Final Report: Study to Assess Attitudes Towards Sensitive Messages in Pakistan

December 29, 2003
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We are also especially thankful to Key Social Marketing, Midas and Spectrum for providing us spots on family planning and HIV/AIDS. Those were extensively used in the study.

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Dr. Arjumand Faisel
Project Director
Executive Summary

The objective of this study is to comprehend decision making processes and attitudes related to discussion on television and other mass media of condoms and other sensitive issues, by performing comprehensive research including (i) a review of available literature; (ii) focus group meetings with decision-makers involved in behavior change communications in Pakistan (staff of MoH, National and Provincial AIDS Control Programmes, Ministry of Population Welfare; officials working in television and radio, and censor board members); and (iii) focus group meetings with a sample of the general population in urban and rural areas of Pakistan.

The environment for utilizing the mass media to convey sensitive messages on such topics as family planning and HIV/AIDS in Pakistan is dynamic. Of special interest to policy makers and donor agencies, this study finds that television audiences in Pakistan are eager to receive accurate and up-to-date information about HIV/AIDS and, to a lesser degree, about family planning. In addition, the study indicates that television should be a principal vehicle for BCC campaigns, although the approval process for both campaigns and individual spots is cumbersome and in need of reform. This reform will require political will, organization, education and consensus building. This study also identifies the need for messages and campaigns that are better tailored linguistically and culturally to regional target audiences.

Specific findings from the literature review include:
- Disapproval for messages on mass media regarding family planning and HIV/AIDS is relatively low.
- Television viewership through private and cable channels is growing and remains a primary source of dissemination for family planning and HIV/AIDS information.
- While there is little documentation about the about the attitudes of Pakistani decision makers toward sensitive messages in the media, research from other countries indicates that public support of key opinion leaders is essential for a viable HIV/AIDS communication strategy.

Focus group studies with the general population reveal that:
- Many Pakistani citizens take health messages seriously and respond to them – frequently with desired behavior change.
- Message recall is evident, and is attributed to (i) frequency, (ii) embarrassment, (iii) quality of information, and (iv) timing.
- Television is identified as the most common source of information, followed by health workers.
Most people would accept televised promotion of condoms for both family planning and disease prevention if, prior to viewing the promotions, they were sensitized about over-population and the threat of HIV/AIDS.

HIV/AIDS and family planning strategies in Pakistan need input from on-going qualitative and quantitative research – an essential requirement in societies with evolving media environments, and where information about the rate of HIV/AIDS transmission often lags behind campaign development and implementation. More research is needed on CSW, MSM, and IDU-oriented messages and campaigns to ensure both sensitivity and sufficient level of information to these target groups and to those who may have sexual contact with them.

Among the key specific process recommendations of this report – all of which warrant further attention and study – are:

- Pakistan's HIV/AIDS and family planning decision makers should develop systems to gauge opinions of the public, press, political and opinion leaders in order to mitigate negative reactions these groups may have to awareness campaigns and behavior change campaigns.
- The Program Wings of the MoPW and NACP should develop close liaison with the members of the PTV Censor Board, and should arrange sensitization workshops with them to increase support for and understanding of HIV/AIDS and family planning messages in the media.
- NACP and MoPW should not only rely on spots to achieve HIV/AIDS and family planning media objectives, but should collaborate with PTV, PBC and others to launch a planned phased campaign introduced through talk shows, call in programmes, documentaries and dramas to sensitize the public about the consequences of large family size and the impending threat of the AIDS epidemic.

Finally, this report recommends key changes in message content and format, which include:

- Messages on AIDS and family planning should be presented in regional languages. It is evident that Urdu is not being understood in several areas, leading people to rely on visuals, which are often misinterpreted.
- Messages should be segregated and targeted to address gender-specific concerns:
  - Media campaigns should provide clearer information to women about side effects associated with different family planning methods, and more information to the general public about modes of transmission of AIDS.
  - Campaigns should introduce specific targeting of males for both family planning and AIDS prevention.
- More focused messages are required to enhance understanding about the modes of HIV/AIDS transmission, especially sexual route, but these should be sensitively designed, so that they remain within the acceptable comfort level of the majority.
• Credible and non-controversial persons (such as doctors and scientists of repute) should be involved in HIV/AIDS and family planning campaigns to discuss the two issues on the media.

Further research on messages at the other key intersections of family planning and HIV/AIDS prevention strategies is critical. Public buy-in, support by political and key opinion leaders, and the coordination of BCC campaigns with both private and public health care and education systems are all essential elements to prevention campaign success.
## Abbreviations and Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BCC</td>
<td>Behavioural Change Communication</td>
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<tr>
<td>CRS</td>
<td>Catholic Relief Services</td>
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<td>CSW</td>
<td>Commercial Sex Workers</td>
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<td>DG</td>
<td>Director General</td>
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<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>FPS</td>
<td>Family Planning Survey</td>
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<td>IEC</td>
<td>Information, Education and Communication</td>
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<tr>
<td>IID</td>
<td>Intra Uterine Device</td>
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<tr>
<td>KAB</td>
<td>Knowledge, Attitudes and Behaviours</td>
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<tr>
<td>LHWs</td>
<td>Lady Health Workers</td>
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<tr>
<td>MD</td>
<td>Managing Director</td>
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<tr>
<td>MHWs</td>
<td>Male Health Workers</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoPW</td>
<td>Ministry of Population Welfare</td>
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<td>NACP</td>
<td>National AIDS Control Programme</td>
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<td>NAP</td>
<td>National AIDS Programme</td>
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<tr>
<td>NGO</td>
<td>Non Governmental Organization</td>
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<td>PACP</td>
<td>Provincial AIDS Control Programme</td>
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<td>PBC</td>
<td>Pakistan Broadcasting Corporation</td>
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<tr>
<td>PID</td>
<td>Press Information Department</td>
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<tr>
<td>PTV</td>
<td>Pakistan Television</td>
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<tr>
<td>PWD</td>
<td>Population Welfare Department</td>
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<tr>
<td>SMAR</td>
<td>A consulting firm</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<tr>
<td>TOR</td>
<td>Terms of Reference</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Background of the Study

AIDS in Pakistan – The Global Context
Pakistan is a low prevalence but high-risk country for HIV/AIDS infections. Despite the low literacy rate, awareness levels about HIV/AIDS have gradually increased in recent years, but remain far from the desired levels.

An impact assessment of AIDS awareness campaigns conducted in 2001 revealed that the overall awareness level (respondents who had heard the word AIDS) in Pakistan was 77%. 74% knew that AIDS is a disease, and 72% knew AIDS is a dangerous disease that has no cure. Television was identified as the respondents’ main source of information. This assessment study also indicated that people are open to sensitive messages on the media. The majority of the respondents (94%) expressed positive attitudes towards messages in the media, and findings indicated that people want messages to be more informative, open, and easy to understand. This study and others also indicated that knowledge levels for HIV and its transmission are inadequate, and that appropriate behavior change for HIV prevention remains alarmingly low, even among high-risk groups.

Research on family planning also shows that awareness about modern methods of family planning is almost universal, and that the use of contraceptives has been gradually increasing. However, contraceptive use is still low by regional standards, as CPR is only 28%.

A number of factors contribute to this situation, not least of which is the fact that existing IEC campaigns are limited in their scope due to perceived socio-cultural constraints on openly discussing and communicating information about sensitive issues.

Purpose and Objectives of the Study
The objective of this study is to understand the attitudes of decision-makers involved in behavior change communications\(^1\), and a sample of the general population in urban and rural areas of Pakistan, about discussing condoms and other sensitive issues on television and other mass media.

Specific tasks assigned for the study are outlined below:

1. Prepare a brief study protocol, including: articulation of key issues for investigation; identification and selection study groups; draft of key informant interview

\(^1\) Staff of MoH, National and Provincial AIDS Control Programmes, Ministry of Population Welfare, officials working in media (television and radio) and censor board members
questionnaires and focus group discussion (FGD) guidelines; development of activity plan and timeframe.

2. Undertake a rapid review of the existing literature to review and summarize studies and reports on the knowledge and attitudes of people towards sensitive health and population messages in the media.

3. From the literature review, revise and refine key issues for further exploration during key informant interviews and focus group discussions.

4. Undertake a limited number of key informant interviews and focus group discussions, ensuring an accurate representation of the views of the study populations. This work is expected to be undertaken with samples of:
   - General adult population - men and women
   - Youth, both girls and boys
   - National and provincial managers of HIV and population programs
   - Decision-makers in Radio and Television
   - Members of the Censor Board

5. Explore key issues related to attitudes toward media messaging, exploring the following issues, besides others identified during literature review:
   - Knowledge of family planning and the existence, transmission, consequences and prevention of HIV, especially condom use and other STDs.
   - Existence and preferred sources and methods of health information regarding sensitive issues related to family planning, HIV and other STDS (e.g. as part of school education; through network of family; radio or TV; lady health workers etc.).
   - Feelings and attitudes towards media messages on television, radio and other media related to the above issues, using specific examples of print advertisement or media messages, to see what people actually object to, and further explore their views on:
     i. Appropriateness of messages in terms of socio-cultural sensitivities
     ii. Which category of messages would they feel comfortable with and why
     iii. Whether there should be different messages for boys and girls
     iv. Whether messages should be explicit and in detail
     v. Whether condoms should be advertised on TV for family planning and as a means to protect from HIV and STDs

6. Summarize people's views on sensitive messages for consideration by national and provincial programs in developing behavior change communication activities.

7. Coordinate and logistically manage all work of the study.

8. Prepare a concise, coherent, and user-friendly report of the study including an executive summary, findings, and recommendations based on lessons from the literature review and focus groups.

The results of the study will provide information to the National and Provincial Program Managers and the Censors about the attitudes of their fellow decision-makers and the
general population towards discussion of sensitive topics in the media. This should help decision makers design an effective media strategy. The findings will also complement other formative research planned as part of the Enhanced HIV/AIDS Control Programme and, an ongoing assessment by UNFPA and UNICEF to develop behavior change interventions for youth.

Methodology of the Study

The study team performed a review of key reports and research carried out in Pakistan, and materials made available from an exhaustive Internet search. Materials were collected from the World Bank, MoH, MoPW, Greenstar, Key Social Marketing and Spectrum. The team performed additional extensive Internet searches to identify mitigation strategies for responding to negative reactions in South Asian and other countries with similar religion and culture.

In the next phase of the study, the team held meetings with the decision-makers to assess their attitudes towards sensitive messages on mass media. These included officials working at the: (i) program level in National AIDS Control Program and in Provincial offices in Sindh and NWFP, (ii) MoH, (iii) MoPW and Population Welfare Departments in Sindh and NWFP, (iv) PTV Headquarters and Karachi and Peshawar Television Stations, (v) 5 out of 9 PTV Censor Board Members, (vi) Pakistan Broadcasting Corporation in Islamabad and Karachi and Peshawar Radio Stations, (vii) Private TV Channels, GEO and Indus (viii) Greenstar and Key Social Marketing. In all, 69 decision-makers were involved in the process. In addition, the team also visited two advertising agencies (Midas and Spectrum).

At the beginning of the interview with the decision-makers, five pre-selected spots were shown to the decision makers to elicit their opinions regarding whether these could be transmitted on TV channels (the video of these five spots is presented as supplementary material with this report). All five spots had been shown earlier on PTV for periods ranging from a few weeks to months, and were withdrawn for various reasons after telecast. The spots represented various levels of “sensitivity” – a measure of the cultural resistance to the messages presented in the spots.

The decision-makers who saw the spots included staff members of MoPW (5 people), MoH (2), NACP (6), PWD (5), PTV Headquarters (3), PTV Censor Board (5, of which 2 from PTV staff), PTV Karachi and Peshawar Stations (12) GEO TV (3), Indus TV (2), Key Social Marketing (1) and Greenstar (3). These 45 individuals play an important role leveling their respective organizations in deciding what AIDS and/or family planning material may be transmitted on mass media. Twenty five out of 70 interviewees were unable to view the spots for various reasons; these included DG Health, those in PBC and Radio Stations in Karachi and Peshawar, attendees at PWD Peshawar and PACP Karachi and Peshawar, advertising agencies, and those who came late to the meetings.
To assess attitudes of the general population towards messages in the mass media, the team held a total of 56 Focus Group Discussions (FGDs) covering the three provinces of Sindh, Punjab, and N.W.F.P. Balochistan was omitted due to budgetary constraints. In order to cover a population that could be considered representative, the team included participants from urban and rural areas, males and females, and people of different age groups, educational levels and socio-economic backgrounds.

Participants selected for FGDs represented a broad sample of Pakistan’s diverse population. Various geographical locations in three provinces were covered, both urban and rural, ensuring adequate representation from different social, ethnic and cultural backgrounds. The study team went to great effort to include the views of males and females of different age groups, marital status, educational levels and occupations. The opinions and attitudes reflected in the report thus reflect, as accurately as possible within the limits of this investigation, the spectrum of public opinion in the country. Detail on the methodology of the study, including demographic representation among participants, is found in Appendix II.
Literature Review Findings

The literature review reflects the available documented information development communication in general, television viewing and radio listening patterns in Pakistan, a brief history of AIDS and family planning campaigns, and recorded attitudes towards sensitive messages regarding family planning and AIDS on mass media (both local and from other countries). Findings from the literature review are summarized below; with some ancillary detail provided in Appendix III.

**Development Communication**

Development Communication as a discipline has evolved since the 1950's not as a single continuous strand of theory and practical application, but rather as a recurring meeting, clashing and restructuring of approaches from different disciplines. Health communication strategies and experiences have long informed the general development communication discussion, and have more recently drawn increasing attention, as advocates of bottom-up participatory approaches demonstrate the limitations of top-town behavior change interventions.\(^2\)

Certain conditions tend to characterize health communications campaigns that have met with success:\(^3\)

- Recommended behaviors have a strong basis in science.
- It is realistic to expect that the target population can implement the suggested changes.
- The campaign is coordinated with other programs that address related issues.
- Sufficient resources exist to develop and disseminate the key messages at an adequate frequency.
- Sufficient resources exist to sustain the campaign over time.

Understanding these conditions, however, still leaves the communications campaign planner with a very general set of guidelines that do not necessarily speak to the specific strategy or tactics appropriate for the context of the target population.

The dynamic development communication field has generated a wealth of methodologies from which to choose. From social marketing to media advocacy, from entertainment education to social mobilization, and from modernization to dependency, development communication theorists and practitioners have mapped out a diverse range of approaches to address health and welfare challenges around the world.\(^4\) The world, however, stubbornly refuses to conform to any single approach, demanding that practitioners understand them all and carefully study the local environment and draw


\(^4\) Waisbord
from their “tool kit” of communication strategies to determine what blend of theoretical frameworks and methodologies is appropriate for the objectives of any given project.

The ongoing development communication debate raises questions about the role of the media in promoting behaviors that improve and maintain the health of the target population. While some situations call for media’s reach and rapid dissemination to target health objectives, others demand longer-term interpersonal communication through social networks and local opinion leaders. Pakistan’s health communication objectives include challenges from both ends of the spectrum—addressing the threat of HIV/AIDS as an epidemic looming ominously just over the horizon, and addressing the longer-term concerns of population growth and reproductive health. It is against the backdrop of these challenges that this report examines sensitive health messages in the media in Pakistan, and explores ways in which the government and media organizations can ensure that media campaigns most effectively complement other approaches being implemented in communities across the country.

**Evidence from Other Regions & Countries**

The paucity of published research on responses to sensitive health messages in the media in Pakistan highlights the need for this study. However, since many cultural responses derive from values and perceptions that are similar in traditional communities around the world, it is instructive to examine the results of media campaigns in other countries to provide a global context. The authors reviewed research from health communication campaigns in seven countries where traditional community values had the potential to present challenges to dissemination and incorporation of key project messages. The findings, summarized below, point to some common themes that reappear in closer inspection of the situation in Pakistan.

**Africa**

One study in Gambia looked at 30-second radio spots and a 39-episode radio drama that were aired as components of a campaign. The spot and the drama were designed in a way to convey that Islam supports the use of modern contraception, that modern methods are safe, that family planning service providers are knowledgeable and caring, and that couples should discuss family planning. Those who had heard the drama said that they had been motivated by it and that is why had come to the clinic. The effect of the campaign was greatest among uneducated individuals.5

A separate study in Uganda showed that the film *It’s not easy* was very effective, and that those who had seen it were more than twice as likely to have used condoms in the two months prior to the interview, as compared to those who had not seen it.6

Another study in Uganda, presented at the XI World AIDS Conference in 1996, examined the media program entitled "Straight Talk," which aimed to reduce HIV/AIDS risk behavior among adolescent youth by encouraging dialogue among adolescents, parents and teachers on issues related to the process of maturing, health, and AIDS. Researchers reported measurable success achieving project objectives of empowering youth with knowledge to help them understand changes in their bodies and emotions, and coping skills for dealing with emotions and sexual feelings.7

India
Researchers examined campaigns in India designed by NGOs in collaboration with central and state government bodies. The campaigns used TV advertisements for consciousness-raising regarding use of condoms to prevent AIDS and STDs. TV commercials on Doordarshan depicted situations where men talk to men about AIDS and safe sex using condoms. They were set in the workplace, street, in the community and in the home. There are also spots featuring women at a ladies' sangeet (customary get-together before a wedding). These spots show that women advise each other on condom usage as a contraceptive and preventive against STDs.

The targets of these advertisements were young men in lower socio-economic groups, a priority group for HIV/AIDS prevention since heterosexual men constitute about 80% of the total HIV positive population in India. These TV spots were targeted at the low prevalent Hindi-belt states, and were based on a major baseline survey of knowledge, attitudes and behavior.

Some women's groups and health groups in the capital (Delhi) and Maharashtra raised a protest against these campaigns, claiming that the campaigns were 'not culturally sensitive' but rather 'condom-centric'. They suggested that the government should develop different campaigns that promote 'a moral framework with gender sensitivity'.8

The Information and Broadcasting Minister of India also voiced opposition to the condom and AIDS campaign, noting that teachers, parents and other people made many complaints that such advertisements were adversely affecting the younger generation.9

Nepal
One study reviewed a strategy that AIDSCAP initiated in 1993 to reduce sexually transmitted infections (STIs) among core groups by reaching the community through media. An advertising firm launched a specially designed and tested national and regional "HIV/AIDS Awareness and Condom Promotion Multimedia Campaign," which featured an animated condom character who encouraged individuals to use condoms to drive away

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8 Anita Anand, February 2003, The condom, the moon and the finger.
9 Interview: Sushma Swaraj, AIDS campaign must advocate sex only with life partner, not just safe sex
AIDS. As of mid-1997 CRS had reported an increase in condom sales from nearly 700,000 units in 1993 to over 1.5 million in 1995 in the project area.

In another study in 1997, a 49-minute video drama, "Asha" (Hope) was launched along with complementary video fillers and radio messages. Targeted media messages with accessible condom products appeared to have had a clear impact on condom demand in the Central Region.10

A third study involved a survey conducted in three waves from 1994 to 1999 in order to evaluate the impact of a radio drama serial on couples of reproductive age. The surveys assessed changes in family planning decision-making, communication and use of family planning in relation to program exposure. Bivariate analysis indicated that those respondents who were exposed to the drama serial showed a significantly greater increase in spousal communication from the baseline than those who were not exposed to the drama.11

A third study reviewed an advertisement on Nepal television that was aired repeatedly promoting safe sex. Protests began pouring in from embarrassed parents to parliamentarians, who called for a ban. According to the Joint Secretary of the Ministry of Information and Communication, the public reaction was based on the feeling that it was highly immoral to watch the spot along with family members.12

China and Malaysia
Researchers reviewed a study in which 238 Chinese and 379 Malaysian students were surveyed to determine levels of offense towards the advertising of various gender/sex related media messages, and the main reasons why the advertisements were considered offensive. Respondents did not perceive the advertisements for gender related products to be offensive. However, both the Chinese and the Malaysian students ranked condom advertisements as most offensive among the advertisements reviewed.

