenovela was the beginning of what many call a miracle in Mexico's sudden shift toward a record-breaking reduction in growth rate" (Raymond, 1992, p. 54). Not only did "family planning clinics experience[] a 33% increase in the number of patients seeking information and methods to help them control the size of their families" (Raymond, 1992, p. 54), but, according to Ryerson (1994), the Sabido telenovelas accomplished their objective of growth reduction. "[F]ive family planning serial dramas in Mexico between 1977 and 1986 coincided with a 34% decline in the population growth rate of that country" (p. 259). In 1996-1997, Sabido and PCI collaborated on "Mexico's newest social content telenovela...named 'Los Hijos de Nadie' ('The Children of
Nobody'). The program focuses on the plight of street children, the necessity of planning one's family, and the importance of responsible parenthood" (PCI, 1998). The telenovela has proven to be so successful in generating social change that other countries, such as India, have employed the Sabido methodology.

India: Cultural Setting and Family Planning History

India was aware of its burgeoning population and had family planning programs in place decades before the airing of the first family planning themed telenovela in 1981. "As early as 1916, a book entitled The Population Problem in India by Pyare Kishan Wattal, drew attention to the impact of a growing population on the country's economic and social development and the consequent problems" (Banerjee, 1979, p. 1). By the 1930s, government-sponsored birth control clinics were open in some of the provinces (Banerjee, 1979). The government launched a three plan program spanning the years 1951 to 1969 (Banerjee, 1979). By the time the Fourth Plan Period was initiated in the early 1970s, India was ready to make full use of the mass media with an "increasing emphasis on films as the main vehicle of transmitting the message" (Banerjee, 1979, p. 17). Then, with the availability of television, family planning messages were broadcast to 2,400 villages from August 1975 to July 1976 (Banerjee, 1979). In spite of earnest attempts by the government to educate and
legislate social change, population reduction was still fraught with several obstacles, including language and logistics.

"The technical problem of family planning is not so easily solved in India because of the huge population which must be reached in remote areas...and the low level of education shared by these villagers" (Weber, 1973, p. 5). In addition to the tremendous rural population, communication difficulties are exacerbated by the existence of "14 major languages and more than 200 dialects" (Weber, 1973, p. 5). Furthermore, a greater number of females than males are illiterate, thus reducing the potential of written communication (Weber, 1973).

Religion and social customs also interfere with the effectiveness of family planning information campaigns. "Indian culture is Hindu culture....Hinduism differs from most other religions in that it has little formal organization. Its belief system includes much of the other religions with which it comes in contact" (Weber, 1973, p. 7). Although the government urges family planning, the low status of women in Hindu culture often creates dissonance within the family. Hindu tradition dictates female submissiveness. Therefore, a wife cannot refuse her husband's demand for sex (Weber, 1973). India's caste system inhibits equal distribution of information, as well. The population segments which fall on the lower rungs of the caste hierarchy are less likely to be incorporated into a
village's social system, and consequently are denied access to family planning programs (Banerjee, 1979).

According to Weber (1973), "The people must choose between tradition and the forces of change. Whatever progress the Indian government has [had] in bringing about change in family limitation among the majority of Indian people will depend on how tenaciously they adhere to tradition" (p. 18). Such was the cultural and social setting in India when the first family planning themed telenovelas were aired in the 1980s.

India and the Telenovela

"Hum Log" ("We People") aired in India from 1984 to 1985 and was "the first entertainment-education soap opera outside of Mexico to be based on Miguel Sabido's methodology" and "carried a strong family planning theme" (Nariman, 1993, p. 105).

"Hum Log" was an attempt to blend the Indian national television system's stated objectives of providing entertainment to its audience, while strengthening the prosocial values of audience individuals...."Hum Log" addressed many of the important social and moral issues confronting Indian society: amelioration of women's unequal status, family harmony, family planning national integration, maintenance of traditional culture, problems of urban life, dowry, and alcoholism (Bettinghaus & Cody, 1994, p. 385).
However, after collecting data from focus groups, the family planning story line was dropped because it was "displeasing to viewers" (Nariman, 1993, p. 105).

Following "Hum Log," the telenovela "Hum Rahi" ("Accompany Me") was broadcast in 1992. "Hum Rahi's" story line "focused on sex role stereotyping" and "is also modeled on the Sabido methodology" (Nariman, 1993, p. 107).

