

**An Evaluation of Women's Perceptions on the use of Radio in Family
Planning Communication in Rural Kenya.
A Survey of the Kisii County, Kisii Central District**

BY

GEOFFREY NYAMWEGE/ALIASIAGO

K50/76543/2009

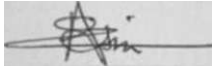
**A Research Project Submitted in Partial Fulfillment for the Award of Master
of Arts Degree in Communication Studies, of the School of Journalism,
University of Nairobi**

in MRV NARCB Job
IiP

November, 2011

DECLARATION

I declare that this research project report is my original work and has not been previously published or presented for award of a degree in any university.

SIGNATURE 

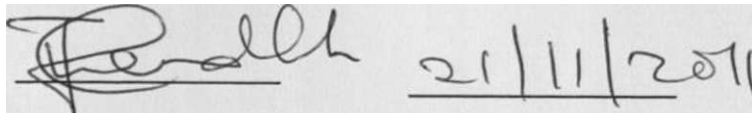
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GEOFFREY NYAMWEGA ASIAGO

K.50/76543/2009

SUPERVISOR'S APPROVAL

This research project report is submitted for examination with my approval as University Supervisor.



SIGNATURE

DATE

SUPERVISOR: MS JACINTA MWENDE

DEDICATION

I dedicate this work to my late mother, Penina Kemunto Asiago.

ACKNOWLEDGEMENT

I extend my sincere gratitude to the following:

My supervisor, Ms Jacinta Mwendu for her invaluable guidance during my project period. I will forever remain indebted to her for sacrifices and time during which I learnt a lot on project writing.

The school of journalism lecturers and staff including Mr. Moses Araya, Dr Samuel Ogola programs manager, NCAPD and staff at their resource centre, Mr. Job Obanyi, corporate communications at family health international, Nairobi, Dr Geoffrey Otumu, medical superintendent of Kisii level five hospital, Nursing officers at MCH of Kisii level five especially Mrs. Florence Ongeru, Lastly, my fellow students, friends and all that taken part in making this a dream come true.

List of abbreviations

FP- Family Planning

FHI- Family Health International

UNESCO- United Nation's Education and Scientific Congress

CPR- Contraception Rate

NCAPD- National Coordinating Agency for Population and Development

MCH- Maternal and Child Health

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ABSTRACT

The main objective of this study was to investigate whether use of radio in family planning communication can influence women in uptake of family planning services in Kisii county, which is regarded in this study as representing women from rural Kenya. The Kisii population is rapidly growing thanks to high birth rate per woman, to an extent that resources are strained and land fragmentation has become severe that; yields are minimal and unsatisfactory to the local population. Radio is a traditional communication medium often preferred due its portability, accessibility and capacity to broadcast in local vernacular languages.

The use of radio in family planning communication in Kisii is therefore important to address the high unmet need among the women in Kisii for family planning services. As evident from the research findings, most women in Kisii want to delay child bearing or even limit child bearing but do not use any modern family planning method. The findings show that the present radio messages are more commercial and advertorial than educational. Indeed, the results show that the National Coordinating Agency for Population and Development, (NCAPD), has no official policy for use of radio for family planning communication.

To help achieve the objectives of the study, I used the theory of Diffusion of Innovations and Uses and Gratification theory. The assumption being that family planning methods are innovations themselves and their adoption closely follow the diffusion curve. The motivation behind women's choice of a given radio channel and program at a given time is assumed to be influenced by the satisfaction each draws from them.

To achieve the study objectives, the study used both qualitative and quantitative methods of data collection. Questionnaires were used to collect data from 251 women aged between 15 - 49 on various issues among them their choice of radio station, whether they ever heard family planning messages on radio and whether they can be influenced by radio messages in uptake of family planning method. Key informant interviews were also conducted ,with Dr. Samuel Ogola, programs officer at NCAPD, Dr. Geoffrey Otomu, medical superintendent Kisii level five hospital, and one focus group discussion with women nurses from family planning clinic at Kisii level five to provide qualitative data that was important in formulating recommendations to policy makers and reinforce validity of questionnaire results.

The study findings show that women in the Kisii county have a strong favorable attitude and perception on use of radio for family planning communication. Over 80% of women respondents stated that they can be influenced by radio messages in making family planning choice.