The reasons given by both the groups of respondents were slightly different. According to the Chinese, the advertisements were offensive as they had "indecent language", "anti social behavior", "racist images", "nudity", and "western/US images". The Malaysians indicated cited "indecent language", "anti social behavior", "racist images", "nudity", "sexist images", and "a subject too personal".13

Philippines
In one study, a popular music video was launched to encourage young people to postpone sex and avoid unwanted pregnancy. It resulted in enhanced young people's

10 Family Health International 2003, Final Report for the AIDSCAP Program in Nepal August 1993 to July 1997: Executive Summary
11 International Family Planning Perspective 2002, Volume 28, Number 1
12 Nityananda Timsina, When a condom embarrasses the government.
13 David S. Waller, Kim Shyan Fam, Offense to the Advertising of Gender-Related Products: Attitudes in China and Malaysia
communication with their parents. It also motivated over 150,000 Filipino youths to call a sexual responsibility hotline, as promoted in the television video featuring musical stars. Also 25% of young people took contraception information as a result of the song.\textsuperscript{14}

In another study, a media campaign in the Philippines was initiated which focused on two key messages, "Stop child prostitution" and "Protect children from AIDS." Extensive pretesting of these TV ads was done. Interviews were taken from old male residents from slum areas in Metro Manila. Also, focus group discussions were conducted with male and female members of urban communities, who might know or have had contacts with buyers and sellers of child sex workers. The respondents appreciated the messages and were of the opinion that such problems should not be confined to newspapers and gossip. Messages should be shown to government officials because they have neglected to do enough to solve the problems of child prostitution, drug addiction and kidnapping. The spot, they said, would be instrumental and helpful in making people guarantee the protection of the rights of the child. They were also of the opinion that the language of such advertisements should be compelling, but not offensive.\textsuperscript{15}

A third study in the Philippines, presented at the XII World AIDS Conference in 1998, examined the development and implementation of a television campaign designed to challenge traditional beliefs about male sexuality. The campaign targeted Filipino men with messages HIV and STD risk-reduction behavior change messages, and suggested that a targeted campaign of this sort can influence behavior by linking traditional beliefs and practices to undesired health outcomes.\textsuperscript{16}

North America & Western Europe

Even in modern, industrialized societies, concerns of traditional communities can restrict health messages presented through the media: politicians, broadcasters, and other gatekeepers are afraid to arouse religious or other resistance. While US commercial advertising uses sexual imagery to sell "everything from motorcycles to ice cream", there is a tremendous reluctance to explicitly address the sexuality of youth through public media campaigns.\textsuperscript{17} An evaluation of 21 public service announcements about AIDS from public health departments in Canada, Denmark, Norway, Sweden, the United Kingdom and the USA revealed that three of the five spots considered most effective by 56 knowledgeable reviewers had been rejected for general broadcast by policy makers. The public service announcements judged least effective (but approved by the decision-makers for being least controversial) were broadcast much more frequently.\textsuperscript{18}

\textsuperscript{14} Can mass media prevent AIDS: the need for well planned behaviour change communication programmes, Volume 2, Issue 3, 1996, Page 449-458
\textsuperscript{17} Can mass media prevent AIDS: the need for well planned behaviour change communication programmes, Volume 2, Issue 3, 1996, Page 449-458
Summary
Empirical research and anecdotal evidence from projects around the world demonstrate the complex issues that arise when governments and NGOs use the media to present sensitive health messages to the general population. Public service announcements must walk a fine line to ensure that the messages presented in media campaigns are sufficiently clear and effective without being so explicit as to generate substantial controversy. However, if media messages are grounded in local context and reflect the communicative practices at the grassroots level, they can be an important part of disseminating important health information and encouraging needed behavior change among target populations.19

Media in Pakistan
As in much of the post-colonial developing world, radio and television in Pakistan have tended to serve the interests of the national regime.20 A completely free and open press remains an elusive goal, as both democratically elected governments and military regimes have historically maintained tight control of the media: in 2003 Pakistan ranked worst in the South Asia region for press harassment.21 President Pervez Musharraf has, however, increased freedom for print and broadcast media, expanding private radio and television stations and granting licenses for further growth in private satellite broadcasts. These moves have increased openness and competition in the press, and offer hopeful signs for the future. Despite the government’s use of legal and constitutional means to harness the press at times, media outlets in Pakistan are increasingly outspoken and increasingly viewed by the public as much more than a government mouthpiece.22

Availability of TV and Radio
Studies indicate that in the past decade, television ownership has exceeded that of radio. In 1990-91, according to a national survey23 radio ownership was 35% and TV was 27%. In 1996-97, it changed to 36% for radio and 38% for television.24 According to a 2000 survey, 35% of the population possessed a radio (37% urban, 34% rural) and 46% owned a television set (67% urban, 37% rural) indicating a 70% increase in TV ownership over three years, with no change for radio during this period.25 The trend towards television ownership is not limited to urban areas; availability of radio is now less than that of TV even in rural areas.

24 Abdul Hakim, Have We Reached a Turning Point, Family Planning in Pakistan
25 National Institute of Population Studies, Islamabad 2000, Effectiveness of Media Messages in Promoting Family Planning Programme in Pakistan
Viewer and Listenership Patterns

There are three types of television networks broadcasting in Pakistan. These include four PTV channels, ten private channels, and a cable network with 1100 licenses\textsuperscript{26}. Total viewership of television is around 63\%\textsuperscript{27} (approximately 95 million people); cable and satellite viewership is lower at 29\%.

Radio broadcasting covers 97\% of the population. In addition to state-owned stations, there are 6 private FM radio stations. Total radio listenership in Pakistan is 23\%.

A study conducted in 2000 of rural and urban women aged 14-49 revealed that exposure to television (78\% in urban and 56\% in rural areas) was higher than that of radio (43\% in urban and 45\% in rural areas).\textsuperscript{28}

Another study conducted in 2002 to assess the KAB of the people in response to the AIDS awareness campaign showed that television viewing at home is higher in both rural and urban areas than radio or print media.\textsuperscript{29}

In Lahore, a study on the level of awareness about AIDS in the lower middle class population showed that 83\% owned a television while 90\% watched it (people who watch but do not own television do so in public shops or in neighbouring houses). This study also found that among those who owned a radio, only half listened to it.\textsuperscript{30}

\begin{itemize}
\item Gallop Survey 2002
\item National Institute of Population Studies, Islamabad 2000, Effectiveness of Media Messages in Promoting Family Planning Programme in Pakistan
\item National Institute of Population Studies 2000, effectiveness of Media Messages in Promoting Family Planning Programme in Pakistan
\item National Aids Control Programme, Study to Assess the KAB of the people in Response to the AIDS Awareness Campaign, January 2002.
\item LUMS, Aids Awareness in Lahore
\end{itemize}
Evolution of Pakistan’s Family Planning and HIV/AIDS Campaigns

Campaigns for promoting family planning on radio began in 1960. Spots about family planning were broadcast on television in the 1970’s. The government has used mass media, such as TV and radio mainly for motivation campaigns to promote ‘the small, happy, prosperous family’. National contraceptive prevalence surveys have shown that the mass media is a major source of information about family planning in Pakistan. By 1995, television had become the most important source of diffusion of family planning messages. The use of any contraceptive increased from 11.8% in 90-91 to 17.8% in 94-95. At the same time modern contraceptive use grew from 9.0% to 12.6%.

The National AIDS program was established in 1988 when there was still a ban on mentioning HIV in the mass media. In 1993 NACP initiated strong advocacy for dissemination of information regarding AIDS through electronic media, targeting religious leaders and policy makers. Consequently, the first public information advertisements about HIV/AIDS appeared in newspapers and on television on March 31, 1994.

At that time public awareness on HIV/AIDS issues was very low. A sample survey from that era showed that 96% of 5,433 women surveyed with children under twenty-four months old had never heard about AIDS. The remaining 4% had heard about it but were unable to identify either the modes of transmission or the methods of prevention. A survey of secondary school teachers showed that out of 52 teachers, 17 (about one-third) had not heard about AIDS.

Since 1994, several campaigns have been carried out through TV and radio, reflecting Pakistani policymakers’ belief in the use of electronic media to raise awareness as one of the key strategies of behavioral change communication (BCC). The promotion of healthy life styles and protection from HIV/AIDS has become a top priority. However, public sector promotion of condom use for safer sex has been prohibited, making it difficult to motivate the clients of commercial sex workers to use condoms for their protection against HIV/AIDS.

Recent studies show an increased awareness of AIDS since the NACP was established. A study carried out in 2001 of changes in knowledge, attitudes and behaviors in response to the AIDS awareness campaign showed that out of 5374 respondents 77% had heard the

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31 Kevin Kingfield, Saifullah Khan, Bruce Mackay, The Use of Communication Support for Family Planning in Pakistan, Navigating the boundaries.
33 Pakistan Fertility and Family Planning Survey 1996-97
34 Shaheena Manzoor, Kim Rivers, Hazel Slavin, 1995.Assessment of the Knowledge of Commercial Sex Workers in Lahore about AIDS and their Health Concern
35 National AIDS Control Programme, Study to Assess the KAB of the people in Response to the AIDS Awareness Campaign, January 2002.
word AIDS and 74% were aware that AIDS is a disease. However, according to the operational definition used for the assessment of awareness, only 31% had complete awareness about AIDS, ranging from 16% in rural areas to 38% in urban areas. This highlights the need for expanding awareness campaigns.

The National AIDS Control Programme has a BCC strategy, the objective of which is improved knowledge and practice of HIV preventive measures, including use of high quality STI services, by the general adult population. A key component of the programme is dissemination of tailored advertisements with a focus on important population subgroups. The plan calls for formative research among important population subgroups in order to design language- and culture-specific messages. These messages and advertisements are tested on members of the target audience, and follow-up surveys judge the effectiveness of the mass media campaigns. The mass media campaign is managed by the NACP; however, PACPs are responsible for media campaigns in regional languages.

**Responses to Sensitive Message Campaigns**

**Attitudes Towards Sensitive Messages on Radio and TV in Pakistan**

The study team identified only 12 studies on the attitudes of people towards sensitive messages on radio and television, providing relevant, though limited material on this issue.

In 2000, a study done in Karachi, Lahore, Faisalabad, Peshawar and Larkana inquired from the general public whether family planning advertisements should be shown on television or not. Responses are outlined in Table 1.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved</td>
<td>57</td>
<td>54</td>
</tr>
<tr>
<td>Neither Approved or Disapproved</td>
<td>26</td>
<td>34</td>
</tr>
<tr>
<td>Disapproved</td>
<td>17</td>
<td>12</td>
</tr>
</tbody>
</table>

A 2002 KAB study of the AIDS awareness campaign asked those respondents who had ever watched/listened to a spot on AIDS on TV/radio about their overall opinion of the spot(s) seen. An overwhelming majority displayed a positive attitude towards the spots, and less than 4% gave either mixed or negative responses. The responses were similar among urban and rural residents.

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37 Dataline Services (Pvt) Limited. 2002. Study to Assess the KAB of People In Response To The AIDS Awareness Campaign. NACP, Islamabad.
39 Spectrum Communications (Private) Limited, affiliated with Dentsu Young & Rubicam brand communications
40 National Aids Control Programme, Study to Assess the KAB of the people in Response to the AIDS Awareness Campaign, January 2002.

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The study categorized the spots in different ways such as direct commercials, authority endorsement, a humorous approach and a fear approach. In the authority endorsement, celebrity endorsement emerged as least objectionable advertisement. Participants disapproved of religion being used as a tool for promoting family planning through spots. Humorous commercials were liked, because of serious issues being dealt with in a light way. The fear approach, in which a sense of guilt was initiated among the viewers, was not very popular.

Opinions and comments about spots clearly identified some knowledge gaps and gray areas. Respondents stated that they were getting some information, but did not understand exactly what message was intended. Some were of the view that actors (celebrities) should not be talking about these topics, as it embarrassed viewers watching the advertisements with their family members. A number of respondents asserted that people who do not have a good reputation should not be shown giving messages on television, as this has a negative impact.

One hundred seventeen respondents voiced objections to the TV spots. Among the “mixed” or “negative” responses, only six said that these spots should not be shown at all, while 34 felt that they could have a negative impression on children. From the remaining respondents there were 52 complaints that the spots were not detailed and open, and 25 expressed that they were not in local or regional languages.

Four respondents who listened to AIDS spots on the radio had objections. Of these, three indicated that the spots have a negative influence on children, while one said that the spots should not be broadcast at all.\footnote{National Aids Control Programme, Study to Assess the KAB of the people in Response to the AIDS Awareness Campaign, January 2002.}

In 2000, market research about family planning advertisements was conducted among married males and females in three cities (Karachi, Lahore and Peshawar) to explore objections against commercials on television.\footnote{Futures Group Islamabad 2000, A market research report on objections raised against commercials on television reasons and motivations.} Youth as well as adults were targeted to assess their views about family planning commercials on television.

All participants felt that there had been a drastic change in the media scene with the onset of satellite and dish channels, and that this change had affected their lifestyle. There appears to be a general feeling that the avalanche of cross-cultural programming and messages has dazed the TV viewers with its contrast to traditional Pakistani cultural mores. This generates ambivalence, as on one hand people wish to cling to the preexisting norms and beliefs instilled through several generations for the fear of becoming or being branded as ‘bad Muslims’, while on the other hand, there is a growing desire to move forward with the changing times.

\[\text{Final Report}\
\text{Study to Assess Attitudes Towards Sensitive Messages in Pakistan}\
The World Bank\]
With few exceptions, study participants felt that family planning is a “need of the day”. Increasing cost of living, combined with diminishing resources, forces many families to consider controlling family growth and its associated obligations. Nevertheless, participants felt that family planning is a subject best discussed in privacy, out of earshot of children and unmarried people. In their view, family planning commercials have become more direct and easy to understand in recent years, and are inappropriate for young ears. They felt that family planning advertising on television is stretching cultural norms: acceptable on cable channels, but not for PTV, which they see as the only channel fit for family viewing.

Among groups in which family planning itself is deemed “un-Islamic”, the disapproval of having the messages on television was heightened. The more conservative Peshawar males were more adverse to it, since they felt that such direct knowledge would provoke thoughts in the minds of females, bringing a change in them, and would eventually disturb the very structure of their lives.

There was a great degree of ambivalence among participants regarding desired messages in the family planning commercials. When spots were shown individually, all viewers criticized those that mentioned the condom brands “Key” or “Sabz Sitara”, and those that dealt with products and injections. However, those who generally approved of family planning messages cited spots dealing with products, pills and injections as the most informative commercials overall.

The main causes for embarrassment were the terms used in the advertisements. Participants objected to the mention of methods, any hint of the way they are used, and the mention of the Key logo, or any terms that they perceived as hinting directly or indirectly towards a sexual activity. Although people felt that there is a need for family planning information, they did not wish to see method-specific advertising on prime time television. This is problematic, since advertising other than prime time will not reach a large audience.

A March 2003 field-testing of nine family planning spots (prepared for MoPW) in rural and urban localities of Rawalpindi district found that all participants belonging to different strata and groups of the target population liked the spots. They appreciated the information contained in them and considered it “the need of the time”. 43 Spots promoting female education and discouraging early marriages were understood and liked by parents living in both urban and rural areas. A Spot in which saas bahu (mother and daughter-in-law) were shown talking about the benefits of breastfeeding and family planning was understood by majority of the respondents and was termed as culturally appropriate.

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Attitudes of Males Towards Sensitive Messages
The 1990-91 Pakistan Demographic and Health Survey (PDHS 1990-91) reported that it was acceptable to 64% of the husbands to have messages about family planning on radio and television, but out of those only 40% had actually heard such a message.\(^{44}\)

In the 2000 study, Peshawar males asserted that if information comes on television their women would know about it and would no longer be subservient to their spouses.\(^{45}\) They disapproved of this liberalizing influence. Males in Karachi were of the opinion that family planning should be promoted on the mass media but should be limited to married people, because it would otherwise encourage immorality among young girls by teaching them how to avoid pregnancy.

Attitudes of Females Towards Sensitive Messages
In PDHS 90-91, women were asked whether it was acceptable for them to get information about family planning from TV and radio. Forty-eight percent said that it was acceptable, 20% said that it was not acceptable and 32% of the women were not sure.\(^{46}\)

Later in 1999, a survey revealed that the number of women approving family planning advertisements on television had fallen sharply, from 73% in the previous year to 47% in 1999. The growth in viewers’ negative reactions coincided with the launch of method-specific information, a first for Pakistani TV. There was a corresponding rise in those disapproving of such spots, from 16% in 1998 to 35% in 1999.

There was a noticeable difference in opinion between the cities surveyed, with more than two-thirds of women approving in Lahore and Peshawar, compared to only one-third in Karachi and not more than that 40% in Faisalabad. The strongest disapproval came from Faisalabad, where 28% of women said they ‘highly disapproved’. In Peshawar and Larkana only 4% of women expressed such strong negative opinions.

Socio-economic status also affected whether women approved or disapproved of family planning spots being shown on TV. In the poorest segment, 21% highly disapproved, whereas among the richest the percentage of such women was 9%. In the middle socio-economic groups strong disapproval lay between these two extremes at 15%.\(^{47}\)

In the 2000 study, some women in Karachi claimed that “the attitude towards spots on family planning is all in the mind,” and they were comfortable with the transmission of these messages. Other females in Karachi, Lahore and Peshawar stated that teekay (injections) and goliyan (pills) should be removed from the commercials. They felt that

\(^{44}\) Pakistan Demographic and Health Survey 1990-91
\(^{45}\) Futures Group Islamabad 2000, A market research report on objections raised against commercials on television reasons and motivations.
\(^{46}\) Pakistan Demographic and Health Survey 1990-91
\(^{47}\) Kevin Kingfield, Saifullah Khan, Bruce Mackay, The Use of Communication Support for Family Planning in Pakistan, Navigating the boundaries.
such advertisements were too explicit to be shown. Terms such as *Mana-e-Hamal* and *Irada tu tha* were severely criticized. Women felt that such advertisements should only be shown during times when children are not around, to avoid embarrassing them. They suggested showing of such commercials during news, at *Khawateen Time*, or after 10:00 at night.\(^4\)

**Suggestions for Changes in Spots**

A 2002 study elicited peoples' suggestions for changes in spots on AIDS and family planning. Three thousand two hundred forty one respondents who had watched and/or listened to a spot on TV and/or radio provided suggestions for suitable changes in the spots. The majority suggested changing the frequency of the spot; smaller number suggested changing the message and language. The percentage of people requesting information to be given more openly or in greater detail was eight times higher than those who suggested the spots should be less explicit.

Respondents asserted that messages should be informative, easy to understand, and presented in local languages, and that they should not be repeated for very long periods. Talk shows and dramas were cited as good vehicles for presenting the target messages. Women preferred drama (PTV) while men preferred spots. Women asked for an increased role of radio in this respect, as many of them did not have access to television. Participants suggested that such messages should also be given in the local newspapers as an additional channel for the literate population.\(^4\)

**Key Findings and Conclusions from Literature Review**

1. Health communication strategies vary according to the context of the community and the dynamics of the targeted health challenge. The depth of the media's role varies with the strategy, but implementation of any media strategy must incorporate sensitivity to political, social and cultural realities in order to facilitate achievement of the overall strategic objective.

2. Electronic mass media (TV and Radio) is the leading source of information about AIDS for middle and lower income groups, and also for the most vulnerable groups (e.g. CSWs, truckers, MSMs, drug addicts), in both rural and urban areas.

3. TV is reaching more people than radio, and the viewership is growing at a rapid pace. Currently total viewership is estimated to be 63%, or roughly 95 million people. The

\(^{48}\) Futures Group Islamabad 2000, *A market research report on objections raised against commercials on television reasons and motivations*.

\(^{49}\) National Aids Control Programme, *Study to Assess the KAB of the people in Response to the AIDS Awareness Campaign*, January 2002.
recall for messages about AIDS on TV is substantially higher than that for radio messages.

4. Reported listenership of radio is low (23%). Listening by men while driving, or by women during household chores, tends not to be reported, which may explain low reported ownership and listenership. Listenership to FM radio in major urban areas is understood to be relatively high, suggesting that urban FM radio campaigns could reach a high percentage of the target population. Even at national reported listenership of 23%, radio campaigns can reach about 35 million people in Pakistan, two-thirds of which (23 million) are in the target age group for family planning and HIV/AIDS prevention. Given relatively low advertising cost rates, radio remains a viable channel for these campaigns.

5. Encouragingly, the review shows that the disapproval for messages on mass media regarding FP and AIDS is relatively low.

6. Television viewership through private satellite and cable television channels (currently 29%) is growing, and is reaching the major urban areas of the country, which are the target cities for NACP.

7. Print media remains an important source for reaching people in urban areas (31%).

8. Literature from other countries (India, Nepal, Turkey etc.) shows that TV drama serials have recorded positive impact, notwithstanding negative reactions to some spots.