The use of broadcast media to promote family planning is not limited to television. PCI has produced and aired radio soap operas in several developing countries, including India. According to PCI's 1996 Annual Report, the "first family planning radio soap opera went on the air in February 1996. Titled 'Tinka Tinka Sukh' ("Little Step, Little Step to a Better Life") the program was broadcast by All India Radio throughout the Hindi Belt, India's most populous region" (p. 5). Unlike television where reception is limited in the rural areas, radio reaches a greater portion of the population in both urban and rural regions.

Telenovelas in Other Countries

Beyond Mexico and India, other countries have employed the telenovela to effect social change. According to PCI, as a direct result of a family planning-themed soap opera which aired in Tanzania "26% of new contraceptive users cited the soap opera by name when seeking family planning services" ("NEWS from Population Communications International," 1996).
Nariman (1993) notes:
The commercial and social success of "Hum Log" in India demonstrated that countries other than Mexico could use Sabido's methodology to produce their own entertainment-education soap operas. Poindexter [of PCI]...brought the methodology to Kenya, where in 1987 a 197-episode family planning entertainment-education soap opera began its broadcast run on television. (p. 107)
The Kenyan telenovela was entitled "Tushauriane" ("Let's Discuss"). "When [the soap opera] went off the air in December 1989, there was such a public outcry that it was approved by the government-run Kenya Broadcasting Corporation (KBC) for continuation in 1990" (Nariman, 1993, p. 107).

Among the other countries who have developed telenovelas to promote family planning are Turkey, Egypt, the Philippines and Nigeria (Nariman, 1993). In addition to India, PCI has recently launched radio soap operas in Kenya, The Philippines, Pakistan, Tanzania, Namibia, Ethiopia and Madagascar (PCI Annual Report, 1996).

Discussion of the Sabido Methodology:

*Acompáname*

*Acompáname* was the first of Sabido's telenovelas to promote family planning. This soap opera was broadcast daily, 6:30 p.m. - 7:00 p.m., from August 1977 through April 1978 and included 180 episodes (Nariman, 1993, p. 16). Two
episodes, provided by PCI for use in this thesis, have been transcribed and are attached as "Appendix A" and "Appendix B". Following is a discussion based upon those transcripts.

**Episode A**

Episode A is set with little focus on the environment surrounding the characters. The set is sparse, with just a bed and a chair. Instead, the scene focuses on the characters of Esperanza (the mother), who is sitting up in bed and has been crying, and a Catholic priest who is sitting in a chair on her right. He is trying to counsel and console her. During the course of their conversation, the camera frequently zooms in for a close-up of Esperanza's face, including the opening shot of Esperanza's head bent over in sorrow and as she raises her head to continue her conversation with the priest. Esperanza is a definitive archetype of "The Mother" (see page 31). Her pregnancies are behind her, and she is of menopausal age. We can infer that most of her children (approximately 10?) are older, e.g. teenagers and adults. The priest is Esperanza's moral guide as she reflects on her life. In addition, the priest becomes the model, the prism for the social diffusion of the innovation of family planning.

Bandura's social learning theory includes the idea that people can learn from the mistakes of symbolic models, i.e. television characters. In this scene, Esperanza laments over her life's choices, among which is the number of children she
bore. Although she initially does not understand that having children is a choice, the priest helps her to realize that having children is not an accident (Esperanza: "We have to accept the children that God sends us." The priest: "God doesn't send us children. We ask for them.") Through the priest, i.e. the model, she learns that she has made a mistake. She could have limited the number of children she had.

The church is a powerful force in Latin America, so the advice of the priest will be taken seriously. Consequently, the audience will learn from Esperanza's mistake and heed the advice of the priest: "One must think about [responsible parenthood] before having children." In effect, the priest has indicated that there is now a new social directive: family planning. The priest does not leave Esperanza in an irreconcilable position, however. He advises her to love and to listen to the children she has. "It's the best way to show God that you really want to serve Him."

**Episode B**

Episode B opens in Marta's kitchen. It is small, with scant decor.

The set is modeled after homes in which people from lower socioeconomic classes might live. Set details include a picture of the Mother Mary which is paid tribute to with a vase of flowers. Other decorations are three different calendars, which many
Mexicans receive free as promotions from local shops and then use as wall adornments. (Nariman, 1993, illustration 4)

The family's beds are in a tiny room immediately off of the kitchen. The kitchen is the hub of the house, and much of the dialogue takes place there.

There are several characters in this episode which contains eight scenes. The primary characters, though, adhere to Jung's archetypes: 1) Marta = "The Woman"; 2) Marta's mother = "The Mother"; 3) Jesus = "The Man"; and 4) Marta's father = "The Father". Among the other people in the scenes are two physicians who serve as points of diffusion, the same way the priest did in Appendix A.