CHAPTER ONE

INTRODUCTION

1.1. Background

Family planning communication is an aspect of information, education and communication, and behaviour change communication. Kenya, just like other countries in sub- Sahara Africa has the highest birth rates in the world. The major factor underlying high birth rates is low family planning use. Rhonda et al (2009), states that an estimated 35 million women in sub- Sahara Africa have an unmet need for family planning- they want to delay or stop child bearing but are not using any contraceptive method. In Kenya alone, the number of un-intended pregnancies is estimated at 1 million per year, large number of which occur in the rural parts of Kenya, (NCAPD, 2010).

Perdita (1976) in her book, "*Messages from the village*" summarizes the burden to rural women with poorly planned families in the following: *on the small roads leading to market, one meets the typical Kenyan woman. She is tall and handsome. She carries a baby on her back while balancing an enormous market basket of vegetables on her head. Her eyes are lowered to watch her hands weaving another basket she hopes to sell when she reaches the market. It will help pay the school fees of that 7 year old that is walking behind her. Never in Kenya did I observe a rural woman at rest. She is always busy, always at work*" (Perdita, 1976:68)

This paragraph captures the mood and situation for women in the rural Kenya in early 1980s. It depicts a rural woman as one who is over burdened and in most cases left with responsibility of providing for her children, who are usually many in number.

Family planning is not largely an urban woman problem, perhaps partly because of high levels of awareness and exposure. The Kenya Health and Demographic Survey 2008-2009 (KDSH), indicate that the rural birth rate is 5.2 way above the urban birth rate of 2.7 births per woman. Cultural challenges are less for urban women than for rural community women. As a result, many births in the rural setup are unintended or arrive too soon or there is little consultation between couples on when to give birth to the next child. I believe, if all women were able to meet their reproductive desires, fertility would decline and births would be spaced at longer intervals benefiting both the mother and child.

For Kenya to achieve vision 2030, population should remain competitive both in terms of employment and resources available. This would be as a result of lower fertility and a lower rate of population growth. The Kisii community is one of those that are rapidly growing. The national census report of 2010 ranks the Kisii as the sixth largest tribe in Kenya. It's widely believed among the Kisii community that a boy child is more important for any family than a girl child. This tends to exert pressure on women who have girls as first born to continue giving birth with hope of giving birth to a boy child. This in turn leads to high birth rate and more children in a family.

According to the KDSH (2009), the ratio of women that live in rural Kenya to the ones in urban is 2:1. This then means that there are more women faced with the challenge of family planning in the rural than for urban community. This study therefore sought to investigate women's perceptions and attitudes on use of radio for family planning in rural areas in an attempt to address the higher population growth in rural areas. The KDSH (2009), report also reveals one striking characteristic which is that a majority of women lie in age group 20-24, which is defined as significant to population and birth rate.

In Kisii region as a whole there are several radio stations that are transmitting on various frequencies, namely: radio Jambo (89.3), Kisima fm (89.7), radio Citizen (90.2), Egesa fm (94.6), Q fm (96.1), radio Ramogi (98.6), Kass fm (99.3), Sayare (102.9), KBC Swahili (103.3) and radio Citizen (106.6). (CCK 2011).

These radio stations are mainly national and local vernacular radio stations in Kisii County. They are very interactive and most accessible compared to other media. Radio is portable, and listeners can use in matatus, while in the farms and work places. The behavior of radio listeners is that they change from one channel to another in pursuit of their desired programs.

It is with this rich availability of radio frequencies that I sought to find out to what extent has radio been used in family planning communication in rural Kenya particularly Kisii county.

In a study conducted in Kenya, Westoff et al, (1995), discusses the contraceptive behavior and reproductive preferences of mass media messages that try to inform and motivate people on methods and advantages of regulating fertility. The messages take many forms, ranging from soap opera on radio and television designed to persuade women on smaller families and advertisements on methods or availability. Westoff et al (1995), asserts that application of mass communication to influence fertility is a natural extension of the basic idea that media can both inform and motivate people. Other studies on causal - effect relationship are demonstrated by a study of Mexico village (1978), where exposure to print media and radio resulted in positive effects on practice of family planning.