9. Few reports or studies are available documenting the attitudes of Pakistani decision-makers towards sensitive messages in the media, but research from other countries indicates that public support by key opinion leaders is essential for a viable HIV/AIDS strategy.
Focus Group Research Findings

Message Review Process in Media Organizations
The journey of a public awareness spot from conception to broadcast is circuitous and riddled with obstacles. The pathways differ notably in MoH, MoPW and PWD. The section below describes the public awareness spot approval process in MoH/NACP and MoPW/PWD, from selection of agencies to development and presentation of AIDS and family planning messages on PTV and radio, indicating potential bottlenecks and hurdles to the message's eventual approval and broadcast.

Ministry of Health
1. A pre-qualification bid is floated for selection of agencies to run the campaign on PTV, radio and in the press.

2. Competing agencies present messages, spots and ideas to the Technical Committee formed for the purpose, which is chaired by the Minister of Health. Its members also include representatives from Press Information Department of the Ministry of Information (PID), and from the Finance Department, who give their input in the final selection of the ideas and of the agency.50

3. The technical committee selects several agencies for a period of one year. The selection criteria are not very clear, and the decisions appear to be made subjectively based on the personal opinions of the committee members.51

4. The NACP deals with the selected agencies to launch its campaign over the one-year contract period. This mechanism of dealing with several agencies for a short duration prevents the programme from developing a comprehensive, coordinated and sustained campaign. The models, messages and approaches differ in TV, radio and press, as they are managed by different agencies.

5. The selected agencies finalize the selected spots or storyboards with NACP.52

6. The campaign spots approved by NACP are forwarded to the Minister of Health through the Health Education Advisor (HEA), who has final determination on approval of the product.53

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50 This is an important drawback as these individuals are not very familiar with the needs of the programme and could obstruct progressive and bold approaches. Another feature is that the Minister chairs the meeting, which could potentially restrain the public sector employees of the programme from expressing their opinions, even if they disagree. The third, important aspect is that agencies prepare spots for competition before acceptance, therefore, they prefer to play safe and do not experiment with bolder approaches for fear of rejection and total loss of investment. Hence, depending on the attitude of the individuals present in the committee or in the chair, there is a strong possibility that restrained, vague messages will be selected in preference to explicit messages.

51 The agencies do not invest sufficiently in these campaigns, as compared to consumer products, as their selection is for a short duration, and also the compensation offered for services is far less than that offered by the private sector companies.
Figure 5: Process and Bottlenecks of MoH for spot selection

Pre qualification bid is floated

Review of the spots by Technical Committee

Selection of the agencies for one year

Selected agencies finalize the spots or storyboards

Final approval by the Minister

Even non-technical members can influence decision

Agencies avoid experimentation in being explicit due to fear of rejection and loss of investment

Selection of several agencies for a short period does not allow development of coordinated and comprehensive campaigns

Low investments due to low rates offered by Ministries

Final approval depends on an individual

53 Hence again the personal judgment of one person and not of the technical committee or programme plays the key role in making the final decision regarding the transmission of spots.
Ministry of Population Welfare

1. A briefing is given to the advertising agencies about the programme needs, and the agencies prepare the messages/spots accordingly.

2. A technical committee (consisting of the Director General of Programmes, Heads of the three wings of the Ministry, and representatives from MoH, PID, PTV and private sector) chaired by the Secretary reviews the agencies’ submissions and shortlists the spots, selecting three agencies. Though selection is supposed to be made according to an objective scoring method against the ToRs, in practice subjective selection based on personal likes and dislikes of individuals is the norm. Non-members of the committee are often invited to the selection process and can significantly influence the final decision.

3. Selected spots are pre-tested in nearby areas of Islamabad; this happens only on a small scale due to limited funds.

4. On the basis of feedback from the pre-testing, the agencies are asked to make changes. The spots are then sent to the Secretary of MoPW for final approval.

Population Welfare Department

1. A pre-qualification bid is advertised in the newspaper, and the ToRs are issued, stating the priorities of the programme, indicating the target audience and describing their habits.

2. In accordance with the ToRs, the agencies develop audio, video and print campaigns and present them to the technical committee (senior officials of the PWD and PID, one member each from PTV and PBC, chaired by the secretary of PWD). The committee reviews the campaigns and selects the agencies. After the selection the agency may be asked to revise the spot or make new spots.

3. Usually, three agencies are selected for two years. Each agency is allotted one medium (i.e. TV, Radio or print media), and the total budget is distributed among them.

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54 Again, this mechanism of dealing with three agencies for a short duration does not allow the programme to develop a comprehensive, coordinated and sustained campaign. The models, messages and approaches differ in TV, radio and press.

55 This limited pretesting could substantially bias the result as evident from the example of a powerful ‘namazi’ spot, which people rejected but is currently being transmitted with more elaborate pretesting.

56 The secretary’s power to make the final decision is a limitation as it could over turn the decision of the programme managers, technical committee and results of the pretest.
Figure 6: Process and Bottlenecks of MoPW for spot selection

1. Briefing to the agencies
2. Review of the spots by Technical Group
3. Selection of the agencies
4. Pretesting of spots
5. Changes according to the feedback
6. Final approval by the Secretary

- Subjective selection inspite of existing objective scoring form
- Selection of several agencies for a short period does not allow development of coordinated and comprehensive campaigns
- Final approval by an individual even if passed by technical committee and in pretest

Figure 7: Process and Bottlenecks of PWD for spot selection

1. Pre qualification bid is advertised
2. Selection of the agencies for two years
3. Changes in the spots if required

- One agency selected, each for radio, TV, press. No uniformity in campaigns
The agency selection processes used by the MoH, MoPW and PWD are quite different from—and arguably less effective than—those used by the social marketing firms. Greenstar and Key Social Marketing both select a single partner agency and develop a long-term working relationship. The social marketing firm and the agency visualize campaigns together and take a holistic approach to bombard the viewers with messages through different mass media channels in a coordinated manner. The sponsors and the advertising agencies all know what will be done in each month of the year for a particular campaign.57

Pakistan Television Corporation
At PTV, advertising agencies send all spots including those for family planning and HIV/AIDS to the censor section of PTV headquarters, along with an application, the script, a no objection certificate (if required), and a VHS tape. PTV stations in the provinces have no role in the placement or stoppage of spots, so their marketing departments forward programs and spots for preview and censor to PTV Headquarters.

The PTV Censor Board, which is based in Islamabad, comprises nine people. It includes five senior members of PTV management (Managing Director PTV, Director Programmes, Controller Programmes, Controller International Relations, Director International Relations) and four outside members. The latter are nominated by the PTV management and approved by the Ministry of Information. A quorum of three persons (out of whom one should be from PTV) is mandatory for review and censor of a spot. The Censor Board holds meetings every Monday and Wednesday to review spots proposed from any of the three channels of PTV (PTV 1, Channel 3 and PTV World). For censoring spots, the board follows the “TV code of advertising standards and practice in Pakistan” developed in 1992 and revised in 1997-98. In the event of any reservations, the board redirects the spot to the agency for required editing. After changes the board again reviews the spot. In the event of any dispute, the spot is forwarded to the MD who makes the decision himself or may discuss it with the chairman—a final step that reportedly has never happened.

After passing through all these, the spots on family planning and AIDS can still encounter hurdles after they have been telecast. If there is some adverse reaction from the public, such as a report in the press, a phone call from some VIP, or a statement from the religious lobby, the spot may be withdrawn.

Although the PTV censor board has a code of advertising standards, it does not seem adequate to respond to the unique issues raised by health and family planning messages. The code has not been regularly reviewed to keep pace with changing conditions. Its language, often vague, can be interpreted in different ways. For example, the code states:

57 This is in contrast to the government sector, where the placement of the spots depends on the release of funds, which is mostly during the last quarter of the fiscal year, seriously effecting the IEC efforts.
The general principle which will govern all television advertising is that it should conform with the law of country and the best traditions of our people. It should also be legal, decent, honest and truthful. (Page 1)

......, the main consideration will be the impression it is likely to create on an average audience which includes children and young persons of innate judgment and of impressionable age. (Page 1)

Other language specifically prohibits approval of important categories of spots for transmission. For example:

Advertisements for products and services coming within the recognized characters of, or specifically concerned with, the following are not acceptable

II) Contraceptives as brands or products (Page 15)

IX) Women’s sanitary towels (Page 7)

Quranic verses or quotations from or references to Ahadith must not be used in advertisements

All of the above three instructions are evidently being ignored by the Censor Board members, as a number of spots that violate these constraints are currently being shown on television. It seems clear that the Censor Board’s decisions reflect the individual and collective perspectives of its members more than they reflect the code of standards. While this allows some technically prohibited material to be broadcast, it also means that those members who want to can always fall back on the code of standards and disapprove spots they oppose. Decisions regarding what can be shown seem to depend on the liberal or conservative attitudes of the members present for censoring at that session.

The Censor Board members admitted that there is vagueness in the code and varying degrees of liberalism among them, but asserted that over the years, personal interpretations have evolved into a collective interpretation of the code. However, the “collective interpretation” shifts with changes in government. One participant said, “The Board is not a very strong body. A spot passed by the board could be withdrawn by one phone call. Conversely, the board may suggest to delete some portion, but it could continue to be shown if the sponsor is powerful”.

Pakistan Broadcasting Corporation
Advertising agencies send their spots on family planning and HIV/AIDS to the marketing department of Pakistan Broadcasting Corporation in Islamabad. Senior officers of the
marketing department review the spots. Only if the committee feels that the advertisement is very sensitive is it sent to the Director General for further review. The DG is the final authority for the approval or disapproval of a certain spot. There appears to be no well-defined basis on which the decision for the approval or disapproval of the spots takes place. The study team was informed that a written code of advertising exists, but was given no opportunity to review that document.

The sales departments of Radio Stations in other cities also directly receive spots and programs on health and family planning from different agencies for local broadcast. The Head of the sales department reviews these and, if any “objectionable” words or sentences are noted, forwards them to the Station Director for deletions. If the Station Director is unable to decide, then the spot is sent to the Director of Programmes at PBC Headquarters in Islamabad. Focus group participants in Islamabad, Karachi and Peshawar categorically stated that the decision of what is objectionable and cannot be broadcast is based on cultural values, and “we in radio are aware of that”. This understanding has evolved as a result of phone calls and letters received from the listeners. Participants also asserted, “we know how far we can go, but do not know who defined the limits.”

Private TV Channels
In GEO, spots and programs are received by the advertising section, which does internal censoring. If anything objectionable is found, the spot is forwarded to the Channel Committee, which consists of five to six individuals with attitudes ranging from liberal to conservative. If the Committee objects to spots or programs, a Core Group from Senior Management makes the final decision. To date this body has followed a very liberal approval policy.

In INDUS TV, spots are sent to the marketing department, which reviews them and sends these to the head of the channel for final approval. There are three Indus channels and each channel has its own head. There is no written criteria for the transmission of spots, however all the three heads have a very liberal attitude. Participants mentioned that no health or family planning spot had ever been barred from telecast.

**Attitudes of Media Decision Makers**
The focus group discussions with media decision makers revealed that personal opinions of cadres of decision-makers at various levels towards sensitive messages could influence message approval decisions. A single decision maker may shoot down an important message at any of several junctures during its journey from inception to transmission. The attitudes expressed by members of different departments (e.g. MOH and NACP, MoPW and PWD, PTV and its Censor Board) and by those involved in different stages of the process, from development to telecast, vary considerably, complicating the task of gauging whether a given spot will ultimately be approved and delivered to the public.
At the beginning of the discussions with the decision-makers, they were shown five pre-selected spots to elicit their opinion on whether these could be transmitted on TV channels. All five spots had been shown earlier on PTV for periods ranging from a few weeks to months, but were withdrawn for various reasons after telecast. The spots varied in the manner in which they presented sensitive information:

- **Spot 1** was about family planning, and showed a conversation between two young women. It did not mention any method of contraception but directs individuals to gain information through a cassette.
- **Spot 2** promoted pills as a method of contraception, and showed a conversation between a female doctor and patient.
- **Spot 3** promoted a brand of condom for family planning without mentioning the word condom. It showed a man talking about the positive career and family effects of planning.
- **Spot 4** indirectly promoted safer sex for AIDS prevention. It showed a conversation between two truckers, one of whom invites the other to accompany him for "relaxation".
- **Spot 5** informed about transmission of AIDS & Hepatitis though syringes. It showed a group of drug users in unsanitary conditions.

Detail on the responses to each of the spots is included in Appendix IV.

None of the 45 decision-makers had any general objection to airing spots on family planning, and the majority approved of promoting condom brands without showing a condom or mentioning the word condom. However, it is important to note that four of the 12 individuals who raised objections to Spot 3 were members of the Censor Board. They argued that the spot could not be shown for two reasons:

1. PTV does not allow brands of condoms to be promoted. (In fact, spots on Touch - another brand condom being promoted by the same organization - were being shown on PTV channels at the time)
2. The more serious objection raised by two censor board members and four other decision makers was that it is not culturally appropriate to transmit condom spots showing branded packets, as children will inquire about the contents of the packets.

All participants generally approved of spots promoting prevention of AIDS. However, some individuals voiced opposition to the presentation in Spots 4 and 5, claiming they were not appropriate as, according to them, they promoted promiscuity and injecting drug use.

**Government Ministry Personnel (MoH, MoPW, and PWD)**

Twenty-nine decision makers (NACP 8, PACP 3, MoH 3, MoPW 5 and PWD 10) were interviewed in Islamabad, Karachi and Peshawar. Detailed discussions revealed that there is no written criteria or standard at MoH and MoPW for deciding what family
planning and AIDS messages may or may not be transmitted. Participants from MoH categorically stated that they follow the PTV censor laws (which are vaguely defined and can be interpreted in several ways). Participants from MoPW and PWD indicated that they determine their limits based on what is being shown on PTV. This suggests that PTV, rather than the national programmes, is determining the limits. PACP has not yet produced their own material for transmission on TV and Radio, but is now planning these in regional languages.

Discussions revealed that two important considerations are being taken into account by decision-makers at the Ministry and Department levels to determine what message can be transmitted. These are that the message should:

- Be within cultural and religious norms
- Not provoke adverse reaction

In each meeting, almost all participants mentioned that the selection of messages and spots for transmission is based on “what is acceptable within our cultural and religious norms”. The general definition given of “what is acceptable within our culture” in the majority of the meetings was, “something that can be watched or heard by a male in the presence of his mother, sister or daughter”. Almost all of the participants asserted that they have a very good understanding of the culture in Pakistan, and understand what a common man is ready to see and hear with the family - although very few were in occupations that put them in direct contact with the masses. It is also worth noting that participants were from different backgrounds, ranging from women in jeans to hijab, suggesting that their perceptions of the general level of discomfort with certain messages are likely to be different. Despite the claims of participants that they had a common understanding of what messages are appropriate for the culture, the study team found ample evidences that personal biases play the major role in the selection of spots.

Decision makers participating in the focus groups repeatedly asserted that decisions are made with the consideration that messages should be in conformity with religion. However, the perspectives of individuals on what would be religiously acceptable differed considerably. Even if the major criterion for decision-makers is simply that the message should not raise any controversy, this depends on a perception of sensitivity that varies from individual to individual.

A second important consideration voiced by decision-makers, was the need to avoid any negative reaction from ministers, pro-government parliamentarians, opposition members, religious leaders, the press and the public. It was expressed by many that if MoH and MoPW begin transmitting more explicit family planning and AIDS messages, it is likely to provoke a strong reaction from these groups. Participants expressed concerns that:

1. An offended minister or a powerful parliamentarian might call higher authorities, resulting in explanation calls, transfer or other “penalties”.
2. Opposition members might exploit the issue politically and embarrass the government
3. Religious leaders might protest in different ways
4. The press may make it an issue
5. The general public may react through phone calls and letters.

Focus group participants provided the following examples of incidents in which public outcry created embarrassment for broadcasters:

- A woman telephoned the Prime Minister during his direct talks with the public, and raised objections about family planning spots on television. These were immediately withdrawn.

- An AIDS prevention spot targeting truckers was withdrawn from television due to a reported protest from the truckers’ association.

- Newspaper articles blaming the government media departments for promoting obscenity and vulgarity have forced staff members to explain and/or apologize for their actions.

- A senior provincial bureaucrat called the Programme Office and strongly expressed his displeasure towards spots being shown for AIDS prevention.

- Nazims, naib nazims and councilors participating in a PWD seminar voiced strong opposition to the family planning campaign in the area.

Further discussion with the participants revealed that their concern about the threat of such incidents might be exaggerated. With the exception of the Prime Minister’s action, which could not be challenged by public sector employees, the officers of the Programmes and Ministries cited no specific examples of reactions from opposition leaders, religious lobbies or the public other than publication of articles and letters in the press. The AIDS Control Programme tactfully managed the phone call from the provincial bureaucrat, and the messages continued to be aired without any change. The decision to withdraw spot on truckers (described in detail in Box 1) appears to have been made without any verification of the truckers’ opposition.

Decision makers’ apparent hypersensitivity to the responses of the most conservative elements in the public may result from a lack of reliable information about the attitudes and beliefs of the broader population. Mechanisms to gauge public opinion are limited, as there are no regular survey polls. MoPW and PWD gather their public opinion information through their District Population Welfare Officers (DPWO), clients at their centers, and through phone calls and letters for the programmes on radio. The MoH
relies mainly on the information gained through pre-testing of spots done by the advertising agencies. Neither of these provides a reliable, complete picture of Pakistani public opinion on family planning or HIV/AIDS awareness campaigns.

Participants were asked whether the programmes and Ministries are willing to advertise condoms on TV and radio, both for family planning and as a means to protect against AIDS. They gave mixed responses; some asserted that society is not ready at this stage for condoms to be advertised on PTV and radio, while others were of the opinion that these issues can be dealt with through a subtle campaign that uses appropriate language and avoids humorous, guilt and fear approaches.

Decision makers expressed mixed feelings about watching spots about AIDS and family planning with their family members. Some mentioned that they would have no hesitation, while others clearly expressed that they would either change the channel or feel uncomfortable. When asked to compare watching AIDS and family planning messages with watching songs, dances and dramas currently being shown on Pakistani and other channels, the general response was that because songs and dances have long been part of the culture they do not cause much discomfort.

There are differences among decision makers in the agencies studied regarding sensitivity to family planning and HIV/AIDS messages. All but one of the participants from MoH and NACP did not seem to have fears about opening up and becoming more explicit. On the other hand, staff members in MoPW and PWD accept at an individual level the need for being bolder, but collectively they are disinclined to “rock the boat” by presenting more explicit messages.

Pakistan Television Corporation Personnel

PTV decision-makers categorically stated that PTV is an organ of the government and responds to directives from the Ministry of Information. They pointed out that policies change with each new government, and that even the same government may adjust its stance over the course of its tenure.

In comparing PTV with private channels, some participants expressed a feeling that PTV has become unnecessarily timid and that it fails to resist pressure. Others stated that only a limited population in the cities accesses other channels, while PTV reaches homes in cities, towns and villages throughout the country, requiring it to adopt a more conservative attitude.

During previews of programs and spots, the PTV participants voiced concerns very similar to those expressed by decision-makers in the Ministry. These were that spots should:

- be appropriate for watching with the family
PTV participants' definitions for what is "within religious and cultural norms" were similar to those provided by other groups.

While there have been no protests against the government, PTV has had to face some opposition to its presentation of family planning and HIV/AIDS information. Specific examples of adverse reactions they mentioned were:

- Three years ago, a group of women belonging to a religious party entered PTV Karachi Station by force and protested in the room of the General Manager against a spot on sanitary towels. The advertisement was immediately cancelled.

- A few months prior to the interviews, in its public meeting in Peshawar Jamaat-e-Islami openly criticized PTV for spreading obscenity. They also placed posters all around the city, forcing the Peshawar station to adopt a more conservative approach.

- A recent play showed a woman reacting against the society after rape. A bureaucrat called the MD on the phone shortly after the telecast to object.

- The Truckers Association reportedly called in a protest to the telecast of an AIDS prevention spot, and the spot was withdrawn (See Box 1).

- People have also reacted to certain "bold" dances and songs shown on PTV during the last couple of years, prompting the station to discontinue these programmes.

Participants also mentioned that articles have appeared in the press several times against programs and advertisement and that PTV has reacted to most of these by withdrawing or toning down the messages. Occasional vociferous phone calls from Ministers, parliamentarians, and bureaucrats are given prompt attention at PTV.
Box 1: Withdrawal of Truckers Spot- a case study

Evidence shows that the truckers (truck drivers and attendants) have a high prevalence of unsafe sexual practices. NACP produced a television spot promoting AIDS prevention among this high-risk population. Initially the spot was for about 80 seconds, and carried somewhat explicit messages recommending precautions to take during sexual relationships outside marriage. The PTV censor board deleted part of this message, and the spot was then approved for transmission. After showing the message for a couple of weeks, the advertising agency informed NACP that PTV had stopped the telecast because of a protest from the truckers association.