In the first scene, Marta is talking with her sister in Marta's kitchen. It is apparent that Marta is irritated. In accordance with the Sabido methodology, she is displaying emotions with which the female members of the audience can identify: frustration, anger and unhappiness as a result of feeling victimized within her own family. This scene focuses on her attitude about her role as "The Woman," an archetype identified through repeated references to her capacity to bear children. The consequence of these feelings is her lashing out at her children, an action which she immediately regrets and which serves as the catalyst for change. Marta has made the decision to have no more children, but she is confused as to how to carry out her decision. The only choice she can imagine is the physical separation of her and
her husband, Jesus. When Jesus enters the kitchen, he rejects the idea of their sleeping apart. This may be because his identity, via "The Man" archetype, is manifested through his ability to father children. He responds to Marta's solution of separate sleeping arrangements by shaking her and shouting, "Aren't we man and wife?" Since other options have not yet been presented in the story line, the audience is being led through the thinking process. Perhaps this is the same process the audience would go through if faced with the same situation. Therefore, the audience will be learning as Marta and Jesus learn.

In the next dialogue which is still set in Marta's kitchen, Marta shares her fear of another pregnancy with her mother, and the mother responds with "That's wonderful. God be thanked." These words help to clarify the archetype of "The Mother" because the mother is assumed to be menopausal. In addition, she reflects the prevailing societal opinion that pregnancy is a good thing. Marta admonishes her mother and points out the impact of too many children: "Look at me. I'm 24 years old and I look 30. And you, you're a wreck." She furthers her cause by commenting on the state of the home where her mother's children are being raised: "It's like hell."

The scene shifts to Marta and her parents in Marta's kitchen discussing the role of parents. This conversation creates the stereotypes which reflect current social rules: knowledge = bad, and, acceptance = good. Marta, the model,
explains why the reverse is true. Marta recounts how her lack of knowledge about her body generated fear. "When a girl is 12 or 13 and she realizes that [women's bodies function differently from men's] she dies of fright... [because] nobody told me." The father defends his lack of information with "this is a decent family," implying that it is indecent to discuss the functions of the body. Perhaps this reflects the vicissitude of "aging" as "The Father" archetype because he is unwilling to adopt a new outlook, i.e. he is "set in his ways." Marta points out that the "decency" associated with the lack of knowledge is a social rule which needs to be changed. The father continues to define the archetype of "The Woman" with "You must fulfill your duty as a wife even if you're afraid." Marta challenges this social rule. She persists in advocating change and the story line demonstrates that advocating change may cause friction with the archetypes. Bandura observed that the audience "will pursue resisted courses of action more readily if they see models praised for exhibiting such conduct" (Bandura, 1977, p. 119). Marta will receive praise later in the episode from influential models.

The scene changes to Jesus and Marta in the kitchen. Marta must now implement the new social rule within her own home. Her previous frustration has been replaced with the joy of knowledge as she shares recently acquired family planning information with Jesus. This represents Marta's second attempt at finding a workable solution; the thinking
process continues. The tension exhibited previously between the couple has been replaced with smiles as Marta plans to relate the family planning information to Jesus. When Marta tells Jesus, "I really love you and I know you love me" he grins and replies, "Who told you such a lie?" The use of this mild humor in the scene creates a positive atmosphere. Marta justifies to Jesus why family planning is a necessary change, and why it is based upon love. Her friend, Gutia, gave her a poem about marriage. Gutia wrote that marriage is "like a river" and portrays the river as a positive metaphor for control. Marta explains how family planning is control.

Marta and Jesus make a joint decision (versus coercion) to practice the "rhythm" method. The next scene, again with Marta and Jesus, provides the audience with the opportunity to learn vicariously as the characters' joint decision must now be put to the test. Jesus balks at the rhythm method and Marta must find another avenue for family planning. The audience continues to be led through the thinking and discovery process.

The final scenes utilize physicians as models. They are the sources of information diffusion as different methods are implied but not discussed in the episode. The new moral code of family planning is promoted by the models of authority, the physicians. As Marta and Jesus explain their feelings about limiting their family size, their concerns are validated and their willingness to adopt a new social rule is praised when the physician tell them that "An intelligent
couple thinks about the well-being of the whole family." The models (physicians) emphasize that there is no correct answer. The audience is encouraged via the models to seek out tailored solutions. The last scene shows Marta and Jesus laughing and embracing as they leave the physician's office. The audience is led to the conclusion that a change in behavior, in this case a change toward family planning, results in happiness and love.