Westoff et al (1995), reveals that Kenyan birth rate was 6.7 births per woman by early 1990s. Therefore, the question whether women respondents had heard, read or seen messages about family planning on radio ,in newspapers, magazines or on posters or on television had a lot of

relevance towards use of radio in family planning. The result showed that although radio was the most important vehicle in Kenya for communicating about family planning at that time, there were also other popular television soap opera that emphasized the problems of early pregnancies. One of the radio programs that included such soap opera was aired twice weekly and listened by over 39% of the country. This program was subsequently evaluated in interviews with rural and lower -social economic status women in effort to gauge audience reaction.

The program was rated a success because nearly one half of the respondents claimed to have acquired their initial knowledge of family planning through media. One issue that probably led to low birth rate was due to multiple employments of media in informing and motivating people on family planning, especially as was the case in Tanzania (Jato et al 1999).

This project sought to investigate whether use of radio in Kisii can, not only inform or motivate women to practice family planning but also how program communicators can use radio effectively to improve attitude on contraception and family planning.

The report from this project can therefore be used to improve information, education, and communication around family planning and advocacy strategies aimed at behavior change by effective use of radio.

1.2. Problem Statement

The Kenya Service Provision Assessment report, (2010), states that there is a high "unmet need" for family planning (FP) services to women in Kenya. In early 1970s Kenya was an early leader in

Sub Saharan countries to officially adopt family planning, with comprehensive communication programs that reached all communities. Together with strong political leadership backing the initiative, 1960's to 1990's the average number of births per woman dropped from about 8 in late 1970's to about 5 per woman in mid 1990's. It is believed that during that time, radio and other mass media were widely used in increasing information about family planning, (Westoff et al, 1995)

However, fertility level remained almost the same up to 1998 at 4.7 and currently (2008) 4.6 births per woman (NCAPD, 2010). This is probably due to lack of effective use of radio as mass media for promoting reproductive health services in the country, (Jato, 1999), especially in the rural parts where radio is more accessible than other media like television or newspapers. As a result, the health and demographic survey, 2008-2009, indicates that the rural birth rate is 5.2 way above the urban birth rate of 2.7 births per woman.

Whereas other studies have shown positive effect of multiple media on family planning, (Jato et al 1999, Westoff et al 1995), little data is available on radio alone even if radio has been shown to enjoy massive audience among rural women, (Gupta et al 2003).

This study therefore sought to investigate whether effective use of radio programs and message positioning can help inform, motivate and improve contraceptive uptake by women in the Kisii County in rural Kenya.

13. Justification of Research Project

According to the National coordinating Agency for population and Development (NCAPD, 2010:3-4), the size of Kenya's population will be largely determined by future fertility levels. "If

fertility remains high, or falling shortly from current level of 4.6 million per woman to 4 children per woman, Kenya's population would grow from 38 million in 2008 to 82 million in 2040- a doubling in just 32 years." The report reveals that despite deaths from HIV/ AIDs, population continues to grow because of the large number of people who are already parents or are about to enter their child bearing years. This will mean that if nothing is done, then national resources may not be enough to provide for the population. This in turn is likely to cause human problems including poverty, poor health and non employment, to mention but a few.

Large family sizes would mean that most homes will not be able to provide for their children. Many children will be faced with starvation, lack of enough clothing and even parental attention will be minimal. Many would drop from school and end up being undisciplined and even engage in early pregnancies (girls) in the process leading to high population growth. The Kenyan government may find it difficult to provide for its citizens and the living standards would decline. It may find it difficult to keep law and order especially if it cannot provide basic necessities such as food.

In Kenya currently, there are major efforts directed towards the implementation of the new constitution which provides for the creation of county governments. This also means that development programs are to be undertaken by the new county governments. Because this will mean localized units of governance, it will be prudent to use radio more effectively in family planning communication. The radio as a medium will be most appropriate because some radio stations and programs are run in local vernacular languages, Oriare and Ugungu (2010), its wide reach and accessibility (Westoff et al 1995; Jato et al 1999).

It is encouraging to note that members of parliament have identified high population growth rate as a danger to our economic development. During the recent official consultative meeting in Mombasa, the members of parliament agreed and offered to help curb the high birth rate. (KBC news 22/07/2011,9pm/

However, the bodies charged with responsibilities of ensuring that there is maximum advocacy on FP appear to have little or no material on use of radio and indeed the mainstream media for promotion and advocacy of family planning services to the women who need these services. For instance, family health international, Kenya, has publications on training and the available modern family planning methods but no documentary is on radio targeted to women in general.