The study team approached the advertising agency to assess the nature of the protest, and was informed that the protest was made to PTV headquarters through a phone call. the team found no evidence, however, that the call actually came from the truckers association, nor found any indication of how powerful the association was.

This episode raises questions about the censorship process, and its sensitivity to conservative groups claiming to represent the interests of the population, or an important portion of it. Considering the importance of this message from the national perspective, should one phone call have been sufficient to provoke its cancellation? Did the cancellation reflect an appropriate organizational response to the protest, or the personal bias of the staffer who took the phone call? Should PTV have probed the authenticity of the call and sought a compromise rather than bowing down to the protest? Does the incident reflect a lack of understanding by PTV authorities of the need to address HIV/AIDS issues?

A small number of focus group participants from PTV expressed the opinion that new developments always provoke some reaction from the people. Voices were raised when television came to Pakistan, then a furor was heard when the VCR was introduced. Later, concern was expressed when the dish antenna came, and before that, resentment was shown about cable TV. Over time, however, people grow accustomed to the change. Hence, the participants argued, PTV should become a creative institution rather than remaining bureaucratic. As one person said, “fear is in the heart, nobody comes to demonstrate.”

A senior producer mentioned that she received hundreds of letters expressing anger when she produced a play dealing with the issues of family planning. She even faced hostility in public gatherings, but her belief in the cause and her courage to openly discuss the issue, enabled her to carry on the work as planned. Some others mentioned that much depends on the personal strength of the individual heading the organization, and the level of his or her support from higher authorities.
The discussions with PTV decision makers revealed that there is no effective mechanism for gauging public opinion or reactions to public service announcements. Entertainment companies conduct opinion polls for plays, but not for other programs or advertisements. According to two members of the censor board "viewers are not given much heed, it is the fear of the VIPs".

Of the 18 individuals interviewed, the majority (13) agreed that more explicit HIV/AIDS prevention and family planning messages should be given on TV. They expressed a shared belief that condoms can be promoted on the mass media both for contraception and for disease prevention. Some of their comments, quoted below, reflect the thinking of the senior programmers at PTV, and may suggest a way forward for expanding HIV/AIDS prevention and family planning messages in the media:

- "We are the converted ones and realize the need for change, but our hands are tied".
- "It is time to start educating the public in an appropriate way, provided sensitivities of the people are not hurt"
- "First sensitize the people telling them about the gravity of the situation and then they will accept explicit messages"
- "Come forward and sensitize the authorities about the magnitude of the problem as you have explained to us"
- "The Minister of Information must be sensitized about the looming dangers so that he can support the Secretary of Ministry of Information and Managing Director of PTV"

Participants felt strongly that PTV should be involved in the development of messages even before sending the concepts to the advertising agencies. They argued that this would facilitate development of appropriate messages that can be aired without provoking controversy. Participants mentioned that PTV has successfully presented dramas and programs on very sensitive issues, including one dealing with the rape of a young girl and its consequences on her life that recently won first prize in a drama festival.

The PTV focus group participants also repeatedly stated that the public's awareness about the impending threat and consequences of massive population growth and spread of AIDS should be increased initially through discussion programs, and perhaps later through spots. Their rationale was that a programme has a context within which sensitive issues can be discussed, while advertising spots' brevity makes it difficult to properly introduce sensitive messages.
Pakistan Broadcasting Personnel
Some of the considerations adopted by PBC and its station for broadcasting sensitive programs and spots have been addressed in the discussion above. Others mentioned by individual programmers involved in the focus group discussions were:

- “We decide according to the cultural norms and ensure that messages in programs and spots should not clash with the way the majority of the people live or behave”

- “We do not use certain words, which we think people will not like to hear. There is no written guidelines for these words but we know what people can or cannot hear, and we make decisions accordingly”.

Press reports were cited as the most damaging manner of protest against sensitive messages, as they often result in immediate reaction from the top management, including demands for explanations and, often, withdrawal of the programs. Other examples of adverse reactions cited by the PBC focus group participants were:

- A program, “Choti Choti Khushian”, promoting family planning received several letters against it.

- The broadcast of an advertisement for scholarships produced by a Foundation was stopped as the youth wing members of a religious party protested against it at the radio station. They believed that the Foundation is a non-Muslim organization, which should not be supported.

- A program on women’s issues was closed down as some listeners expressed displeasure through phone calls when breastfeeding was discussed.

Eight out of 9 PBC participants interviewed in Islamabad, Karachi and Peshawar agreed that the condom should be promoted for both contraception and disease prevention, but with some subtlety. They asserted, “everything can be said, but it all depends on how it is presented. Explicit messages are likely to provoke a reaction from several quarters, especially the moulvis and the press, that can result in halting of the program or spot”.

The comments from PBC personnel made it evident to the study team that impulsive decisions are often taken regarding censorship or cancellation of spots on family planning or HIV/AIDS prevention issues. The team was informed that a Code of Ethics exists, but a copy was not provided when requested.

Private TV Channels
GEO claims that gradual change of Pakistani society is one of the objectives of its official policy. They make deliberate attempts to create ripples in the current stagnant situation
by discussing controversial and highly sensitive issues. Geo facilitates the dissemination of different views by bringing in people of diverse opinion. The channel invites government functionaries, opposition members, army generals, religious leaders, and others to come together for dialogue, and so far as to bring religious leaders and prostitutes together in one program.

Focus group participants from GEO indicated that the organization and its staff are ready to face the challenge of social change in spite of the threats that they receive through phone calls and emails. One GEO program resulted in over 1800 threatening emails to the anchorperson, but this has reportedly discouraged neither him nor the management. GEO believes that open discussions on issues will stop street demonstrations, and claims to be ready to show messages promoting condoms for prevention of STIs including HIV/AIDS.

Participants from Indus TV indicated that the station considers itself a thematically bold channel that wants to be a trendsetter. Their aim is to show a progressive Pakistan and to portray that Pakistanis are modern people. They claim a willingness at Indus TV to transmit messages promoting the condom for safer sex, provided it is done “intelligently”.

**Decision Maker Survey Results**

The study team met with 69 individuals of which 60 were considered decision-makers. They were given a prepared survey form to express their attitudes about sensitive messages, and were assured that the information would be kept confidential. 53 participants submitted completed survey forms, the results of which are summarized in Table 2.

**Table 2: Quantitative Viewpoint of the Decision Makers**

<table>
<thead>
<tr>
<th>Statements</th>
<th>Agree with statement</th>
<th>Disagree with statement</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not show/air spots with family planning messages on mass media.</td>
<td>2</td>
<td>51</td>
<td>0</td>
</tr>
<tr>
<td>Mention contraceptive method: Pill</td>
<td>44</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Mention contraceptive method: Injection</td>
<td>42</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Mention condom as method for family planning</td>
<td>38</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>Mention contraceptive method: Intrauterine device</td>
<td>36</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Mention contraceptive method: Female sterilization</td>
<td>32</td>
<td>21</td>
<td>0</td>
</tr>
<tr>
<td>Mention contraceptive method: Male sterilization (vasectomy)</td>
<td>31</td>
<td>21</td>
<td>1</td>
</tr>
<tr>
<td>Only show the brand of condom but do not</td>
<td>26</td>
<td>26</td>
<td>1</td>
</tr>
</tbody>
</table>
mention the word condom.

<table>
<thead>
<tr>
<th>Attitudes towards AIDS messages</th>
<th>Agree</th>
<th>Disagree</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Do not show/air spots about HIV/AIDS on mass media</td>
<td>2</td>
<td>51</td>
<td>0</td>
</tr>
<tr>
<td>10. Explicitly describes mode of transmission through reused syringe/needle and blood transfusion</td>
<td>50</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>11. Mentions the transmission route in Injecting Drug Users</td>
<td>47</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>12. Informs that sexually transmitted infections can be prevented by use of a condom</td>
<td>41</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>13. Mentions that condom use in pre or extra marital relationships can prevent AIDS</td>
<td>40</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>14. Explicitly describes modes of transmission by sexual contact</td>
<td>30</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>15. Gives specific messages for males having sex with males</td>
<td>33</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>16. States explicit messages for female sex workers</td>
<td>36</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>17. States explicit messages for male sex workers</td>
<td>37</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>18. States explicit messages for Hijray</td>
<td>36</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>19. States explicit messages for Truckers</td>
<td>35</td>
<td>15</td>
<td>3</td>
</tr>
</tbody>
</table>

Personal opinions given privately by participants changed somewhat compared to those expressed during the group meetings. Only two respondents opposed airing spots on family planning and AIDS. Among others disapproval ranged from 17% to 40% depending on the method of contraception discussed. 50% of respondents opposed showing condom brands in HIV/AIDS prevention spots, while only 26% opposed mentioning it as a method of family planning.

Survey responses, showing disapproval ranging from 4% to 40%, demonstrated a more liberal attitude towards the spots on AIDS than was evident in the focus group discussions. The highest disapproval response was provoked by messages related to sexual methods of transmission. The generally higher acceptance of these messages expressed in the survey could be due to the fact that respondents were sensitized about the looming dangers of AIDS in Pakistan and its disastrous effects.
Key Findings about Decision-Makers

1. The journey of the spot from conception to delivery for public viewing on the electronic media is circuitous and full of obstacles.

2. Commendably, the Ministries concerned (MoH and MoPW) are utilizing private sector agencies for the BCC campaigns. However, the process for selection of advertising agencies is subjective, based on personal opinions rather than objective scoring. Further, the opinions of the technical members are often overruled in the presence of influential non-technical persons.

3. The agencies do not invest sufficiently in health campaigns, in part because their contracts are for a short duration, and in part because the compensation offered for services is far less than that offered by the private sector. Also, experimentation and innovation is avoided because of fear of non-acceptance and consequent loss of money invested.

4. Selection of several agencies for a short period does not allow the programmes to develop comprehensive, coordinated and sustained campaigns. The models, messages and approaches differ on TV and radio, which dilutes the reinforcement impact.

5. Though pre-testing is done, it happens only on a limited scale, and decision-makers do not consider the results during the approval process. It is evident that at every level, the personal opinions of individuals play a major role in decisions taken. At times the personal judgment of one senior person rather than that of the technical committee or the programme plays the key role in making the final decision regarding selection and transmission of spots.

6. Two important considerations are being taken into account by decision-makers at the Ministry and Department levels to determine what messages can be transmitted: the spot should be within cultural and religious norms, and it should not provoke adverse reactions. Decision-makers at different levels approve or disapprove of certain spots according to their own understanding of cultural norms. Apparently, the most common deciding factor is the individual’s imagined level of comfort when watching a programme or message with the family.

7. The decision-makers fear negative reaction from religious leaders, politicians, bureaucrats, press and the public. However, mechanisms to gauge public opinion are limited.

8. Although the PTV Censor Board has a code of advertising standards, this does not adequately respond to the needs of health and family planning messages, and is
not regularly reviewed to keep pace with changing conditions. The code is not strictly followed, reflecting multiple interpretations at work in the decision-making process. The decision regarding what should be shown often depends on the liberal or conservative attitude of the members present during censoring. Furthermore, the board is not a very strong body, as spots passed by it can be forced off the air by a well-placed phone call.

9. In general, social marketing firms are bolder with family planning campaigns and have been successful in pushing the limits of existing norms in the system.

10. Electronic media has become more open, and spots now are bolder than those shown 5 years ago. Appropriate sensitization of the decision-makers at PTV, PTV Censor Board and PBC regarding the threat of AIDS and the population explosion is likely to encourage further openness to more bold and explicit campaigns.

11. Private television channels are liberal regarding sensitive issues and are ready to telecast more explicit messages regarding FP and AIDS.
Atitudes of the General Population
Responses to Health Messages: Recall and Action

To get the discussion started in the focus groups with the general population, participants were asked to recall all health messages that they had seen on television or heard on radio. A wide variety of messages were recalled, including many from the Ministries of Health and Population Welfare, as well as others sponsored by organizations selling consumer products that are marketed as measures for disease prevention and/or health promotion.

Participants recalled messages on the subjects of AIDS, polio, hepatitis, smoking, family planning, TB, malaria, iodized salt, environment, lady health workers, antenatal care, breast feeding and early marriages. They recalled consumer products messages promoting Safeguard soap, Dettol, milk, toothpaste, cooking oil, Glaxose D, Disprin, Harpic and Always.

The highest recall without any prompting (about two to three times higher than for other messages) was for spots on family planning and AIDS/Hepatitis. Messages regarding polio, malaria, antenatal care and smoking also had high recall. Although consumer products firms advertised their health promotion or disease prevention products more aggressively, these spots had substantially lower recall.

The pattern of recall for Family Planning and AIDS messages was similar in males and females and between urban and rural residents, but there was noticeably higher recall of AIDS messages among the youth. While the recall for Family Planning messages was consistent in different age groups, the recall for AIDS began to decrease as the age group went up.

Reasons for Recall
The major reasons participants gave for remembering messages were: i) frequency with which messages are given; ii) the embarrassment felt while watching with their families, iii) the quality of information conveyed; and iv) time of transmission, (messages transmitted during Prime Time are more often recalled). In a few places the jingle and the appearance of the model were also given as reasons for recall.

Family Planning messages are often remembered because of the level of discomfort felt by viewers in watching with the family. A woman from Bandi Sher Khan in Haripur said:
Family Planning people say stop having more children. I feel very embarrassed. I don't know what to do. I feel like getting up and running away. I don't know where to hide. I feel so ashamed.\textsuperscript{58}

**Action Taken on Health Messages**

An important finding of the FGDs was that people are responding to health messages and taking desired actions:

- In Khairpur, some male participants said that in response to family planning messages on the mass media they have had their wives sterilized so that they would not have more children,
- A woman in Sandha, a lower middle-income area in Lahore, said that after seeing the message about syringes, she now makes sure that the doctor uses a sterile syringe.
- A man in Majoki, Charsadda, reported that previously his family did not give polio drops to their children because they feared that these were meant for family planning. But, because of the messages on mass media, they now realize that these have nothing to do with family planning and are giving polio vaccine to their children.
- A woman in Mun Krai, Haripur, said that she herself had adopted family planning after seeing the messages, and had restricted her family to two children.
- A male youth in Paindah Khail, Charsadda, said that they did not now shave with used blades, but ask the barber to use a new one.
- A male youth in Pir Jo Goth, Khairpur, mentioned that after listening to Wasim Akram saying that he does not get tired since he stopped smoking, he has also given up the habit, and now can walk longer distances without getting tired.
- Action taken on consumer products was also reflected. Male youth in Beer, Haripur, mentioned that they have started using cooking oils with lower levels of cholesterol.
- Female youths in Dewal, Murree, stated that they now only use Safeguard soap to protect themselves from germs.

Some misconceptions were also reported. For example, some male youths in Karachi felt that promotion of iodized salt was a conspiracy by the government to propagate family planning through the salt by mixing some medicines with it.

**Attitudes Towards Messages on Mass Media**

Participants were shown spots in three different categories: Health Messages, Family Planning messages and HIV/AIDS messages. These were used as illustrative examples to generate discussions and assess attitudes of the general public, especially to sensitive messages on AIDS and Family Planning.

\textsuperscript{58} "Mansooba bandi wali kay hain bachay bund karao. Mujhay bohat sharam ati hai. Samajh nahin ata kya karoon. Dil chatha hai uth kay bhag jaon. Kon say konay may chup jaon. Main to sharam say doob jati hoon."
Attitudes to Health Messages

Three TV spots were shown to the participants on polio, ante-natal care and “ghutti”. Ninety four percent of the participants appreciated the messages and were in favour of showing them, as indicated by the raising of hands.

Some reasons given for approving the health spots were that they provided useful information, and that the mass media was a good vehicle for giving messages to uneducated people. Selected comments from those who approved of the spots are listed below.

*By giving polio drops to your children you can protect them from becoming handicapped.*
(Man in Mun Krai, Haripur)

*Seeing this spot we become aware that, God forbid, our child can also become handicapped like the child in the spot.*
(Woman in Daleelwala, Multan)

*This tells us about the health of the mother. If the mother eats a nourishing diet her child too will be healthy.*
(Woman in Muslimabad, Charsadda)

*A village woman is uneducated. When she sees this ad on TV she will become aware.*
(Woman in Mora Sidan, Murree)

We have this custom of giving the newborn something to cleanse the system, but the ad tells us that the best thing is mother’s milk.
(Male youth in Nawabpur, Multan)

The small number of negative responses (6%) came from males, females and youths in both urban and rural areas. Some participants felt that a woman should not be shown breastfeeding her child, and also that a woman should not be shown in a lying down position. Samples of disapproving comments are below.

*A woman has been shown breastfeeding her child. Such scenes are uncomfortable to watch with the family.*

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59 “Bachon ko polio kay katray planay say unhay mazoori say bachaya ja sakta hai.”
60 “Is ishtihar ko dekh kay hamain ehsas hota hai, kay Khuda na karay kay hamara bacha bhi is bachay ki tarah mazoor na ho jai.”
61 “Is ishtihar say maan aur bachay ki sehat ka maaloom hota hai. Agar maan achi khorak khaigi to uskay bachay ki bhi achi sehat ho gi.”
62 “Gaon ki aurat parhi likhi nahiin hoti. Jab wo TV par yeh ishtihar dekhay gi to usay aagahi hasil ho gi.”
63 “Jaisay kay hamaray han ghutti ki rivaj hai to yai cheez achi batai gee hai kay bhetaareen ghutti ma ka doodh hai.”
Attitudes to Family Planning Messages on Mass Media

While the vast majority of responses were in favour of using the mass media for propagating general health messages, the spots on Family Planning received less approving responses.

Three spots of different levels of sensitivity were shown as illustrative examples:

a) A spot about an audio cassette which provides information on Family Planning (level 1)

b) A spot about birth control pills (level 2)

c) A spot for a condom (level 3)

Approvals

About two thirds of the respondents i.e. 62%, approved these messages. Major reasons given for approval were: (i) information is useful; (ii) the mother’s and the baby’s health tend to be better if there are less children in a family; (iii) the quality of life will generally improve if the country has a smaller population.

The highest number of approvals was encountered in Sindh, both urban and rural, and in the Punjab urban area of Lahore. There were no evident differences in male and female responses, or between age groups.

Information is Useful

A reason given for approving the messages was that they provided useful information. This view was expressed most often by the youth, and was mentioned less frequently as the age group increased. No difference between male and female respondents was evident, nor between rural and urban.

- A female youth from Wada Machub, Khairpur, commenting on a condom ad, said “If this is not shown on TV how then will we know this!”

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65 "Injection aurat ko mard laga raha hai jo kay nahin hona chahiyay."
66 "Breastfeeding ka ishtihar abbu kay sath nahn dekha ja sakta."
67 "Agar isey TV par nahin dekhein gey to hamein maloomat kaisey hogi."
• A male youth from Chodahu, Khairpur, said, “It has information. When we get married this information will be useful for us.”68

Health of the Mother and Family is Improved
A second reason for approval was the understanding that the health of the mother and family would benefit if family planning were adopted. This was expressed equally in rural and urban areas, by both males and females. There was, however, a significant variation among age groups. While those ages 35 and below considered health an important benefit, those 36 and older did not count better health as a reason for approval.

• On the subject of health of the mother, a male from Rajapur, Multan said: “This spot should be shown. It is very useful for people with a low level of understanding. An important example is that of land. If we plant it in each season, the land will become barren. Hence a three-year space between children should be essential.”69

• And a female youth in Moza Nand La, Multan: “If there are fewer children the household will be better provided for. Education and nutrition needs can be met.”70

• In Chodahu, Khairpur, a male youth said, “If the mother’s health is not good it will have an effect on the child’s health.”71

Enhances Quality of Life
Several respondents cited a better quality of life as a reason for approving family planning messages. No difference between rural and urban areas was noticeable. However, variations were evident between age groups and males and females. The concern of 26-35 year-old males was highest, followed by male youth. Markedly fewer females named this as a point to be considered. Some participants looked at the issue in the national perspective and approved because they felt Family Planning was important for the country’s welfare.