Although "Epilogues" to Episodes A and B were not available and, therefore, not included in the tapes transcribed for this study, Nariman (1993) states:

Epilogues are written as a closing section to each episode of the...soap opera. These one-minute summaries feature a recognized opinion leader or entertainment figure [i.e. a diffusion model] who is not in the soap opera. Epilogues are intended to complement the emotional stimulation of the melodrama with cognitive information. Scripts for each epilogue center around what just happened in the particular episode of the soap opera while calling viewer attention to key scenes in the unfolding of the social message. They end by providing addresses and phone numbers to organizations in the public infrastructure where the public can get further information about services available to them. (p. 65)
Sabido's five elements for an effective "prodevelopment soap opera" (see page 27) are present in these episodes and applied as follows:

1. The audience was already in place for the telenovela since this format is enormously popular in Mexico.
2. The cultural archetypes and stereotypes are emphasized.
3. A range of emotions are presented against the backdrop of the family planning theme.
4. Family planning is promoted.
5. Family planning vehicles are presented in the forms of models for diffusion, e.g. the priest and the physicians.

As illustrated, Sabido guides the audience through the social learning process. He consistently constructs scenes so that the audience can identify with the characters, via the cultural archetypes, and can understand the characters' predicaments. Sabido leads the viewers through the frustration caused by lack of information and the joy created through enlightenment and positive social change.
CHAPTER 4

CONCLUSION

The primary family planning communication agenda is to effect social change, to get the message across to the general population. In developing countries, the enculturation of large families must be supplanted with a new paradigm: population reduction. Among the global cultural challenges is the education and empowerment of women. From international organizations such as The Centre for Development and Population Activities (CEDPA) to the feminist social movement, the resounding call for change is rooted in empowering women.

CEDPA focuses on women and youth in countries such as India, Nepal, Pakistan, Kenya, Nigeria, Mali, Romania, Uganda, Tanzania, Russia and Peru. Many of CEDPA's programs are managed by women. One program is cosponsored jointly with USAID and Johns Hopkins University. "The project's goal is to improve reproductive health through sustainable information, education, and communication (IEC) activities" (CEDPA, 1997, p. 4). The Partnership Projects for Girls and Young Women is working to "strengthen vocational and literacy
skills and increase understanding of family life issues" (CEDPA, 1997, p.4).

Feminists maintain that among the most important achievements of Southern [i.e. developing countries] feminists in recent years has been women's impact on changing social norms and practices. Women's organizations have invested a great deal in contesting attitudes about women's and men's confined gender roles.... Transformation of cultural systems that oppress women may be our most challenging task ahead. (Corrêa, 1994, p. 105)

Women's empowerment is fundamental to a successful family planning program. Brown (1994) urged governments to "concentrate on improving health and education for women and expanding choice....There should be more research into 'risk-free' contraception, [and] male methods of birth control" (p. 7). Family planning needs to become an egalitarian effort.

A necessary component in effecting cultural change is to increase men's participation in family planning. Women have been the primary target of family planning messages, but men are becoming more involved, as the result of IEC. "Policies and programmes should educate and encourage men to take more responsibility for their reproductive behaviour" (Corrêa, 1994). Altering family planning services to include men may present difficulties for clinical staffs. Ringheim (1993) submits that
The introduction of any new method, but particularly of a new method for men, will place burdens on clinic staff accustomed to dealing primarily with women. Additional training for prescribing and monitoring the method and for sensitively addressing new counseling and ethical issues will be necessary. The requirements of introducing a new method may seem to disrupt existing services and provoke negative reactions from clinic staff until the additional burden the method imposes is integrated into daily routine. (p. 95)

CEDPA's programs are not only targeted toward women, but to the youth in developing countries, as well. One program emphasizes "shared responsibility among youth women and young men" (CEDPA, 1997, p.4). Isiugo-Abanihe (1994) observed the depth of Nigerian men's enculturation as non-participants in family planning and the messages needed to generate change.

