Bolivia’s Lilac Tent: A First in Health Promotion

At 7:00 pm in a small village in Bolivia everyone is having fun at what seems to be a cross between a circus and a big town meeting. Little Fabiola and little Reynaldo are running around playing hide-and-seek. Their older brothers and sisters are staring at a stage where a lively lecturer is talking about reproductive rights and small and healthy families. Their parents are listening too, while waiting for a musical show by a popular singer. Along with 2,000 other people, they are participating in an innovative rural health and family planning campaign in Bolivia: The Lilac Tent.

Fifteen years ago, this scene would have been unthinkable in Bolivia. Family planning was a taboo subject. How could the situation change so much? How could messages on reproductive health (RH) become a normal part of public discussion?

A series of carefully designed and well-executed communication campaigns had a multiple and continuing impact in Bolivia. The campaigns, which are assisted by the Population Communication Services project of the Johns Hopkins University Center for Communication Programs, with support from USAID, illustrate the value of a continuous series of carefully calibrated campaigns that moved from cautious advocacy to country-wide action.

The turn-around began in 1986 with a limited advocacy and service promotion campaign to promote the private-sector organization Centro de Orientacion Familiar (COF), which was providing family planning services in three Bolivian cities. About 700 policy-makers and influential citizens attended ten discussion meetings on the pros and cons of family planning, especially the benefits for maternal and child health. Participants were very supportive of increasing services and advocacy.

This led to a series of firsts in Bolivia: radio spots on family planning and family health were broadcast in the three largest cities; contraceptive method-specific print materials were developed for COF providers and distributed locally to clients; and audio cassettes on long distance bus routes played family planning/family health messages along with popular music and comedy. This first campaign evoked no opposition and saw an increase of 71% in new family planning clients at the COF clinics.

In 1994 a second, more extensive, multimedia campaign was developed and launched for four major urban areas. The first comprehensive RH campaign in Latin America, it succeeded in placing the concept of RH in the public eye and on the nation’s political agenda. The campaign logo that portrayed a baby’s hand clinging to a parent’s finger (Las Manitos) became the symbol used to identify public and private health centers. The highly recognizable logo designated the clinics where people could find pre and post-natal care, safe-delivery, family planning services, and RH education and counseling. The lavender-colored logo and the slogan “Reproductive Health is in Your Hands”
introduced RH as an effective way to reduce maternal mortality in Bolivia, which was the highest in Latin America.

The campaign plan and design were developed through an Information, Education, and Communication (IEC) Technical Committee, including all public and private sector organizations active in RH in Bolivia. This committee has now grown to 45 organizations and has remained active since its creation in 1991. When the Ministry of Health wanted to sponsor the upcoming campaign, Bolivian President Sanchez de Lozada agreed to participate at the launching ceremony.

The third campaign (1996) was designed to promote convenient access to a variety of services and methods. This time the campaign theme was “Reproductive Health is Closer to You.” More health centers began to offer RH services. A social marketing program managed by Population Services International Inc. promoted and sold condoms and later oral contraceptives through pharmacies and non-traditional distribution points that also displayed the Las Manitos logo.

This third campaign highlighted maternal mortality. In a country where an estimated 38% of maternal deaths are caused by unsafe abortions, it emphasized the fact that family planning could prevent abortions. Political support intensified when Vice-President Victor Hugo Cardenas, and his wife, Lidia Catari, active representatives of the indigenous populations of Bolivia, advocated RH on television and radio spots and during personal appearances.

Results of the third campaign were positive (see Figures 1 and 2). The campaign also won the 1996 Population Institute’s Global Media Award for the Best Advertising Campaign.

The fourth campaign (1998), the Lilac Tent, expanded the reach of the three previous campaigns to the rural areas of Bolivia as part of the National Rural Reproductive Health Communication Strategy. In six months, three lilac-colored tents, with RH materials designed for adolescents as well as married couples, have reached about 40,000 people in 15 communities. The tents house videos, live music, theater, dance groups, mimes, games, puppet shows, print materials, and interactive learning devices. Each tent operates in coordination with local political leaders, health providers, school teachers, students, and performers in the communities. UNFPA and other agencies also provide major support.

At every stop 2,000-4,000 spectators come to see and hear what is happening. Community leaders are now vying to support Lilac Tent activities, want to include similar RH programs in the country’s formal education system, and are asking for materials and teacher training. This dynamic community involvement has helped make each Lilac Tent visit a highly anticipated and popular event that inspires a sense of ownership and empowerment among participants.

These carefully planned step-by-step campaigns, designed and implemented by consensus with public, private, and community groups, have had a major impact. Whereas in 1978 family planning was condemned, health centers were closed, and leaders sent to jail, today Bolivia embraces a nationwide RH program. The country’s contraceptive prevalence rate for modern methods has more than doubled from 12.2 percent in 1989 to 25.2 percent in 1998.

Today, modern contraceptive methods are more prevalent than traditional ones; RH is becoming a household and community word; information and methods are readily available; and spouses are more likely to discuss family health issues, seek services together, and be assisted by trained providers. These changes will help little Fabiola and little Reynaldo grow up in a supportive environment where RH information and services will be truly accessible.