• A male participant noted that “Whatever resources Pakistan has for its future needs are not enough because the population is even larger.”72

• A woman in Fazalabad, Charsadda, gave a more personal view, stating, “Everyone’s life is in a mess because of poverty. If we had the information in time, we would have been careful and had fewer children. Now the children are unhappy and we parents too are unhappy at not being able to fulfill their wishes.”73

68 “Iss mai maloomat hai, jab hum shadi karen gay to yai maloomat hamaaray kaam aye gi”
69 “Yeh isthitar chalna chaahiyay. Kum zehen logon key liye bohat acha hai. Is ki bari missal zamin hai. Agar hum usmein har dafa fasal ugaenge to zamin banjar ho jati hai. Is liyye teen saal ka waqf laazmi ho na chaahiyay.”
70 “Bachay kum hongey to gharana khushal hogi. Taleem aur ghiza ki zaroorat bhi poori ho sakein gi.”
71 “Agar maa ki sehat barqarar nahin rahey gi to is ka asar bachay par bhi paray ga.”
72 “Pakistan key paas mustaqbil key liyye jo kuch hai abadi ussey bohat ziada hai.”
73 “Sab ki zindagi ghurbat ki vahay se aazab main hai. Agar hamein time par maloomat hoti, to karbakhsh hum ahtiyyat karhey aur bachay kum pada karhey. Ab bachay aleg pareshan, aur hum validan unki khwahish na poori karkey alag ulas rohte hain.”
Disapprovals
Of the 38% who disapproved of the spots, half were willing to change their opinion if some adjustments were made in presentation, time and frequency of telecast, or in the “Key” logo. They found this logo suggestive, and children’s questions about it embarrassing, but were not opposed to the message itself. Even some who had reservations about the condom ads were willing to accept it if it were shortened, or presented in a way which did not cause embarrassment. Some mentioned a spot for Touch (a condom), which does not cause much embarrassment because it is not direct. Only 15% of the 38% disapprovers actually disapproved of condom ads.

The highest rate of disapprovals was found in N.W.F.P, both urban and rural, and in rural Punjab. More males than females expressed disapproval. The gender difference was highest for the condom spot, for which the disapproval rate of males was substantially higher than that of females. There was no discernable difference between age groups.

The principal reasons given for disapproval were (i) embarrassment/discomfort in watching with one’s family (ii) the ads will encourage obscenity and promiscuity (iii) children ask embarrassing questions and; (iv) the messages are in conflict with religious values.

Embarrassment/Discomfort in watching with Family
The vast majority of the disapprovers expressed different levels of discomfort in watching and listening to sensitive messages with the family. There was no evidence of variations between rural and urban participants, nor between males and females. But when different age groups were compared, significantly, (and surprisingly) the female youth expressed less discomfort.

When provinces were compared it became evident that respondents in Sindh reflected the lowest level of discomfort, both in urban (Karachi) and rural (Khairpur) areas. While the high comfort level in urban Sindh can be easily related to the markedly higher level of education, the liberal response from rural Sindh was attributed to the vast network of NGOs (200 NGOs are registered in Khairpur district) and the local cable TV. This could also be reflective of the greater political awareness in rural Sindh.

Two quotations from Southern Punjab represent the view common to most disapprovers:

- A male from Kotla Moharan, Multan, expressed the discomfort he experienced in watching the messages on TV by saying, “When mother and father, son and daughter, brother and sister are all watching together, it’s very shameful.”

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74 "Jab Maan Baap, beta beti aur bhai behan sab bethey hon to bahut be sharmi hoti hai."
A female youth, also from Nawabpur, Multan, expressed similar sentiments: "Unmarried people cannot watch this with their families." 

Encourage obscenity and promiscuity

A large number of disapprovers were of the opinion that the messages would encourage people to be promiscuous. A clear majority of males of 36 and above age group were concerned about promiscuity, in contrast to women in the same age group – none of whom brought up the issue. In the middle age group of 25–35, again men mentioned this reason more than the women.

The contrast between the male and the female youth was also notable, with the majority of the male youth bringing up this concern. Only one female youth mentioned it. There was no difference between urban and rural areas on this point.

Some representative statements:
- According to a male from Majoki in Charsadda: "This will invite women to commit adultery." 
- A male from Kotla Moharan in Multan showed similar concern: "Swallow a pill and free yourself from all responsibility!" 
- A female from Muslimabad in Charsadda said: "Young girls and boys get information about family planning, and they can misuse this information.

Children ask embarrassing questions

Another apprehension commonly expressed was that the spots were a source of embarrassment because children asked awkward questions. No difference between urban and rural responses was evident, nor between males and females, with the exception of female youth. No female among the youth expressed the concern that children might ask embarrassing questions. The difference between male and female youth on this matter may reflect the fact that from an early age boys in Pakistan are socialized to be aware of issues concerning propriety and family honour, and consider themselves to be custodians of family honour.

- A male youth from Bandi Sher Khan in Haripur expressed this in the following words: "Children see this logo and ask, what is this key for?" 
- A female from Kotla Moharan, Multan, was also concerned about children asking questions: "Children ask, what is this key for? It becomes a problem to explain." 

75 "Ghair shadi shuda log family keh saath nahin dekh saktey." 
76 "Issey to khawateen ko zina kaney ki dawat milti hai!" 
77 "Goli khila aur jaan churaot!" 
78 "Gair shadi shuda logon ko family planning kay tareeqon ka pata chal jata hai aur vo isey ghalat istehmal kar saktey hain." 
79 "Bachey yeh nihan dekh kar maan baap sey poochtay hain keh yeh chabi ka nishan ye hain." 
80 "Bachey poochtay hain yeh kis cheez ki chabi hai. Phir masla hota hai."
Messages are in Conflict with Religion
In 37 of the 56 FGDs, some participants indicated that the messages were against the teachings of Islam. On further probing, in eight of the 37 groups the view was expressed that although these messages were against religion, they were “the need of the time”. Of the remaining 29, participants in 10 male and eight female FGDs for youth mostly disapproved the message on the basis of their understanding of religion.

No urban and rural difference was discernible but there was notable variation between age groups – the larger proportion of disapprovers falling in the younger youth groups.

- In the words of a male in Pind Munim in Haripur: “There is a Hadith that says, marry the woman who can give birth to most children.”
- A female youth in Chungi Amar Saddu said “This is murder of humanity. All living things breathe with the will of God. He will provide for them.”
- A female in Trate, Murree said, “There is a Hadith that our companion will be him who will propagate more children.”

Approval with Change
A closer look at the 38% who disapproved shows that about half of them were did not reject the messages entirely, but wanted changes to make them more acceptable.

Changes recommended concerned presentation, the Key logo, timings and frequency.

Presentation
The largest numbers of suggestions were offered on the presentation of the spots, and some of them were contradicting:

- Spots should be brief and direct.
- Spots should be indirect and language should be discreet.
- Messages should be telecast/broadcast in regional languages.
  - A female from Muslimabad, Charsadda, said “These spots must be shown, but in Pushto, so that they can be easily understood.”
- Brand name should not be shown. The condom or its box should not be shown.
- Condoms should be advertised on radio not on television.

Key
Several participants were willing to accept the spots if the logo of the key were removed.

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81 *Hadees-e-Pak mein irshad hai keh us aurat say shadi karay jo ziada bachay paida karey!*
83 *Ek Hadees hai keh hamara saathi vo hai jo aulad barhaega.*
84 *Yai ishtihar dekhana chahiyay, lekin pushto mein, takey anasie say samajh asakay.*
While some said that the Key logo provoked children to ask difficult questions, others considered it to be suggestive.

- A male participant from Mankrai, Haripur, said, “The key suggests that we should lock up the process of producing children to give an interval. In fact, this thing about a key is very bad!”
- A male youth from Bandi Sher Khan, Haripur said “There is no problem about family planning spots, and nor are they against our culture. Just remove the key.”

**Timings/Frequency**
Participants wanted spots not to be repeated so often, and objected to them being shown on Prime Time, when the family and children were watching TV together.

- A female youth from Deval, Murree said, “Spots should not be shown during plays, because the whole family is watching at that time.”
- A male youth from Karachi said “Such spots should be shown on the Khawateen Time programme.”

**Attitudes to AIDS Messages on Mass Media**
Approvals measured for general health messages were 94%, and 62% for family planning messages, while those for AIDS which were a high 90%.

While family planning relates directly to the health of the mother and children, AIDS affects males and females both. This could be one reason for the higher rate of approval.

Four spots of different levels of sensitivity were shown as illustrative examples:

- A spot about barber (level 1)
- A spot about injecting drug users (level 2)
- A spot where a truck driver is advising his colleague to be careful when going out to have a good time (level 3)
- A spot where a woman gives a warning about using preventive measures in intimate relationships (level 4)

**Approvals**
The approvals in both Sindh and Punjab were substantially high than those in N.W.F.P.

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85 “Chabi ka matlab hai keh bachay ki paidaish mein waqfey keh liye chabi lagadein. Darasal is mein chabi wali baat bohat buri hai.”
86 “Family planning keh paigham mein koi masla naheen hai, aur na hi yai hamari rivayaton keh khilaf hai. Bas chabi ko hata dai.”
87 “Dramey key dauran nahin dekhana chahiyay kyun keh us waqt sab ghar valley balthey huey hotey hain.”
88 “Is qism key istiharat Khawateen Time mein dikhana chahiyay.”
There was a higher degree of approvals from females than from males but no significant differences between urban and rural participants or between age groups.

Reasons given for approval were:

- Useful information is given
- Messages are indirect and discreet
- Language used is discreet
- Level of discomfort is acceptable

Though a large majority approved the spots on the grounds that they were informative and provided important facts about a serious disease, on probing, the team found that most of the respondents were unable to understand the message clearly. There were several misconceptions, which are discussed at the end of this section.

**Spots give useful information**
The majority of the approvers specified knowledge as the main reason for approval. No discernible differences were reflected between rural/urban areas between males and females, nor between different age groups.

- A youth from Pir Jo Goth, Khairpur said, “This will tell people that firstly, they should abstain. If they cannot, then they must use a condom.”
- A female from Sandha, Lahore said, “This spot must be shown, because those who are illiterate will only learn through such ads.”

**Messages are Indirect and Discreet**
Some participants approved the spots because they felt that they were discreet and would not provoke awkward questions from children. This view was expressed by respondents from both urban and rural areas, both males and females and by participants from all age groups.

- A female from Daleelwala, Multan said, “It should be shown because nothing has been said too explicitly and children will not ask any awkward questions.”
- A female from Gambal Shah, Khairpur said, “Everything has been said between the lines.”

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89 "Issey pata chalaiga keh pehley to vo baaz rahen. Agar nahin to condom istemal Karen."
90 "Is ishtehar ko zaroora dekhna chahiyay, kyunkeh unparh koh to is ishtehar sey hi malomat milay gi."
91 "Dekhana chahiyey kyunkhe ismey koi vazahat nahin aur bachey bhi saval nahin karengay."
92 "Ismey poori bat kahi gaee hai aur lafzon main chhupaee bhi gaee hai."
Language is Discreet
A small number of participants considered the words used to convey messages appropriate. No variation between urban/rural, male/female or age groups was discernible.

- A female youth from Chungi Amar Saddu, Lahore, said, “The spot is good because words have not been used which children can understand.”

Acceptable Level of Discomfort
A very few respondents approved of the spot on the basis that the level of discomfort in watching with family members was acceptable and would not cause any embarrassment. No variations between rural/urban, male/female or separate age groups could be seen.

- A male youth from Karachi said, “From the perspective of social, cultural or religious norms there is no problem with this ad, and it can be viewed comfortably with the family.”

Disapprovals
The number of responses expressing disapproval on AIDS spots was 10%, of which a greater number came from urban areas of N.W.F.P (Charsadda) and Sindh (Karachi). Interestingly, the majority of disapprovals were focused on spots talking about the sexual mode of transmission. Main reasons given for disapproval were i) spots will promote promiscuity, ii) embarrassment in watching with family, iii) presentation, iv) it is not our problem.

Spots Will Promote Promiscuity
Promiscuity figured prominently on the list of reasons given for disapproving. Not surprisingly, this objection was raised more often by males than by females, and more often by the older age group than by the youth. Only one male youth quoted promiscuity as a reason for disapproval. There was a visible difference between urban and rural respondents.

- A male from Majuki, Charsadda said, “This is an open invitation to illicit sex. Young boys and girls can be misled.”
- A male youth from Pir Jo Goth, Khairpur said, “This is not at all right. It will promote promiscuity and obscenity.”
Embarrassment in Watching with Family
A few respondents disapproved because the level of discomfort in watching with one’s family was not acceptable. The majority of these were male youth. There was no difference between urban and rural areas on this point.

- A male youth from Karachi noted, “This spot can be seen alone but not with the family, because the words intimate relationship cause improper images in the mind. This becomes a cause of embarrassment.”

- A male youth from Nawabpur, Multan said, “Intimate relationships have been discussed. This cannot be watched together with the family because younger sisters and other people in the family are also watching.”

Presentation
A few respondents objected to the way the message had been presented, or to the words used. Both male and female youth were represented in this category, while the older age groups had nothing to say on this point. No urban/rural difference was discernible.

- A male youth from Bandi Sher Khan, Haripur said, “In this spot it is not good that he says ‘come boss! I will take care of your fatigue! This should not be shown.”

- A female from Trate, Murree said, “This spot should be shown but words like “relationships outside marriage” or saying “come with me” should not be used.”

It is Not Our Problem
In one FGD in Lahore the issue was raised that AIDS was not a problem for Muslims, because they did not have extra marital relationships. The view was expressed by a male from the 35 and above age group in a FGD with respondents of middle and high school education. Though only one participant raised the issue, others did not contradict him and were generally in agreement.

Lack of Understanding
Messages could not be understood: Although 90% of the participants approved of the HIV/AIDS messages, the team found that many, if not most, of the participants could not clearly understand the message.

The misunderstandings occurred more in rural than urban participants. There were no discernible differences between males and females or between different age groups. A
number of respondents did not understand because of the language. This objection was raised more in Pashto and Sindhi speaking areas.

These misunderstandings occurred for all AIDS spots. Most of the misunderstandings occurred in Spot D, followed by Spot C. Some lack of understanding was also evident regarding Spot A. The least number of misunderstandings occurred in Spot B.

Spot A, which shows a barber's client advising people not to use old blades because they can cause AIDS, also generated some misunderstandings. The majority of the misunderstandings occurred in the 36 and above male group. There was no difference between rural and urban participants.

The participants thought the spot showed that reusing of a blade could cause allergies, skin diseases and rashes. Others thought the spot said that cleanliness is very important, as lack of cleanliness could result in AIDS.

- A male in Gadeji, Khairpur said, "This spots tells us that if different people are shaved with the same blade it will cause skin disease."  
- In Fazalabad, Charsadda, a female youth stated, "It spoils the face. It leaves behind pimples and spots, that is why it can also cause skin diseases."

Spot B, which was about injecting drug users, had the least amount of misunderstandings. Lack of understanding about this spot was higher among the rural participants and females. There was no difference between the age groups.

All participants understood the first part of the spot, but the second part was not understood. The main focus of the spot is on the second part, in which a warning is given that sharing of syringes can cause AIDS. Some participants thought the spot was warning that drug addiction could cause AIDS.

- A male youth in Thokar Niaz Baig, Lahore, said, "This spot should come on air because from this we come to know that drug addiction can cause AIDS and we should stay away from it."

Spot C, in which truckers are shown warning people about AIDS, was also misunderstood by a number of people. There was no difference between rural/urban or among age groups. However, responses of males and females varied, and lack of understanding of this spot was more evident among females than males.

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101 "Is ishtihar main bataya gaya hai keh agar aap aik hi blade sey mukhtalif logon ki shave banaein gey to chamri ki bimari ho ga jayi.

102 "Is say chehra kharab hota hai. Chehre keh nishan aur daney reh jatay hain. Is liyay is say jild ki bimari bhi ho sakati hain."

103 "Yai ishtihar chalna chahiyyay is say hamain pata chaalna hai key AIDS ki bimari nashay say hoti hai. Aur hamain is say door rehna chahiyyay."
In most cases, two types of misunderstandings occurred with this spot. One was that AIDS is a disease one can get by sitting together.

- A youth male in Thokar Niaz Baig, Lahore said, “The message in this spot is that people should not sit too close to one another, because one can get AIDS even from each other’s breath.”

Another misunderstanding was that AIDS could be prevented through cleanliness, for example by using clean utensils etc. This misunderstanding existed among all age groups of females in Charsadda, N.W.F.P. Because of the lack of understanding of the language, they read only the visuals of the spot, which shows the truckers holding cups and having tea.

- In Fazalabad, Charsadda, a female youth stated, “It means that care should be taken of cleanliness and health in hotels. During eating and drinking precautions for cleanliness should be taken.”

**Spot D**, in which a woman gives a warning about using preventive measures in intimate relationships, was the least understood and generated the highest number of misunderstandings. There were no differences between urban/rural, male/female or different age groups. Difficult words, such as *qurbat keh taalogaat* (intimate relations) were not understood in a majority of the areas. In other cases it was not understood what specific precautions *ehtiyati tadbireer* (safety precautions) needed to be adopted.

When respondents were asked to explain what the message conveyed, a male youth from Nandla, Multan, said, “Taking precautions is necessary: wash your hands before eating, keep the environment clean, and dishes should be clean.” Others said precautions included using clean syringes – although the spot was referring to sexual relations.

**Knowledge and Beliefs about Family Planning and AIDS**

*Family Planning*

Similar family planning methods were known among all age groups, males and females, and urban and rural participants. The highest number of participants knew about pills, followed by condoms and then injections. IUD (Intra Uterine Device) and female operations were also mentioned by the participants, but not as often. Withdrawal was discussed among male youth, and, a very few times, in the middle age groups of males and females.

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104 “Is ishtihar ka paigham hai kai admi ko aik doosray kay bohat nazdeek nahin hona chahiyya kyun kay aik doosray ki saans say bhi AIDS ho sakti hai.”

105 “Is say murad hotel main sehat safai ka khayal rakna chahiyya aur khany peeray mein safai ki ihtiat karna chahiyya.”

106 “Ehtiyat lazmi karo. Roti khaoo to haath dho, mahol saf sutra rakho aur bartaan saf sutrey hon.”
Misconceptions about family planning existed among all age groups, whether male or female, with the exception of the middle age group of females. Similarly, in all areas, whether urban or rural, misconceptions existed except in Karachi. The following are the identified misconceptions that were found in the various groups.

- Using pills results in bad health of the child and the mother.
- Pills result in the birth of abnormal children.
- Condom use causes skin diseases and allergies.
  - In Gambal Shah, Khairpur, a male said, “By using condoms I got sick, because it has germs in it.”
  - A female in Fazalabad, Charsadda, said, “This causes skin disease that is why men avoid using it.”
- IUD is very harmful for the health of the woman.
  - A male in Sandha, Lahore, said, “The IUD causes great damage inside a woman.”
- Operation is very harmful for women.

**AIDS**
The means of transmission most often identified for spreading AIDS by the different age groups, males and females, urban and rural, were reused syringes, followed by reused blades. After this came heterosexual relations, which was cited by the middle and 36 years and above age groups but not by participants in the youth groups.

A very few times, the middle and old age groups discussed contracting AIDS from mother to child was. The least number of participants mentioned contracting AIDS from man to man.

The greatest misconceptions were evident among the 36 and above age group, followed by the middle age group. Also, more misconceptions were found in rural than urban areas. The least misconceptions were found in the youth, both males and females, with no difference between rural and urban.

One misconception that was discussed in all age groups, whether urban or rural, male or female, was that AIDS could be caused by sitting together, eating together and using the same utensils.

Among the misconceptions shared by the different groups were that the AIDS virus can be transmitted by:

- Spitting
Attitudes toward Explicit Family Planning and AIDS Messages

Participants can be divided into three categories according to their tolerance for explicit health messages in the media. In the first category were those who felt that whatever is being shown in the spots is enough and there is no need for further detail. The second category was of those who wanted the messages to be more explicit, and also said how exactly they wanted them to be. The third category included those who said that they wanted the messages to be more explicit, but were unable to pinpoint what exactly they wanted to be better explained.

Family Planning

Those saying that they did not want more information and that whatever was being shown was enough, were dispersed equally among all age groups, males and females, and urban and rural.

- A female in Mun Krai, Haripur, said, “More explanation is not required. Those who can understand, understand very well.”

- In Beer, Haripur, a male youth said, “The information about family planning is enough. We have understood. Further explanation is not required.”

Participants saying they wanted further explanation about family planning were represented in all age groups except for the 36 and above females. There was no difference between rural and urban participants in this category.