To change the attitudes of Nigerian men toward population matters and to motivate them toward the practice of family planning, more fertility research focusing on their concerns and behavior must be undertaken....[There is a] need to include, within the framework of the National Policy on Population, specific population information and awareness programs targeted at men. (p. 160)

Certainly a major factor in enculturation is the profound effect of religious dogma on the populations of developing
countries. In November, 1996 at a summit concerned with food shortages "the pope denied any link between overpopulation and hunger during the opening address....[by declaring] 'We must renounce the sophist [i.e. position contrary to the church] view which holds that to be many is to condemn ourselves to be poor'" ("Vatican exploits UN food summit," 1996). Statements such as these from the leader of the Roman Catholic Church frustrate the cultural changes being sought by population reduction advocates. Ross (1996) warned against complacency which can result from successful programs. "[I]ncreases in contraceptive prevalence...may slow or cease unless significant improvement occurs in background socioeconomic conditions, ideational influences, or program effort" (p.114).

The mass media through its ability to reach large segments of a population is a critical "ideational influence." Specifically, the telenovela has proven to be instrumental in creating social change by going to the heart of beliefs held by the target populations. By applying communication theory and the "Sabido methodology," the lives of the characters in these soap operas become a vicarious learning experience. Ryerson (1994) summarized the reason for the telenovela's success:

The design of these programs recognizes that the problem is not availability of contraceptives, but rather deeply held fears and superstitions about contraception itself as well as cultures
which equate having children with male virility and which emphasize the importance of the man's dominance over the women. As these and other broadcast dramas play themselves out they model new forms of behavior for society to 'try on' as it begins to understand the limitations of its traditional behaviors. (p. 263)

Implications for Future Research

McAnany and LaPastina (1994) proposed research more focused on the telenovela audience. They specify the areas of character identification and audience involvement with the story. In addition, they suggested a more global approach to telenovela research, i.e. a comparative study of various national audiences to the telenovela. "It is a present challenge to sort out this emerging global phenomenon and to understand the role of audiences in it" (p. 844).

The amount of literature regarding the types and abundance of information, education and communication is limited. While there appears to be much written about the need for family planning in developing countries, most of the consideration is given to the technical aspects of family planning, i.e. medical supplies, housing for the clinics, staffing, etc. In order to ascertain the depth and breadth of the IEC being conducted world wide, this thesis proposes that a global survey be developed. The "Finder's Guide" on the World Wide Web lists over 800 contacts in the related
fields of family planning, population research, reproductive freedom / women's rights and public health. Through the use of the traditional postal services, e-mail and facsimile (fax), most organizations and/or field personnel could be contacted to participate in a survey.

The survey should address the specific types of IEC being conducted in developing countries, and ask specific questions regarding communication strategies. Of particular interest would be the use of mass media. In order for the target audience to utilize family planning, it must 1) be aware of the clinics and counselors; 2) be aware of the variety of contraceptive options; and 3) have the desire to make use of #1 and #2. The key to the audience's wanting to avail itself of the family planning options is: the audience must understand the need for family planning. The questions in the survey should address the methodology used by the professionals in the field to reach the mass audience. Some sample questions are:

1) What belief systems (if any) in your area have been the primary obstacles blocking the promotion of family planning?

2) What strategies do you use to overcome these obstacles?

3) Are you familiar with or have you participated in the development of entertainment-education programming (i.e. the telenovela)?
4) Have you been involved in the creation of a public information campaign?

5) What multiple sources/media have you used in your campaign?

6) Please indicate the type of media used by your organization to disseminate information.

7) Your organization utilizes mass media in which of the following countries? (List specific countries)

8) Which of the mass media used by your organization has been the most effective?

9) Are you satisfied with the assistance you have received from the United Nations? National governments? Private firms? Universities? (These questions could be measured on the Likert scale.)

By developing both qualitative and quantitative questions, a comprehensive analysis could be performed. The survey should also examine the results of the IEC programs, focusing on those which the field personnel have deemed to be the most effective. Others areas of interest may include: suggestions for further research, case studies, inclusion of pertinent literature samples used in the field, tentative future IEC programs, and examples of networking and information sharing among the various organizations.

Ultimately, the results of such a survey could be shared among the field professionals who participated in the survey. Given that so little money is allocated to information, education and communication, the results of a comprehensive
survey would undoubtedly prove beneficial to field professionals. Through these results, family planning personnel could learn what communication strategies their peers were using in other parts of the world, thus providing information to which they might not normally have access or which was previously unavailable.
APPENDIX A

Acompáname - Episode A

[Esperanza is sitting up in bed, crying. A priest is sitting in a chair on her right. He is trying to counsel and console her.]

Esperanza: So...I threw her out, father. I threw her out of the house because I won't allow any of my children to treat me with such a lack of respect. Do you think I did the right thing? Didn't I do the right thing? Didn't I, father?

Priest: I'm not here to judge you. Only you can condemn yourself...or save yourself.

Esperanza: But what sin did I commit? Tell me...because I don't understand, father. I don't understand what it is they blame me for...why they hate me...Why?

Priest: I don't believe that your children hate you.

Esperanza: And the book?...And everything they say about me? Gutia blames me for everything. She says I shouldn't have had Fernando marry, that I spoiled Federico...and Mercedes and...

Priest: You should have been more responsible. Irresponsibility is the worst sin of all. If you created a family...if you brought those infants into the world...you should have cared for, educated and guided them.
Esperanza: What? Father...are you telling me that I was a bad mother to my children?

Priest: I can't accuse you of anything. I'm just trying to bring some light to this spiritual confusion of yours.

Esperanza: It's hell, father. That's what it is, hell. I'm going through hell.

Priest: I know, my child. Blindness, confusion and disorder...that's exactly what hell is, my child. Life has its laws and we must obey them. Life is order, harmony, serenity. And you, my child, have lost all that.

Esperanza: Yes...I've lost it. I don't know how...I don't know when...but one day I woke up and the world and life had changed. I felt old, exhausted...torn up inside. Maybe...I don't know, but maybe...Maybe if I hadn't had so many children, father...I know that I shouldn't say such things. But...

Priest: You're right, Esperanza. Because that was your worst sin. You shouldn't have raised those children in disorder and indolence. Because to give life is sacred...but to take care of that life is even more sacred. And if with one child, just one...we have a tremendous task...imagine what 10 children mean...10 lives...10 destinies.

Esperanza: But what could I do, father? We can't control these things. We have to accept the children that God sends us.

Priest: But my child, remember that God doesn't send us children just like that. It's we who are responsible for the means. God doesn't send us children. We ask for them. That's why family planning is necessary.
Esperanza: Family planning? You? A priest?...You're telling me that I...that I...

Priest: Esperanza...Our people are mistaken in thinking that the Church opposes such things. It's not true. Why would we oppose order and harmony...in a word, happiness? To plan the family doesn't mean to prevent life...but to make it more beautiful, more worthwhile for those who give it and those who receive it. That is how one can be a responsible mother. That is responsible parenthood.

Esperanza: But...there were so many...I don't know. I couldn't, father. There were too many problems...too many things.

Priest: One must think about that before having children. It was your duty to think about those lives.

Esperanza: But now...it's too late. All I can do now is pray for myself...for them...commend my soul to God.

Priest: No, you're wrong. It's good to pray...but it's much better to correct one's own errors.

Esperanza: But I have to do penance, father. I have to.

Priest: Esperanza, talk to your children. Talk to each one of them, listen to them carefully...tenderly...with love. That's the best thing you can do. It's the best way to show God that you really want to serve Him.

[Zoom in on Esperanza's tear-stained face. Fade out.]
[Marta and her sister are in Marta’s kitchen.]

Sister: Mama wants to borrow 2 tomatoes.

Marta: There they are. Go get them.

Sister: That’s nice of you. This is for mama I wouldn’t want to owe you any favors.

Marta: Watch what you say because I’ll answer you and you’ll start to cry.

Sister: You scare me.
[Yells at Marta’s children] Get out of the way.

Marta: Those aren’t your children.

Sister: If they were, I’d teach them some manners. They’ll be just like you.

Marta: Now I’ve had enough. Nobody invited you to come here. You take my tomatoes, then insult my son. Get out!

Marta: You’re really selfish. For 2 tomatoes, just 2… A person tries to talk to you and you get furious. Keep your tomatoes!
Marta: Get out of here!
[Yells at her children] And you, get out of the way!
And don't start crying. Be quiet!

Narrator: The time will come when you, too, will hit your children for no reason.

Marta: [Thinking] Never. I won't take out my problems on them.
[Comforts her crying child] I'm sorry. Forgive me.
[Thinking] It will get worse and worse. I'll get more and more like my mother, shouting, crying, hitting my children, always pregnant, always looking at my husband as if I were a victim.
No! Come here, son. Stop crying. It's all right. Don't worry. Something came over me. It's like a sickness we have in my family. Let's see. Come here...stay there.
We're going to move the cot. I'm sorry I hit you. She put me in a bad mood. It's not your fault.

[Her husband, Jesus, enters the room while she is moving the cot.]

Jesus: Now what? What are you doing? Are we moving or what?