Participants requested the following detail about family planning:

1. Information about side effects.
2. Further information about methods mentioned in spots.
3. Information about more methods.
4. More information about injections, for how long they can be used etc.
5. Information about what effects FP methods have on health.

110 "Aur vazahut ki zaroorat nahin samajhnay valay samajh jatay hain."
111 "Family planning ki maloomat kafi hain. Hum samajh gayey hain. Mazeed kisi vazahut ki zaroorat nahin."
A female in Shahdara, Lahore said, “It would be better if spots are made with reference to religion, for example saying, spread yourself according to the length of your coverlet.”

Those who said that they wanted more information but were unable to pinpoint what exactly they wanted were found more in the rural areas. This issue was raised only by male and female youth, and by 36 and above female groups.

**AIDS**

The majority of participants, regardless of age, sex and urban/rural differences wanted more information about AIDS, primarily because the messages being telecast were not very clear to them. Information about the following subjects was asked for:

- Symptoms
- Modes of transmission
- What does not cause AIDS
- How an AIDS patient looks, how can he/she be recognized

In Mun Krai, Haripur, a male said, “Safety precautions should be told. The real condition of the patient should be shown so that people are warned.”

Other participants – including many female youth – said that more detail was required, but were unable to pinpoint what exactly they wanted. This topic was raised by both urban and rural participants, in all age groups, and in male and female groups – with the exception of middle age males and females 36 and above. The majority wanted more detail in the Injecting Drug Users spot, but were unable to explain what information they required.

- In Moza Nandla, Multan, a female youth said, “Some people are uneducated and need more explanation. The spot about drug users needs more explanation.”

Finally, some participants were of the opinion that whatever was being shown on television about AIDS was enough. No urban/rural or male/female difference was discernible in this group.

- A male of Karachi said, “If complete information is given then it will become a cultural problem. That’s why more detail is not required.”

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112 "Mazhub key havalay sey ishtiharat banayey jain to zyada achha hai. Jaisay, chadar dekh kar paoon phayiao."
113 "Is mein bachao ki tadabeer batai jai. Asal mareez ki halat-e- zar dekhai jai takeh loge darein aur ibrat pakrain."
114 "Kuch loge unparh hotay hain jin kay liyay vazahut ki zaroqor hoti hai. Nashay valay ishtihar main bhi tafseel ki zaroqor hai."
115 "Agar mukammal maloomat di jai to tahzibi masala ajai ga. Is liyay tafseelat ki zaroqor nahin."
Family Planning and AIDS Information Sources

**Existing Sources**
Television was identified as the most common existing source of information about family planning and AIDS among all age groups. The majority among them were youth. Also, television was rated higher in the rural than the urban areas.

The next important source of information was the radio, in which again the majority was of the youth. In the rural areas radio was more often quoted than in urban areas. After television and radio the third cited source of information was the print media. This was named by many males, but no females.

Another identified source was the NGOs, especially in the rural areas, but only by the males. A male youth also referred to friends, while a middle-aged man talked about Internet as a source. A woman 36 and above said that her existing source was a dai (traditional birth attendant).

**Preferred Sources**
Television was rated as the most preferred source among all the age groups, although its rating was higher in the rural areas. Participants in both female and male FGDs suggested that some 10 to 15 minute programmes highlighting the threat of the epidemic should be explained to the public. Doctors and experts should be invited to give information and raise awareness.

The next preferred source after television was the Lady Health Worker. A large number of male participants insisted that there should also be Male Health Workers (MHW) to help disseminate such information. Similar recommendations were made by males in four provinces during the planning of the Pakistan Reproductive Health Project.

The print media was stated as a preferred source by some males, and by one female in the middle age groups. There was no significant variation in rural and urban participants. After print media, schools were also considered to be a preferred source, where students could be taught through lectures and courses. This idea was more frequently expressed by urban participants, and more among males than females.

In a very few, mostly rural, areas radio was named as the preferred vehicle for giving information.

Some males in different age groups from rural areas suggested that workshops and seminars should be the place where people are told about family planning and AIDS. Some male youth suggested signboards. Among female youth and 36 and above males, it was said that various teams should come to the village and educate people.

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A male from an urban area suggested the cinema as the best source of information. A middle-aged man from an urban area said that religious leaders would be the best people to disseminate this information. One male youth from an urban area, said that the best source would be anonymous letters were sent to peoples’ houses informing them about family planning and AIDS.

Condom Advertising Ballot Results
At the end of each FGD, respondents were asked to vote on condom advertising –both for family planning and as a means for safer sex. Voting was conducted by show of hands for condom use for FP, and by secret ballot for the more sensitive issue of condom use for safer sex. The voting was done twice: once to gauge the response before, and a second time after sensitization and awareness raising. The results are presented in tables 10 and 11 below:

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<tr>
<th>Table 10: Voting Results – Condoms for Family Planning</th>
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<tr>
<td>Before Sensitization</td>
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<td>Approve</td>
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<tr>
<td>Males</td>
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<td>Females</td>
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<td>Urban</td>
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<th>Table 11: Voting Results – Condoms for Safer Sex</th>
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<tr>
<td>Before Sensitization</td>
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</tbody>
</table>

Results showed a dramatic increase in approval percentages after the team had sensitized participants about the importance of the issue. Though there was no difference between urban and rural respondents, there were notable variations between males and females.

The important findings were that if people are provided detailed information about the consequences of population explosion and the impending threat of the AIDS epidemic, they will be receptive to messages about the use of condoms. The other finding was that
women are markedly more open to accepting condom advertisements than men. It appears that they would like the men to take on greater responsibility for FP and AIDS prevention.

Sensitization about AIDS
Five major points were presented to the public for sensitization about the threat and possible consequences of the AIDS epidemic in Pakistan:

1. AIDS is a fatal disease, which has no cure. It is spreading all over the world very rapidly and its target is mostly young people in their 20s and 30s. Once a person contracts the virus, it may take up to ten years for the disease AIDS to appear, during which period the person appears healthy and can pass on the infection to others through different modes, the most common being unprotected sex (i.e., sex without a condom).

2. A mapping exercise was done in several cities of Pakistan. In a city near Islamabad, it was found that more than 1,500 female sex workers are operating and their clientele is five to ten per night. Let's assume that 1,000 are operating and 5,000 people are visiting them each night. In a month, 150,000 visits are being to FSWs. Let's suppose that the same individual is visiting three times a month. Then at least 50,000 men are visiting to FSWs in a month in one city. Most of these sexual interactions are unprotected.

3. Who are these people? They are from around us; our countrymen, maybe our friends or relatives. What will happen after five to ten years? If this high-risk behaviour continues, young people will begin to die. These may include our near and dear ones.

4. What should we do? It is impossible to stop people having sex outside marriage. It has happened over centuries and will continue to happen. Than what are the choices left with us? Should we let them get infected and die or inform them about the danger they are facing and tell them about the preventive measures? Think, if a young married man gets infected, he will infect his (innocent) wife, who in turn will infect the baby in new pregnancies. What wrong has she done? Should we allow this to happen or act now?

5. The best solution is that we must act, and for this we have to inform the people that they must use the condoms in all premarital and extra-marital sex encounters. And we all know that the best way to reach maximum number of people in a cost effective way is mass media. Now decide, should we or shouldn't we promote condom use for disease prevention on TV and radio?
Sensitization about population boom

A scenario of the effects of rapid population growth on Pakistani people was presented as follows:

At the beginning of the 20th century the population in the region that is now Pakistan was 16.6 million. It grew to 32.5 million at the time of independence in 1947 – i.e. almost double in 50 years. Today it is estimated to be 150 million – i.e. in the next 50 years it tripled. During the period 1901 – 2003 the world population grew by four times while the population of Pakistan increased nine fold. If the population continues to grow at the same rate it will have devastating effects; more and more people will become jobless, there will be extreme shortage of food, prices of daily items will increase substantially. All these will lead to increasing poverty, illiteracy and poor health. Is it not our responsibility to save our coming generations from this possible disaster? Shouldn’t we try to reverse this? If yes, then the answer is in increasing use of contraceptives. The only contraceptive that can be easily and widely made available everywhere is the condom. Its use does not require services of health care personal as hormones and IUDs do. Then shouldn’t we promote the use of condoms on mass media?

Key Findings about the General Population

1. People take health messages seriously and are responding to them by taking desired actions.

2. The recall for health messages is substantially higher for spots on family planning and AIDS than for other health messages and consumer products advertised for health promotion or disease prevention. The major reasons for remembering messages are: i) frequency with which messages are given; ii) the embarrassment felt while watching with family, iii) the quality of information conveyed; and iv) time of transmission.

3. Approval for AIDS (90%) and other health messages (94%) is higher than for family planning messages (62%).

4. Major reasons for approval of family planning spots are: i) information is useful, ii) the mother’s and the baby’s health tend to be better if there are less children in a family, iii) the quality of life will generally improve if the country has a smaller population.

A large proportion of those who disapprove are willing to approve if some adjustments are made in presentation, time and frequency of telecast, or in the logo of the key. Main reasons for disapproval are: (i) embarrassment/discomfort in watching with family (ii) the messages will encourage obscenity and promiscuity (iii) children ask embarrassing questions and; (iv) the messages are in conflict with religious values.
5. Reasons for approval of AIDS spots are: (i) give useful information; (ii) messages are indirect and discreet; (iii) language used is discreet; and (iv) level of discomfort is acceptable. Main reasons given for disapproval are: (i) spots will promote promiscuity; (ii) embarrassment in watching with family; (iii) presentation; and (iv) it is not our problem.

It is important to note that many, if not most, of the viewers do not clearly understand the message. The misunderstandings occur more in rural than urban areas, with no discernible differences between males and females or between different age groups. Language is found to be the major reason for this problem.

6. Knowledge about family planning methods is high. Most people know about pills, condoms and injections. Also, IUD (Intra Uterine Device) and female operations are known. However, misconceptions about family planning exist among all age groups, both males and females, and in urban and rural areas.

7. Viewers can be divided into three categories according to the extent to which they would like family planning messages to be explicit: those who felt that whatever is being shown in the spots is enough and there is no need for further detail; those who wanted the messages to be more explicit, and also said how exactly they wanted them to be; and those who said that they wanted the messages to be more explicit but were unable to pinpoint what exactly they wanted to be better explained.

8. The means of transmission for spreading AIDS most often identified by the different age groups, males and females, urban and rural, were reused syringes and, secondly, reused blades, followed by heterosexual relations. This indicates that messages are being received more on the two lower modes of transmission, rather than on the major route of spread of AIDS. Several misconceptions regarding transmission also exist, for example, one misconception, which was discussed by all age groups, whether urban or rural, male or female, was that AIDS could be caused by sitting together, eating together or using the same utensils.

9. The viewers regardless of age, sex and urban/rural differences want more information about AIDS. They would like to know more about symptoms, modes of transmission, what does not cause AIDS, how AIDS patients look, and how can they be recognized.

10. Television was identified as the most common existing source of information about family planning and AIDS by all age groups, followed by radio and the print media. However, among the preferred sources, television was rated as number one followed by Lady Health Workers (LHWs) by females, and Male Health Workers (MHWs) by males (their introduction in the health system was suggested).
11. Substantially more people will be willing to accept condom spots both for family planning and disease prevention provided they are sensitized about the consequences of population explosion and the impending threat of AIDS epidemic and its devastating consequences on their families and on their own lives.
Recommendations

*Suggested Changes in Process*

- Pakistan’s HIV/AIDS and family planning decision makers should develop well-designed systems to gauge opinions of the public, press, politicians, and opinion leaders, and to mitigate any possible negative reactions these groups may have to campaigns.

- The Program Wings of the MoPW and NACP should develop close liaison with the members of the PTV Censor Board, and should arrange sensitization workshops with them to increase support for and understanding of HIV/AIDS and family planning messages in the media.

- NACP and MoPW should not only rely on spots to achieve HIV/AIDS and family planning media objectives, but should collaborate with PTV, PBC and others to launch a planned phased campaign introduced through talk shows, call in programmes, documentaries and dramas to sensitize the public about the consequences of large family size and the impending threat of AIDS epidemic.

- To develop sustained and thematically consistent campaigns, the relevant ministries should change the agency selection policy to allow work with one agency for a period of at least three years.

- The agency selection committee structure should be altered to consist of only technical experts (including social scientists) from the public and private sectors who are responsible for the selection according to the prescribed criterion.

- Clear, objective criteria for selection of messages and spots should be developed by both the ministries together to overcome the personal biases of individual decision makers. The results of pre-tests should replace personal judgment as the basis for approval decisions.

- The “TV Code of Advertising Standards & Practice in Pakistan” should be reviewed and revised, and clauses like those prohibiting the promotion of contraceptives should be removed.

- NACP and MoPW should quickly act on PTV and PBC decision makers’ offer to work in collaboration with them to develop spots with more open messages that are in harmony with the requirements of mass media.
• The MoH, NACP and MoPW should increase their participation in private cable and satellite TV channels’ HIV/AIDS and family planning media campaigns, which are reaching increasing numbers of viewers with more direct messages.

**Suggested Changes in Message Content and Format**

• Messages on AIDS and family planning should be presented in regional languages, as it is evident that Urdu is not being understood in several areas, leading people to rely on visuals, which are often misread. Words such as “ghair izdawaji” (out-of-wedlock) and “ghair fitri” (unnatural) are either not being understood or their context is being misinterpreted.

• Media campaigns should provide clearer information to women about side effects associated with different family planning methods, and about modes of transmission of AIDS to the general public.

• Campaigns should introduce specific targeting of males for both family planning and AIDS prevention.

• More focused messages are required to enhance understanding about the modes of HIV/AIDS transmission, especially sexual route, but these should be sensitively designed, so that they remain within the acceptable comfort level of the majority.

• Credible and non-controversial persons (such as doctors and scientists of repute) should be involved in HIV/AIDS and family planning campaigns to discuss the two issues on the media.
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chabi Teekay</td>
<td>Key Injections</td>
</tr>
<tr>
<td>Dai</td>
<td>Traditional Birth Attendant</td>
</tr>
<tr>
<td>Doordarshan</td>
<td>Indian Government TV Channel</td>
</tr>
<tr>
<td>Ehtiyati Tadabeer</td>
<td>Safety Precautions</td>
</tr>
<tr>
<td>Ghutti</td>
<td>Herbal laxative given to neonatal at birth</td>
</tr>
<tr>
<td>Goliyan</td>
<td>Tablets</td>
</tr>
<tr>
<td>Hijab</td>
<td>Head Covering</td>
</tr>
<tr>
<td>Irada tu tha</td>
<td>The intention was there</td>
</tr>
<tr>
<td>Mana-e- Hamal</td>
<td>Contraceptive</td>
</tr>
<tr>
<td>Moulvi</td>
<td>Cleric</td>
</tr>
<tr>
<td>Naib Nazim</td>
<td>Assistant District Head</td>
</tr>
<tr>
<td>Namazi</td>
<td>One who offers prayers</td>
</tr>
<tr>
<td>Nazim</td>
<td>District Head</td>
</tr>
<tr>
<td>Nimaz</td>
<td>Prayers offered by Muslims five times a day</td>
</tr>
<tr>
<td>Qurbat kay Taloqat</td>
<td>Intimate Relations</td>
</tr>
<tr>
<td>Sathi</td>
<td>Condom (Brand Name)</td>
</tr>
<tr>
<td>Teekay</td>
<td>Injections</td>
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</tbody>
</table>
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APPENDICES
Appendix I: List of Participants

Core Team

1. Dr. Arjumand Faisel Project Director
2. Ms. Nasreen Azhar Communication Specialist
3. Mr. Khurram Javed Khan Project Manager
4. Ms. Fareeha Zeb Khan Project Officer

FGD Facilitators and Note Takers

1. Adnan Hameed
2. Amir Muhammad Khan
3. Anila Zaheer
4. Arshad Sial
5. Bilal Iqbal
6. Irshad Khalid
7. M. Riaz Khan
8. Muhammad Junaid Khan
9. Muhammad Shafique
10. Noushaba Waheed
11. Rizwana Kauser
12. Romana Muzamil
13. Sajeda Nahid
14. Sajjad Akram
15. Sarah Saleem
16. Shireen Sial
17. Syed Nauyer Abbas
18. Zahida Rafiq
Appendix II: Detail of Study Methodology

Elements of the Study

Step 1: Meeting with the World Bank and Submission of the Inception Report
After award of the contract, a meeting of the core team was held on 29 August with the Senior Health Specialist, World Bank, to have a common understanding and agreement about the outputs of the study. This helped to ensure maximal compliance to the client's needs. The minutes of the meeting were submitted.

The Inception Report with detailed workplan was submitted to the Bank on 04 September 2003.

Step 2: Meeting with NACP
A meeting was held on 04 September 2003 with the National Manager, NACP. The study design and workplan was discussed and consent was obtained.

Step 3: Review of Literature
A review of the key reports and research carried out in Pakistan and materials made available from the net search was done. The materials were collected from the World Bank, MoH, MoPW, Greenstar, Key Social Marketing and Spectrum. A summary of the existing knowledge on attitudes of people towards sensitive health and population messages was prepared and has been presented in Section C of this report.

Step 4: Spot Selection
Several spots on Family Planning (FP) and on issues of HIV/AIDS that were produced by MoH, MoPW, Key Social Marketing (KSM) and Greenstar (GS) and were disallowed or withdrawn by authorities were acquired. These spots were reviewed and 5 were selected for conducting interviews with the decision-makers. The spots were selected and categorized according to the level of the message from less to more sensitive (video attached).

Step 5: Tool Development
Guidelines for discussion with decision makers was prepared (Tools 1 and 2 are attached as Appendix V). These tools were developed to quantitatively assess the level of acceptance by the decision makers about sensitive messages on media.
**Step 6: Advice from Technical Advisory Group (TAG)**

The prepared tools were shared with a group of technical experts for feedback. A group meeting of these experts was convened on September 12, 2003, from 10:00 a.m. to 12 noon to discuss comments and suggestions. The participants were Dr. Shehnaz Qazi (World Bank), Dr. Samia Hashim (NACP), Mr. Kevin Kingfield (KSM), Dr. Taimur Mueenuddin (SCF/US), Mr. Ishrat Ansari (Ex-TV Director Programmes) and Ms. Abida Aziz (Anthropologist). Four other invitees could not attend the meeting.

The TAG appreciated the tools and suggested few changes. Details of the meeting have been submitted to the bank.

**Step 7: Interviews in Islamabad with Decision-Makers for Media IEC**

Field activities in Islamabad began from September 13, 2003. The meetings were held at the following places. The names of participants are not being mentioned here or in appendix in the interest of confidentiality. All participants were given assurance that their names will not be mentioned in the report and hence were encouraged to talk openly and freely. However the number of participants at each place is mentioned in bracket.

- Pakistan Television Headquarters (PTV) (4)
- Pakistan Broadcasting Corporation Headquarters (2)
- National AIDS Control Program (8)
- Ministry of Health (3)
- Ministry of Population Welfare (5)
- Members of Censor Board (5, includes 2 at PTV Headquarters)

Apart from the above, to enrich the information the team also held meetings with two advertising agencies: MIDAS (1) in Islamabad and Spectrum Communications (3) in Karachi.

The meetings were divided into three parts. To begin with, the 5 selected video spots were shown and opinions regarding each were asked. This was followed by general discussions exploring process for approval of spots and eliciting opinion on attitudes and sensitivities to media messaging, using tool 1. Towards the end, participants of the meeting were given Tool 2 to individually record their comment, without mentioning the name.
Step 8: Interviews in Provinces with Decision-Makers for Media IEC

The team visited NWFP and Sindh provinces to hold interviews with decision-makers for BCC through media from October 1-10, 2003. Meetings were held at:

- Provincial AIDS Control Program, Sindh (2), NWFP (1)
- Population Welfare Department (5)
- PTV Peshawar (6) and Karachi (5) Stations
- Radio Pakistan Peshawar (3) and Karachi (4) Stations
- Private TV channels: Geo (3), Indus (2)
- Greenstar (3)

The meeting format was similar to those conducted in Islamabad.

Step 9: Preparation of Report

A draft report of the findings based on the meetings in Islamabad and in the provinces was prepared and submitted to the World Bank on 28 October 2003.

Step 10: Development of Guidelines for FGDs with General Population

Guidelines for conducting FGDs with men, women, and youth were developed (Tools 3 and 4 attached as Appendix 4 and 5 respectively).