Marta: No. It's just that...I thought that...
I'll tell you the truth. I just hit Pepe for no reason. I don't want us to become like my family. And so, well...you and I...I'm going to move that cot over there so you...can sleep with the boys. And I...

Jesus: What?

Marta: I'm going to sleep here and you in there. Women here and you men in there.

Jesus: You've gone crazy. I'll have to send you to an asylum.
[He starts shaking her.] Aren't we man and wife?
Marta: [Crying] Yes, but I'm going crazy like all the rest. I refuse! I won't keep having children! I won't. I don't want to worry and suffer!

[Scene changes to Marta and her mother in Marta's kitchen.]

Mother: Marta, you act like a crazy woman.

Marta: Am I crazy for wanting to talk to you? You're my mother, aren't you? I'm supposed to be able to rely on you. I can't stand it any more, mama!

Mother: Be quiet or you'll wake Federico.

Marta: I want to wake up everyone!

Mother: Tell me, what's wrong?

Marta: I'm afraid. I'm terribly afraid.

Mother: Of what?

Marta: I think...that I'm pregnant again. That's what I'm afraid of.

Mother: Another child? That's wonderful. God be thanked.

Marta: No, mama! You're impossible! I'm afraid of having child after child, like you. Look at me. I'm 24 years old and I look 30. And you, you're a wreck.

Mother: How can you talk to me like that?

Marta: I'm desperate, mama. I don't want my children to grow up in a house like this. It's like hell. Your children are damned. I don't want that to happen to me. I refuse...I refuse...
[Scene changes to later in Marta's kitchen, with Marta, her mother and father.]

Father: Your mother wants to talk to you.

Mother: No, it's your father who does.

Marta: That's the way it's always been.

Father: What do you mean?

Marta: Parents should talk to their children. One isn't born with the answers. His parents should explain things to him.

Father: Like what?

Marta: Everything. When I was little, I'd look at the moon and think it was a light bulb. You never explained the moon to me.

Father: That's ridiculous.

Marta: Is it? Shouldn't parents tell their children about the world? The girls at school told me, in secret where babies come from. But they didn't explain it well. Even when I married, I didn't really know. And there's still much I don't know. I never had anyone I could ask.

Father: Don't talk to me about those things. Parents and children don't talk about them.

Marta: Papa, do you know that women's bodies function differently from men's? Don't you know that?

Father: Of course not.
Marta: When a girl is 12 or 13 and she realizes that...she dies of fright. I did. I didn't know what sin I'd committed to deserve that. And it's the most normal, natural thing in the world. But nobody told me. Nobody.

Father: It's your mother's fault.

Mother: You forbade me to tell the girls those things.

Father: Because this is a decent family.

Marta: In a decent family, parents talk to their children. They discuss their problems openly, help each other. Decency doesn't depend on money or class. Decency is loving each other and talking...I don't know.

Father: You don't know anything. You're irresponsible. You must fulfill your duty as a wife even if you're afraid.

Marta: I'm afraid that my family will be like yours.

Mother: What's wrong with my family?

Marta: Don't you understand either? I want to be happy. I want my children to be happy. I don't want my girls to marry with the fears I had because you never explained anything to me. Not even now.

Father: What do you mean, "now"? What do you want explained? I want you to explain, if you can, how I can have a good family, one where there is love and not hate, where all can trust and help each other, where there's respect. Tell me, papa...how can I have a good family? Tell me, if you can.

[The father, visibly shaken, leaves the room.]

Mother: You see? You've made your father angry.
[Marta moves the cot to the center of the kitchen.]

Mother: What are you doing?

Marta: Putting the furniture back.

Mother: Why? I don't understand.

Marta: You never understand. You don't understand anything I feel. Neither you...nor papa.

[Scene changes to Marta and Jesus]

Marta: Jesus...I...Look...Sit down. Come on. We've never sat down like this to talk. I've been in such a bad mood lately because...I really love you and I know you love me.

Jesus: [smiling] Who told you such a lie?

Marta: One day I began to look at all the families here and saw that the young couples get along well, but as they get older, they stop loving each other and stop talking and end up like my parents. So I began to think hard...Why? It's not logical. People marry so they can be together. If you're going to be together all your lives...You better love each other, right? So...I began to see that I had to defend...this...this love we have for each other.

Jesus: Go on, Mr. Attorney.

Marta: O.K...I asked everyone and no one could answer me. My parents got angry. Even you didn't understand.

Jesus: You didn't explain it.

Marta: Do you know who gave me the solution? Gutia.

Jesus: Your sister?
Marta: Yes.

Jesus: What does she know about marriage?

Marta: They never let her have boyfriends, so she read books. And she wrote something for me. She wrote something for us, for you and me. I'll read it to you.

"A marriage is like a river. If it grows without control, it destroys all in its path. If controlled, it becomes a blessing, and nourishes the flowers and trees of happiness and harmony."

Jesus: And how can we do that?

Marta: Like this. You'll see. I've got something. This is what we have to do.

Jesus: Let's see.

Marta: Look, Jesus. It's called "Rhythm".

Jesus: What?

Marta: Rhythm! Take a look.

Jesus: I don't understand.

Marta: I do. I understand it perfectly. And I've got news. Look...Now that I know I'm not pregnant, we're going to control our family. We can do it ourselves. Tomorrow we'll ask Delia to take care of the kids...and we'll dress up and go dancing. O.K.?

Jesus: Really?

Marta: Yes!

Jesus: And we won't keep the beds apart?
[Marta and Jesus laugh and embrace.]
[Scene changes to Marta and her mother.]

Mother: So you think our family isn't happy, like Amanda's?

Marta: No, mama. To tell the truth, no.

Mother: I wonder why. Why should some families be happy and others not? It must be fate, right?...Just fate.

[The mother leaves the room.]

Marta: No, it's not fate. It depends on people.

[Jesus enters the room.]

Jesus: Has she gone?

Marta: Yes. Why didn't you want to see her?

Jesus: [Smiling] Today I don't want to argue. Do you know what I want?

Marta: No, I don't know.

Jesus: I want to go dancing like the other night.

Marta: No...look, Jesus...we can't.

Jesus: Why not? Come on, let's go out and live it up.

Marta: No...no. [Looks at calendar.] No. We have to be disciplined.

Jesus: But I want to go dancing with you.

Marta: I do, too. But...
Jesus: Well?

Marta: No. We agreed to be disciplined.

Jesus: I don't like so much discipline.

Marta: But you promised.

Jesus: I thought it was a whim. I didn't think you'd take it so seriously.

Marta: I'm very serious about it, and you know it.

Jesus: That's fine. I'm telling you, it's okay.

Marta: But don't say it like that. Say it as if you mean it.

Jesus: Sure. I'm going out for a beer with the guys.

Marta: Must you?

Jesus: If you want the truth, yes.

[Jesus leaves. Marta looks at calendar.]

Marta: I wonder how my aunt Amanda did it? What can I do to accomplish what I want?

[Scene changes to Marta, Jesus, a woman and physician sitting in a living room.]

Woman: I invited you, Dr., because this couple has a problem that I alone can't help them resolve. In the interests of a harmonious home, they've decided not to have more children than the 3 they have now.
Dr.: That's very sensible...An intelligent couple thinks about the well-being of the whole family.

Marta: We've seen other families that we don't want to be like. We love our children...but...That's the problem.

Dr.: Each couple should have the number of children they really want. If a child is unwanted, both he and his family are unhappy. Each couple should decide how many children they really want and for how many they can really provide emotional and material security.

Jesus: We feel that the 3 we have are enough.

Marta: But the problem is...

Woman: They lack the needed information. So, Dr., I'll leave you alone so you can give it to them. There's coffee here. Call me if you need anything.

[Woman leaves the room.]

Dr.: Fine. Now, I'm a general doctor. I can give you the information, but it's important that each couple resolve the problem according to their own situation and needs. There isn't one solution for all. So it would be good to see a gynecologist, a specialist, and discuss with him your problem...yours. Here's the information. Look...

[Scene changes to gynecologist's office with Jesus and Marta talking to the specialist.]

Gyn.: Dr. Beltran told me about your case. There isn't just one solution. The solution depends upon each couple's psychological, economical and spiritual concerns. I'll explain all 50 possibilities, and then we can decide which one would be best for you.

Jesus: Fine.
Marta: [nods]

[Scene changes to Marta and Jesus leaving the gynecologist's office. In the hallway they encounter a female staff member.]

Staff: How did it go?

Marta: Fabulous! Wasn't it? [Hugs Jesus] To think how desperate I was, how miserable. And it's so easy!

Staff: What do you say, Jesus?

Jesus: She's right. It's so easy! You drive yourself mad just for not knowing.

Staff: [Shhhh] They'll think you're crazy.

Jesus: I am crazy, I'm so happy.

Marta: Everything will be as I wanted, the family that I wanted! Now...now you'll have no excuse. You're going to love me your whole life!
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