Step 11: Technical Advisory Group Meeting 2

The Tools 3 and 4 were shared with a group of technical experts for feedback. A meeting of the Technical Advisory Group was convened at the AAA Office on 22 October 2003 from 10:00 a.m. to 12 noon to discuss comments and suggestions. The participants were Dr. Inaam ul Haq (World Bank), Dr. Asma Bokhari (NACP), Dr. Bashirul Haq (Independent Consultant) Dr. Taimur Mueenuddin (SCF/US). Seven other invitees could not attend the meeting.

The TAG approved the tools and made some suggestions that were incorporated in the design of the FGDs. Details of the meeting have been submitted to the bank.

Step 12: Pretesting of Tools and Training of Teams

FGD facilitators and note takers for conducting FGDs in the selected sites in NWFP and Punjab were oriented about the study and FGD guidelines from 24-26 October 2003. The training was held at the AAA Office. Each Facilitator also conducted a FGD in the outskirts of Islamabad or Rawalpindi under the supervision of the core team members. These were tape recorded and noted by the Note Takers. This allowed pretesting of the tools and provided opportunity to practice the guideline in the field under direct supervision of the core team members. The process helped to 'standardize' FGDs and served as a measure for quality assurance.
Special attention was given in selection of the facilitators and note takers, and only those with experience and proven satisfactory performance were chosen to ensure quality work.

The Sindh team was trained in early November in Karachi and Khairpur.

**Step 13: FGDs in Provinces**

The fieldwork in each province was initiated under the direct supervision of a male and a female core member of the study team. FGDs were conducted to explore key issues related to feelings and sensitivities to media messaging, exploring all the issues mentioned in the ToRs and those identified during review of literature and meetings with the authorities.

The FGDs were conducted both in urban and rural areas, and with men, women and female and male youth as follows:

**Table AII-1: FGDs Distribution**

<table>
<thead>
<tr>
<th>Province</th>
<th>District/Tehsil*</th>
<th>FGD Groups</th>
<th>Men</th>
<th>Women</th>
<th>Male Youth</th>
<th>Female Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sindh</td>
<td>Karachi Urban – middle income</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Khairpur Rural – low income</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Punjab</td>
<td>Lahore Urban – middle income</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Multan rural – lower income</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Murree peri urban– lower/middle income</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>NWFP</td>
<td>Charsadda Urban – middle income</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Haripur Rural – low income</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>

In each of the above mentioned District/Tehsil, FGDs with men will and women were carried out with the following groups:

- Men 25 - 35 years, either unmarried or married - (1 FGD)
- Men 36 years and above (either unmarried or married), including some of those whose children are married (fathers-in-law) – (1 FGD)
- Women 20 - 35 years, either unmarried or married – (1 FGD)
• Women 36 years and above (either unmarried or married) including some of those whose children are married (mothers-in-law) – (1 FGD)

• Female youth, ages 14 to 20 years, unmarried – (2 FGDs)

• Male youth, ages 15 to 24 years, unmarried – (2 FGDs)

FGDs were tape-recorded, besides taking notes of the discussion by a reporter. Both the FGDF and the reporter were fluent in the local language. The transcripts and tape recordings were forwarded to AAA Office in Islamabad.

The names of villages/neighborhoods and details of number of participants and their characteristics are presented in “Section G” with findings of FGDs for easy reference.

**Step 14: Analysis of FGDs and Preparation of Draft Report**
The analysis of FGDs was conducted in Islamabad by all the core team members with the assistance of fieldworkers. This coherent and user-friendly draft report of the study was prepared and submitted to the Bank on 15 December 2003.

**Step 15: The Final Report**
The Draft Report has been finalized in light of comments received from the World Bank and NACP.
Participant Demographics

Number of FGDs and Districts Covered
A total of 56 Focus Group Discussions were held in 7 districts/tehsils, namely: Karachi, Khairpur, Lahore, Multan, Murree, Charsadda and Haripur. These represent urban and rural areas in three provinces i.e. Sindh, Punjab and N.W.F.P. Balochistan was not included because of budgetary constraints.

For the selection of the areas certain considerations were kept in mind, and an attempt was made to cover a population, which could accurately represent the country. In Sindh two completely different areas were chosen, Karachi an Urdu speaking area and Khairpur a Sindhi-speaking area. Diverse areas of Punjab were covered. Lahore, in the center, Punjabi speaking area; Multan in the South, a Saraiki speaking area and Murree in the North, a Potohari speaking area. Similarly, in N.W.F.P, Haripur was chosen in order to cover the Hindko speaking belt, and Charsadda to cover the Pushto speaking belt. Apart from language, education was also a consideration and more educated as well as less educated areas were both represented. Furthermore, an urban and a rural district were selected in each of the provinces covered, except in Punjab where rural areas of an additional district were included.

In most places two FGDs were held, one for males and one for females. A total of 7 FGDs were conducted for females between the age group 20 to 35 years; and another 7 for females 36 and above. Similarly, 7 FGDs were conducted for males 25 to 35 years, and another 7 for males 36 and above. For youth 14 FGDs for females between 15 to 20 years; and 14 for males, between 15 to 24 years, were conducted, as presented in Table AII-2.

<table>
<thead>
<tr>
<th>Area</th>
<th>Females</th>
<th>Males</th>
<th>Female Youth</th>
<th>Male Youth</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>21-35</td>
<td>25-35</td>
<td>36 and above</td>
<td>15-20</td>
<td>15-24</td>
</tr>
<tr>
<td>Karachi (urban)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Khairpur (rural)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Lahore (urban)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Multan (rural)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Murree (rural)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Charsadda (urban)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Haripur (rural)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td><strong>7</strong></td>
<td><strong>7</strong></td>
<td><strong>14</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>
Places where FGDs were held
Within the above 7 districts/tehsils 34 dissimilar places were selected (as shown in box AII-1) and an attempt was made to cover diverse sections of the population which could represent as wide a range of public opinion as possible. Selected places were located in low and middle-income rural and urban areas. Reflecting the demographic situation in the country 21 rural and 13 urban locations were selected. The largest number of FGDs (24) was held in Punjab; while 16 FGDs were held in Sindh and 16 in N.W.F.P.

Box AII-1

Karachi: Jamshed Road, Azam Basti, Gulshane Iqbal, Nazimabad, Haidery
Khair Pur: Wada Machub, Goth Bhehar, Goth Khosapur, Pir Jo Goth Chodahu, Gambal Shah, Gadeji
Lahore: Thokar Niaz Baig, Shadara, Sandha, Chungi Amar Saddu
Multan: Moza Nand La, Nawabpur, Daleelwala, Kotlan Moharan, Rajapur
Murree: Chitamore, Dewal, Trate Mora Sidan (Angoori)
Charsadda: Majoki, Muslimabad, Rajar, Paindah Khair
Haripur: Beer, Bandi Sher Khan, Mun Krai, and Pind Munim

Number of Participants
Care was taken to ensure that equal numbers of males and females were included and that participants covered different age groups and different backgrounds. A total of 546 participants took part in the FGDs, as shown in Table AII-3; 277 females and 267 males. Of the 277 females 53% were young females of 20 years and below; and of the 267 males 49% were youth between 15 and 24 years. Also, of the 277 females 54% were from rural areas and 46% from urban. Similarly, of 267 males 61% were from rural areas and 39% from urban. The largest number of participants, 41%, were from Punjab, with 30% from N.W.F.P, and 29% were from Sindh.
Table AII-3: Number of Participants

<table>
<thead>
<tr>
<th>Places</th>
<th>Female</th>
<th>Male</th>
<th>Female Youth</th>
<th>Male Youth</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Charsadda</td>
<td>22</td>
<td>19</td>
<td>22</td>
<td>17</td>
<td>80</td>
</tr>
<tr>
<td>2 Haripur</td>
<td>18</td>
<td>25</td>
<td>24</td>
<td>16</td>
<td>83</td>
</tr>
<tr>
<td>3 Karachi</td>
<td>21</td>
<td>16</td>
<td>21</td>
<td>19</td>
<td>77</td>
</tr>
<tr>
<td>4 Khairpur</td>
<td>21</td>
<td>18</td>
<td>19</td>
<td>25</td>
<td>83</td>
</tr>
<tr>
<td>5 Lahore</td>
<td>15</td>
<td>15</td>
<td>26</td>
<td>18</td>
<td>74</td>
</tr>
<tr>
<td>6 Multan</td>
<td>16</td>
<td>19</td>
<td>17</td>
<td>20</td>
<td>72</td>
</tr>
<tr>
<td>7 Murree</td>
<td>18</td>
<td>24</td>
<td>17</td>
<td>16</td>
<td>75</td>
</tr>
<tr>
<td>Total</td>
<td>131</td>
<td>136</td>
<td>146</td>
<td>131</td>
<td>544</td>
</tr>
</tbody>
</table>

Respondents' Characteristics

Marital Status

Marital status was considered an important factor to be considered while assessing attitudes of the public to sensitive messages. It was found that of the females’ 43% were married and of the males 34% were married as can be inferred from Figure AII-1.

Figure AII-1: Marital Status of FGDs’ Participants
Number of Children
The married participants included those with children, those without children, and those who had married children. Attitudes can vary according to the position in the family. Fathers and mothers in law can generally be expected to be more authoritarian and conservative. It was found that of the married females 86% were mothers and of the married men 93% were fathers. Also, of 102 mothers 28% had married children; and of 84 fathers 18% had married children.

Table AII-4: Number of Children

<table>
<thead>
<tr>
<th></th>
<th>Have 1-2 Children</th>
<th>Have 3-5 Children</th>
<th>Have 6-8 Children</th>
<th>Have 9 and above Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fathers</td>
<td>24</td>
<td>37</td>
<td>22</td>
<td>1</td>
<td>84</td>
</tr>
<tr>
<td>Mothers</td>
<td>25</td>
<td>49</td>
<td>24</td>
<td>4</td>
<td>102</td>
</tr>
</tbody>
</table>

Table AII-5: Number of Married Children

<table>
<thead>
<tr>
<th></th>
<th>1-2 Married Children</th>
<th>3-4 Married Children</th>
<th>5 and more Married Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fathers in Law</td>
<td>9</td>
<td>4</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>Mothers in Law</td>
<td>18</td>
<td>7</td>
<td>4</td>
<td>29</td>
</tr>
</tbody>
</table>

Educational Background
The largest numbers of participants were those who had studied up to High and Secondary School, 39%. The second largest, not surprisingly, were illiterate, 22%. Graduates and above were about 17%, but there were also some who had primary and middle schooling, ensuring that the full spectrum of the population is represented, as shown in Table 8. As can be expected, the number of illiterate females was greater than the number of illiterate males.

Similarly, the number of illiterate rural participants, 80, was considerably greater than the number of illiterate urban participants, 41. And the number of urban graduates and above was considerably greater, 63, than rural graduates and above.
Table AII-6: Distribution of Participants by Education

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Males Urban</th>
<th>Males Rural</th>
<th>Females Urban</th>
<th>Females Rural</th>
<th>Net Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illiterate</td>
<td>2</td>
<td>20</td>
<td>22</td>
<td>39</td>
<td>99</td>
</tr>
<tr>
<td>Primary</td>
<td>2</td>
<td>29</td>
<td>31</td>
<td>9</td>
<td>24</td>
</tr>
<tr>
<td>Middle</td>
<td>4</td>
<td>26</td>
<td>30</td>
<td>14</td>
<td>18</td>
</tr>
<tr>
<td>High and Secondary</td>
<td>49</td>
<td>69</td>
<td>118</td>
<td>47</td>
<td>46</td>
</tr>
<tr>
<td>Bachelors</td>
<td>30</td>
<td>15</td>
<td>45</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>Masters</td>
<td>15</td>
<td>4</td>
<td>19</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Doctors</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>104</td>
<td>163</td>
<td>267</td>
<td>127</td>
<td>150</td>
</tr>
</tbody>
</table>

Figure AII-2: Percentage Distribution of Participants by Education

Males

- Males: 100%
- High and Secondary: 44%
- Bachelors: 17%
- Masters: 7%
- Primary: 12%
- Middle: 11%
- Illiterate: 8%
- Doctors: 1%
Occupation
The participants represented a diverse collage of occupations, ranging from peasants and laborers to highly qualified professionals. Students, housewives and the unemployed were also adequately covered.

The largest single group among females was that of housewives, or girls who are at home and do not have any profession, (58%), followed by students (28%). There were 6% teachers, 3% agricultural workers, 3% were involved in stitching and embroidery and 1% women working in the health field.

Among males the largest group was students (23%) and the second of the public and private employees, of whom there were 18%. Skilled workers constituted the third group (14%), followed by shopkeepers and vendors, that is 12%. Ten percent of the total male respondents were jobless. Laborers and farmers both constituted similar numbers, which were 8% for both separately. Medical officers also constituted a small number of 2%.
Figure AII-3: Percentage Distribution of Participants by Occupation

**Females**

- Students: 28%
- Teachers: 6%
- Housewives/Idle at Home: 58%
- Others: 1%
- Farming: 3%
- Dai/Health Workers: 1%
- Stitching and Embroidery: 3%

**Males**

- Shopkeepers/endors: 12%
- Public/Private Employees: 18%
- Medical Professionals: 2%
- Farmers/Land Owners: 8%
- Skilled Workers: 14%
- Laborers: 8%
- Students: 23%
- Jobless: 5%
- Others: 10%
Distance from Home
In order to get a spread of participants for each Focus Group Discussion, care was taken to invite people from different localities, and not limit them to a single neighborhood. Thus, the distance and time taken to reach the venue where the discussion was held, was also recorded. The largest number of participants, 220, took six to 15 minutes in reaching the venue clearly indicating that they were not from the same lane. The second largest 209, took five minutes or less. But a fair number, 74, traveled a longer distance and took 16 to 30 minutes, 31 of them took 31 to 60 minutes, and three took over 60 minutes.

Table AII-7: Distance from Home to the Venue of FGD

<table>
<thead>
<tr>
<th>Distance from Home</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 minutes</td>
<td>107</td>
<td>102</td>
</tr>
<tr>
<td>6-15 minutes</td>
<td>99</td>
<td>121</td>
</tr>
<tr>
<td>16-30 minutes</td>
<td>38</td>
<td>36</td>
</tr>
<tr>
<td>31-60 minutes</td>
<td>17</td>
<td>14</td>
</tr>
<tr>
<td>More than 60 Minutes</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Not Mentioned</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>267</td>
<td>277</td>
</tr>
</tbody>
</table>
Appendix III: Detail on Findings of Literature Review

Sources of information about AIDS and Family Planning in Pakistan

Several studies show that over the years mass media has played an important role in raising awareness of the people about AIDS and family planning.

For General Population
The study in response to an AIDS awareness campaign (2002) revealed that among those who watch TV, 79% recalled watching a spot on AIDS. This is substantially higher than the radio listeners as only 35% among them remembered listening about AIDS advertising. Out of a total of 1973 male and 1902 female respondents, 79% had watched a spot on AIDS on television in both categories. Out of 816 male and 524 female respondents 37% and 33% had heard about AIDS from radio, respectively.

The qualitative discussions confirmed that TV, and primarily PTV has been the biggest formal source of information for all the participants, although some reported that their source was Indian channels. Some people also learnt about AIDS through newspapers. Literate participants reported acquiring detailed information mostly through magazines and books.117

Another study about AIDS awareness and attitudes conducted among the middle and the lower classes in 1995 in a sample of 120 respondents in Lahore revealed that use of electronic media is high among both the classes, (middle and lower) for getting information about AIDS. Television was the main source to which people attributed their awareness about AIDS.118

In 1990-91, a survey found that mass media has succeeded in reaching only one in five ever married women (21%) at the national level. One in twenty women (5%) had heard a family planning message only on radio 5% only on TV.119 Overtime, a substantial change has been recorded as according to a study in 2002, the awareness of family planning through radio is 39% (33% urban, 41 rural) and 62% television (79% in urban, 56 rural).120

117 National Aids Control Programme, Study to Assess the KAB of the people in Response to the AIDS Awareness Campaign, January 2002.

118 Ayesha Latif 1995, AIDS: Awareness and Attitudes, in Middle Class and in Lower Class Pakistan Demographic and Health Survey 1990-1991
119 National Institute of Population Studies 2002, Effectiveness of Media Messages in Promoting Family Planning Programme in Pakistan
For Men
According to the data from a survey conducted by the Population Council, men had seen more family planning messages on television as compared to hearing them on radio or reading them in newspapers. Almost 90% of men in urban areas reported seeing a family planning message on television. In another study, newspapers were found to be a more important channel than radio in urban areas, as advertisements were the second most common source of information about family planning among urban married men.

For Women
In a survey from 1990-1991, exposure to family planning messages was correlated with education. 16% of the uneducated women responded that they had heard a family planning message on TV or radio whereas 62% of women with secondary education had heard about the message from the media.

For College Students
A study about knowledge, attitudes and practices of college students of Rawalpindi regarding HIV/AIDS was carried out with respondents of a mean age of 18.4 years. The major source of information among both males and females was television. Other sources like radio, physicians, parents and teachers were not found to be significant.

For Vulnerable Groups
An impact study on HIV/AIDS awareness among CSWs of the Red Light Area Lahore was conducted whose sample size was 100. It was revealed that for 95% of the CSWs, the source of information about AIDS was television.

The information gained from the studies clearly shows that among mass media, the main source of knowledge about family planning and AIDS is television. After television, radio plays the next important role.

A mapping study of truckers shows that with limited education and high mobility the truck drivers and attendants mostly get information through TV and from friends, elders and fellow truckers, though newspaper also seem to be a source of awareness about AIDS. As one of the trucker was able to report “They say (on TV) not to do anything wrong. Don’t touch bad women. Always use a new syringe when taking an injection.”

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122 SMAR International (Pvt) Ltd. 1996. KAP Study on family planning methods and services among married males in Pakistan. Social Marketing Pakistan, Karachi.
123 Pakistan Demographic and Health Survey 1990-91
124 Qais Mahmood Sikandar, Raza Malik, Mahmood A. Agha, Rizwan Afzal, Health Services Academy, Ministry of Health, Islamabad. Knowledge, attitude and practices of college students of Rawalpindi regarding HIV/AIDS.
125 UNAIDS. Impact Study on HIV/AIDS Among CSW’s Project
126 Dr. Steven Chapman, Mr Riaz Mahmood, Dr Kerry Richtea, Syed Ibrahim Hassan, Mapping of HIV Risk Behaviour among Truckers in Pakistan.
In a study of social assessment and mapping of men who have sex with men in Lahore it was revealed that 95% of them had heard about AIDS, mostly from radio and TV.  

In a study of male knowledge about HIV/AIDS (1998), a sample of 202 male drug addicts was studied, of which 60% had heard of AIDS, 96% had heard of condoms, and 50% were aware that transmission occurs through sexual contact and through sharing needles. The source of knowledge of all the respondents was television.

From the above, it is inferred that:

- Exposure to media is high, especially to television.
- Awareness levels about AIDS are low, especially in distinct strata of population such as those residing in rural areas.
- People desire to know about the methods of family planning and prevention of AIDS yet there are mixed reactions for gaining this information through mass media.
- No information was found about the peoples’ attitude towards promotion of condom for safer sex through mass media.
- No information was available about the attitudes of decision maker regarding airing more explicit spot to respond to the evident need.

Print Media
Print media is also a source, but this is so in the urban areas, and in the literate section of the society. In 2000, 16% people reported (31% urban and 10% rural) print materials as one on the sources for FP messages.

Social Marketing and Advertising Firms Positions on Sensitive Messages
The two advertising agencies met (MIDAS and Spectrum) are ready to respond to the needs of the programs and are ready to work with more explicit messages. Spectrum stated that their research shows that bold spots have higher remembrance. They are ready to take up the challenge, even though they have once faced protest demonstration in front of their office by a religious party a couple of years ago.

According to the advertising agencies, there is very distinct difference in attitude of the private sector social marketing firms and the government sector. According to Spectrum, Key Social Marketing tries to push the limits while government sector has a 'play safe' approach. However, Greenstar and Spectrum mentioned that spots now are bolder than compared to those shown five years before, both through private and public sector sponsors, as shown in Box AIII-1.

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127 Social assessment and Mapping of Men which have Sex with Men (MSM) in Lahore
128 Research Report, Male Involvement in Family Planning and Reproductive Health in Pakistan
129 NIPS. 2000. Effectiveness of Media Messages in Promoting family planning Programme in Pakistan. Islamabad
**Box AIII-1: Growing Openness in Spots**

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>Could not show condom spots</td>
</tr>
<tr>
<td>2001</td>
<td>Condom indirectly promoted without showing the brand</td>
</tr>
<tr>
<td>2003</td>
<td>“Touch” (Brand of condom) spot being telecast</td>
</tr>
</tbody>
</table>
Appendix IV: Detail on Spots Used in Focus Group Discussions

Spot 1
Spot 1 was about family planning. It does not mention any method of contraception but directs individuals to gain information through a cassette. It shows an *Aqiqa* (head shaving) function of a newborn child. In answer to a question from a friend the young mother confides that she obtained the information regarding the spacing of children from a *Key* audiocassette available at places with key signboards. Out of the 45 decision-makers who watched the spot none had any objection for its transmission. All of them were astonished to learn later that this spot was withdrawn. The censor board and PTV officials were not able to provide the reason for withdrawal but thought that it may have been withdrawn during the period when the transmission of spots on family planning was not allowed during the prime time. This was confirmed by the concerned advertising agency, as the sponsor was not willing to air the spot outside the prime time.

Most of the observers mentioned that it has strengths like:

- It could be watched with the family and it is in harmony with our cultural norms
- Shows the family acceptance towards family planning, especially that of mother-in-law
- Clear message directing toward a source for gaining more information
- Targeting young couples

However 1-2 felt that the spot only directs people towards a source and does not provide any information and not many women will be in a position to go and acquire the cassette from the shop.

Spot 2
Spot 2 promotes pills as a method of contraception. It shows a female doctor counseling a woman about hormonal pills as a method of contraception and reassuring her that she herself uses it. Only one decision-maker at PTV expressed reservation about this spot. He feared that this is an inappropriate message as it could inform unmarried girls about a method to prevent pregnancies and that could result in promiscuity. Others felt that the spot has a very acceptable approach because:

- Pills and injections are prescribed by doctors for various ailments hence it will not attract attention of the children. It is socially acceptable and can be watched with the family.
Doctor is presenting herself as a role model as she states that she herself uses contraceptive pills, thus emphasizing that pills are safe that has an additional influence.

A three year period between children was recommended.

The negative point mentioned in one meeting was that the mother has been shown alone and not with her husband. The presence of the man would have depicted his support, as a woman taking the decision alone is not looked upon with approval.

**Spot 3**
Spot 3 promotes a brand of condom for family planning without mentioning the word condom. It shows a man who talks about the beneficial effects of good planning on his career development and family. He mentions his confidence in *Sathi* (brand name of a condom) for planning the size of his family, which is also endorsed by the wife. The spot provoked divergence of opinion, 12 individuals (including 4 from censor board of PTV) objected to this spot and mentioned that it is not appropriate to promote condoms on the mass media. They objections were:

- It is not a suitable advertisement for our society. The promotion of condom is alien and not yet acceptable. When watching this advertisement with the family children ask their parents “what is sathi?” which embarrasses the parents.

- Injections could be advertised as these are used for various purposes, but a condom is specifically related to sexual activity and parents are uncomfortable in explaining it to children.

- As a policy, brand names of the condoms cannot be mentioned (which is correct and the policy does not even allow promoting contraceptives on television. (See Section 4 on Code of Ethics.)

- Advertisements of pills and injections used by women for family planning do not evoke any negative response but spots promoting a contraceptive for males will provoke a negative reaction from the public.

- People may think this is a foreign conspiracy because *Sathi* is advertised as being imported and subsidized through international support.

One senior decision maker in PTV, who is also a member of the censor board said, “If we allow the telecast of this spot phone calls will start coming in within hours, press will react...I can’t do this as I am answerable to the government”.
Another censor board member said, “condom advertisement is not acceptable at this stage to the public, may be after five to ten years”.

Thirty-three individuals who had no objection in transmission of this spot were of the view:

- It neither shows nor mentions condoms but only shows the packet of Sathe which is an acceptable way.
- It shows the male, who is the decision maker for family planning in our society, expressing the benefits of a small family and confidence on a male method of contraception.
- It deals with the psychology of our society as it talks about the reason for the low price and the product being imported, which attracts the attention of the viewers.

A censor board member said “condoms should be shown, but not in a bad taste. This Sathe advertisement is very acceptable, but it was not passed because of the code”.

**Spot 4**

Spot 4 indirectly propagates safer sex for AIDS prevention. It shows a dialogue between two truck drivers, where one driver invites the other to accompany him for relaxation. In response the first one refuses the offer and advises the other to be careful in his activities to avoid contracting AIDS. Six individuals raised objection to this spot including three from the censor board of PTV and, surprisingly, two newly recruited members of the NACP. The objections were:

- It discriminates truckers and portrays a wrong impression about them to the general public, showing them indulging in promiscuous acts. This provoked a reaction from the truckers association.
- It singles out individuals from one ethnic group, i.e., Pathans, and this is offensive.
- It appears to promote homosexuality.

The others who approved its transmission commented that it has nothing objectionable in it but it is vague, somewhat confusing and gives incomplete information. The team was informed that initially the spot was more explicit and indicated the interest of one of the truck drivers going to a female sex worker, which was chopped off by the censor before the first run. The plus points mentioned were:

- It was true to life and shows a real setting, which is appropriate.
• It addressed a vulnerable target group.

Spot 5
Spot 5 informs about transmission of AIDS & Hepatitis through syringes. It shows a group of injecting drug users under the influence of drugs, sitting in a dirty place and injecting drug intravenously. The voice in the background mentions that addiction is harmful and warns against the sharing of needles to prevent AIDS and hepatitis.

Five out of 45 decision-makers expressed serious objections about this advertisement which included four members of the censor board. Negative points mentioned were:

• It indirectly promoted the use of drugs by implying that it was all right to use them if a clean syringe is used.

• The spot focused only on injecting addictive drugs through reused syringes although reused syringes are being used by doctors and quacks for medical purposes too.

• It was too short and abrupt.

Those who approved the spot for transmission felt that the subject is relevant and an important vulnerable group has been targeted.
Appendix V: Survey Tools

Tool 1: Assessing Attitudes of the Decision Makers About Sensitive Messages on Media

A. DISCUSSION FOCUSED ON BANNED SPOTS

Showing of the Spots

In the beginning 5 to 6 spots would be shown or listened that, have been either not passed by the censor or withdrawn after allowing transmission for a certain period of time. Each spot will be shown or listened one at a time and the discussion will focus around the following questions:

1. Do you think that this spot should go on air?
   a. If yes, what did you like in the spot?
   b. If not, why?

2. What are the merits and demerits of the spot?

B. DISCUSSION ON OTHER ISSUES

Defined Standards

3. For transmitting any spot on health issues, what are the steps involved? (Try to understand the process of censorship)

4. Is there any defined standard or criteria or code of ethics for approving or disapproving a certain spot? Could that be shared with us?

5. Who made these standards or set the criteria?

6. How do you ensure that these standards/criteria are being followed?

7. Are there any specific guidelines from MoI (Ministry of Information) or any other authority?

Personal Bias

8. On what basis would you disapprove a spot?
9. Do personal biases play a role in the selection of a spot? If yes, what are these biases and what is their impact?

**Culture and Religion**

10. In your opinion what are the cultural issues, which need to be respected and adhered to?

11. Are there any defined cultural norms, which need to be followed?

12. How were these cultural norms defined?

13. Do you think religion places any restrictions in giving messages related to family planning and sexual issues?

14. Could these messages be shown under religious cover? If yes then as what? Give example.

**Different Messages (only to be discussed with MoH and MoPW officials)**

15. Are the spots relating to AIDS and family planning appearing on TV addressing males and females?

16. Should different spots be made for males and females? If you do not consider it necessary, why is it so?

17. If yes, what can be the differences?

**Family Planning and HIV/AIDS**

18. Should family planning and HIV/AIDS messages be explained in an explicit manner?

   a. If not, why?
   b. If yes, what topics need to be covered?

**Reaction of Public**

19. Do you have a fear that public will react negatively to more explicit spots?

20. If yes, what public reaction do you expect?

21. In your opinion, who in the public will react?
22. As there been a strong reaction of the public towards any specific spot in the past? If yes, please give details?

23. How do you gauge public opinion?

**Personal**

24. Do you feel comfortable while watching spots of AIDS and family planning with your family? If no why?

25. In what order of priority would you rank the following for the purpose of being comfortably watched with your family?

- consumer products spots
- general health spots
- HIV/AIDS spots
- business spots
- family planning spots

**Condoms as a Means to Protect from AIDS and for Family Planning**

26. Should condoms be advertised on TV and radio for family planning and as a means to protect from HIV/AIDS? If no, please give reasons?

27. If yes, then how should the messages be presented?

- Humour approach
- Endorsement approach
- Fear approach
- Formal approach
- Guilt approach

**Hesitation Towards Health Messages**

28. PTV shows songs dances and dramas, which some people and religious groups think do not conform to our cultural norms and religious values. Then why is there hesitation towards spots giving health messages?

29. If the songs, dances and dramas have not caused any public reaction then why is it felt that detailed family planning and HIV/AIDS messages will not be accepted?

30. People have an opportunity to watch various channels showing all sorts of programmes and spots. Why then is there hesitation to allow messages discussing condoms for family planning and safer sex?
Bottlenecks in the Process

31. What are the bottlenecks in the process of approval within the concerned departments (in MoPW, MoH, PTV, PBC, GEO, ARY and INDUS) and at the censor level?

Additional Questions for GEO, ARY and INDUS

32. Programs coming on GEO/ARY/INDUS are very open. Then what are the reasons that health related spots are not shown so openly?

33. What is the process of censorship for your channel?
**Tool 2: Level of Acceptance by Decision Makers About Sensitive Messages on Media**

Kindly mark one of the boxes against each sentence after giving a thoughtful consideration.

A. **FOR FAMILY PLANNING**

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. Do not show /air spots with family planning messages on mass media.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Do not mention family planning but give this message indirectly (such as benefit of small family).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Mention family planning and emphasize small family. Do not mention any contraceptive methods.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Mention contraceptive method: Pill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Mention contraceptive method: Injection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Mention contraceptive method: Intrauterine device (  )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Mention contraceptive method: Female sterilization (  )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Mention contraceptive method: Male sterilization (vasectomy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Only show the brand of condom but do not mention the word condom.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B. FOR HIV/AIDS

<table>
<thead>
<tr>
<th>Number</th>
<th>Message</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Do not show/air spots about HIV/AIDS on mass media.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Only mention AIDS is a dangerous disease, not treatable and fatal.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Gives advice to limit relationships only to wife/husband.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Vaguely mentions three major modes of transmission, i.e. illicit relationship, reused needles/syringes and blood transfusion with unscreened blood.</td>
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<td>4</td>
<td>Explicitly describes mode of transmission through reused syringe/needle and blood transfusion.</td>
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<td>5</td>
<td>Mentions the transmission route in Injecting Drug Users.</td>
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<td>6</td>
<td>Explicitly describes modes of transmission by sexual contact.</td>
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<td>7</td>
<td>Informs that sexually transmitted infections can be prevented by use of a condom.</td>
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<td>8</td>
<td>Mentions that condom use in pre or extra marital relationships can prevent AIDS.</td>
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<tr>
<td>9</td>
<td>Gives specific messages for males having sex with males.</td>
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</tbody>
</table>
10. States explicit messages for vulnerable groups

- Female sex workers
- Male sex workers
- Hijray
- Truckers

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Name (optional)
Tool 3: Guidelines for Arranging the Focus Group Discussions

1. **Proposed Approach for Selecting the Group**

On arrival in the target area contact the councilor, lady health workers (LHW), NGO/CBO, Principal/teacher or active social worker of that specific area. Introduce yourself and explain the purpose of the study. Seek their help to gather the participants for FGDs.

2. **Criteria for Selection of the Participants**

Participants for the FGDs should be selected on the basis of the following criteria. They should:

- be watching TV at least two to three hours per week in the evening
- not be related to each other
- be of mixed educational background.
- not be close neighbours
- be of different ages
- cover different sects and tribes in the target area

3. **Selection of Venue**

The venue for the FGD should be decided upon in consultation with the person contacted. Criteria for selection of venue should be:

- it is safe and secure
- participants should feel comfortable in the environment
- women should be free from any formalities regarding purdah.

Possible venues are:

- councilors home
- NGO/CBO office
- school
- any other home (not of ‘sardar’ of the area)
- hujra/daira

The date and time agreed upon should be conveyed to all participants in advance. The field team should reach the spot a half hour before time to make prior arrangements.
Instructions for the Facilitator and the Note Taker

1. **Rapport Building**
The very first thing, which you as a moderator should do, is to try and build rapport with and in the group. The best way is that before starting the discussion you and the note taker should greet the participants, introduce yourself and ask them to introduce themselves. Explain the purpose of the study as mentioned in Tool 4.

2. **Be Mentally Alert**
The moderator should memorize the questions from the guide and during the discussion should be mentally alert, listen well, and think quickly.

3. **Facilitation**
Moderator plays a very important role in the success of any focus group discussions. You should keep the discussion flowing and on track. It is your job to guide discussions back from irrelevant topics. Be sensitive to mood of the group. It is important that you have some background knowledge about the topic being discussed.

4. **Record the Discussion**
Tape recording and note taking should be done of the discussion. This will be the responsibility of the note taker. The tape recorder should be set before the discussion and should be visible to all the participants. Also before using it permission should be taken from the participants. Participation of each member is important but the moderator must encourage participants to speak one at a time to avoid confusion.

5. **Note Taking**
Although the discussion should be recorded but note taking is very important. The notes should be so complete that they can be used even if the tape recorder did not work. Total reliance on the tape recorder should not be done, as it is possible that the recording done is not proper or the tape recorder goes out of order. The note taker should note down exact phrases and statements made by the participants.

6. **Pause and Probe**
A moderator should pause for five seconds after a participant talks. This will give other participants a chance to add to the talk. For further information probes, such as "would you explain that further?" or "Would you give me an example?" should be used. Head nodding, and short verbal responses such as "ok", "yes", "uh huh", "correct", "that's good" etc should be avoided. Do not let your verbal/body language show approval or disapproval. This will inhibit participants from expressing freely.

7. **Group Dynamics**
There are all sorts of participants in a group; some are bold, while some are shy. It will be the job of the moderator to involve everyone in the discussion.
8. **Seating Arrangement**
Ideally the seating arrangement of the participants should be done in such a manner that they face each other.

9. **Prepare for the Unexpected**
You should be prepared for all sorts of unexpected events. It is possible that no one shows up, in this case effort should again be made to collect the group. Or if only a few participants show up still the group discussion should be held. If the group gets involved and does not want to leave in this case a formal ending should be given.

10. **Immediately After Session**
Verify if the tape recorder, worked throughout the session.

After the discussion the note taker should ensure that the pages are numbered and fill out any notes that don't make sense, etc.

Write down observations made during the session.

11. **Field Notes**
After the discussion, the moderator and the note taker should write down the transcripts and summary comments. This should be prepared within hours after the session and before the next focus group. Moderator and note taker should review notes, share observations and also talk about participant responses to key questions.
Field notes should cover the following points:

- Themes in the responses to the questions
- Descriptive phrases or words used by participants
- Description of participant enthusiasm
- Body language
- New avenues of questioning that should be considered in future: should questions be revised, eliminated, added, etc.
- Overall mood of discussion
Tool 4: Conducting Focus Group Discussions

Welcome the participants, introduce yourself and explain the purpose of the study.

Several advertisements on health issues are shown daily on television and broadcast from radio. The purpose is to help you and your family in improving health status through this information. We are here to assess your opinion about these advertisements. This will help to prepare better messages, which could respond to your needs. In a shortwhile we will show you some advertisements and will take your feedback.

After the introduction the participants will be asked to introduce and tell little about themselves (the below table will be filled during this time)

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<thead>
<tr>
<th>S. No</th>
<th>Name (Optional)</th>
<th>Age</th>
<th>Married/ Unmarried</th>
<th>No. of Children</th>
<th>No. of Married Children</th>
<th>Education</th>
<th>Occupation</th>
<th>Distance from Home (Min)</th>
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Part 1: Gathering information about general perception regarding health and family planning advertisements on mass media and their effects on behaviors

1. Explore which health advertisements the participants remember and why?

2. Find out any action taken on information given by health advertisements.

3. Find out any action taken on information given by health and family planning advertisements

Part 2: Identifying attitudes and sensitivities to media messages

Show the spots in the following order:

a. Polio Spot  
b. AIDS spot (barber)  
c. Antenatal Care Spot  
d. Family Planning Spot (aqiqa)  
e. Ghutti Spot  
f. AIDS Spot (female)  
g. Family Planning Spot (Pills)  
h. AIDS Spot (drug addicts)  
i. Sathi Spot  
j. AIDS Spot (truckers)
After showing each spot inquire the following:

1. Should this be shown on TV or broadcast on radio? Probe opinions in favor or against after each spot

2. Identify attitudes and sensitivities to media messages? (What is “good” and what is “bad”?)

Part 3: Further Exploration of Attitudes and Sensitivities

If not discussed in block 2 explore about 5, 6 and 7.

5. Appropriateness of messages in terms of socio cultural sensitivities

6. Conformity with religious teachings

7. Comfort in watching with family

8. Should messages be explicit and in details
9. Should there be different messages for males and females

10. Should messages be explicit and in details

Part 4: Knowledge About the Family Planning Methods and Transmission of AIDS and Agreement for Condom Advertising on Mass Media

11. Identify which family planning methods people know.

12. Gather information about transmission of HIV/AIDS

13. Inquire whether condom spots could be shown on TV or broadcast on radio, for family planning or prevention of STDs/AIDS. (voting, both for family planning and STDs/AIDS)
14. After sensitization about adverse effects of rapid population growth and potential of spread of AIDS in Pakistan, repeat the above questions again. (voting both for family planning and STDs/AIDS again)

**Sensitization about AIDS**

Five major points for public sensitization about the threat and possible consequences of AIDS epidemic in Pakistan:

1. AIDS is a fatal disease, which has no cure. It is spreading all over the world very rapidly and its target is mostly the young people in their 20s and 30s. Once a person contracts the virus, it may take up to 10 years for the disease AIDS to appear during this period the person appears healthy and can pass on the infection to others through different modes, most common being unprotected sex i.e. sex without condom.

2. A mapping exercise was done in several cities of Pakistan. In a city near Islamabad, it was found that more than 1500 female sex workers are operating and their clientele is 5-10 per night. Lets assume that 1000 are operating and 5000 people are visiting them each night. In a month, 150,000 visits are being to FSWs. Lets suppose that the same individual is visiting three times a month, then at least 50,000 men are visiting to FSWs in a month in one city. Most of these sexual interactions are unprotected.

3. Who are these people? They are from arrange us; our country men, may be our friends or relatives. What will happen after 5-10 years, if this high-risk behaviour continuous, young people will begin to die. These may include our near and dear ones.

4. What should we do? It is impossible to stop people having sex out side marriage. It has happened over centuries and will continue to happen. Than what are the choices left with us? Should we let them get infected and die or inform them about the danger they are facing and tell them about the preventive measure? Think, if a young married man gets infected, he will infect his (innocent) wife, who in turn will infect the baby in new pregnancies. What wrong has she done? Should we allow this to happen or act now?

5. The best solution is that we must act, and for this we have to inform the people that they must use the condoms in all premarital and extra marital sex encounters. And we all know that the best way to reach maximum number of people in a cost effective way is mass media. Now decide, should we are shouldn't we promote condom use for disease prevention on TV and radio.
A scenario of the effects of rapid population growth on Pakistani people present as follows:

At the beginning of this century the population in the region, which is now Pakistan, was 16.6 millions in 1901. It grew to 32.5 millions at the time of independence in 1947, i.e., almost double in 50 years. Today it is estimated to be 150 millions i.e. in the next 50 years it tripled. During the period, 1901–2003 the world population grew by four times while the population of Pakistan increased by nine folds. If the population continues to grow at the same rate it will have devastating effects; more and more people will become jobless, there will be extreme shortage of food, prices of daily items will increase substantially. All these will lead to increasing poverty, illiteracy and poor health. Is it not our responsibility to save our coming generations from this possible disaster? Shouldn’t we try to reverse this expected happening? If yes, then the answer is in increasing use of contraceptives. The only contraceptive that can be easily and widely made available everywhere is condom. Its use does not require services of health care personal as hormones and IUDs do. Then shouldn’t we promote the use of condoms on mass media?

Part 5: Existing and Preferred Sources of Information

15. Identify the existing and preferred sources and methods of health information related to sensitive issues related to family planning, HIV and other STDs e.g. as part of school education; through network of family; radio or TV; lady health workers etc.