NCPD through, its department for communication and education they have developed advocacy kits for county leaders and religious leaders - "*healthy families for a prosperous Kenya*", but little effort is being made to use radio for the dissemination of such important information to public. It is worth to note that the NCAPD is the body mandated to develop population growth policies in Kenya.

Lastly, the reproductive health division of Ministry of Health and Sanitation has a strategic plan for family planning services in Kenya but much is on methods and their advantages and disadvantages. In it no indication has been made on use of particularly radio for education and behavior change despite it having many advantages for accessibility and portability.

Westoff et al (1995) observed that many Kenyans listen to radio than read the newspaper or watch television which has since improved to 86.4% as indicated in media council of Kenya report (2005). A total of 68% of married Kenyan women (Westoff et al 1995), reported that they

listen to radio at least once a week compared to other forms of media. This clearly showed that radio is important in family planning communication.

Benefits of radio broadcasting are many; it gives people a sense of the world they live in. They use radio to get information and news on what is happening within their locality and country or world, to some, radio is a comparison by providing different forms of entertainment and interactive sessions for request or topical discussions.

This project therefore sought to investigate whether effective use of radio in family planning communication in many programs can influence uptake of family planning services.

1.4. General objective

To find out the perceptions and attitudes of women on use of radio for family planning communication in rural Kenya

1.4.1 Specific objective

1. To investigate whether use of radio in family planning communication can influence uptake of family planning services by women in rural areas.
2. To find out to what extent radio is used as a medium for communicating family planning in rural Kenya.
3. To propose recommendations to policy makers and program managers on use of radio in family planning communication.

1.4.2 Research questions

1. To what extent is radio a preferred medium for communicating family planning in Kenya?

2. Can women in the rural areas be influenced by radio messages in choosing a contraceptive method?
3. What are the perceptions and attitudes of women on use of radio as a medium for FP communication?

1.5. Hypothesis

Use of radio in family planning communication can influence uptake of family planning services by women in rural areas.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Gachuhi J. Mugo (1973) observed that, radio was second to face to face, 18% to 37% in influencing and providing information to women about family planning. Of great observation is the assertion that the goal of informing the public (women) about family planning is not just so that one can claim to have heard about it, but rather, after hearing and evaluating the information, it is hoped that one will effectively adopt contraceptives.

From this study findings, for the sake of program administration point of view, one would want to know if, after hearing about family planning from whatever radio channel and source or at what time does a rural woman adopt contraceptives? My study, then sought to answer this by use of example from the results of the study. For instance, 25.8% of respondents stated that they listen to Egesa FM station than all others and that over 38.5% of respondents listen to radio for news and information, mostly in early or late hours of the day 6- 8 a.m - 31.3% visa vis 18.7% during 6-8 pm respectively

Egino M. Chale and Pierre Michaund (1997), assert that radio is largely used in Kenya and Senegal as a powerful and cost effective medium for dissemination of information. The researchers found that radio could be combined with face to face tutoring for distance learning. That other than basic provision of information and news, radio in Kenya had been used in basic literacy classes as well as training of professionals and technicians including family planning nurses and teachers. For instance, Egino and Pierre observed that in Kenya, interactive radio instruction had gained popularity by 1993, where as a low cost means of improving mathematics

in primary school. The students were required to answer in chorus to a radio teacher, hence making it interactive. This was more popular even especially to nomad communities.

Oriare P. and Ugangu W. (2010) note that the radio listening habits of Kenyans tend to be one whereby, they tune in to more than one radio station each day. Over 40% of Kenyans tune in to 2 radio station per day, compared to 19% for 1 radio station.

Oriare P. and Ugangu W. (2010) too found that, about 68% of radio listeners tune in to local language stations, a majority - 71% being young people in 15-24 years of age. The local language radio stations are many, have wide reach and are spread across the country. They are popular because listeners identify more with local languages and local events.

In their study, Oriare P. and Ugangu W. (2010), observe that the ethnic language radio station have given erstwhile marginalized communities a voice to articulate and champion their interests. That they are capable of contributing to national debates on critical issues such as the constitutional change and other subjects. Due to that, rural communities are more aware about social, economic and political issues.

This study sought to establish whether radio with its evident popularity and reach, could be used to influence women from rural areas to take up contraceptives, especially in Kisii County.

Gathigi G.W (2009), observes that radio is the most popular mass medium in Kenya, with radio stations broadcasting in assorted languages. He classified them into three- tier broadcasting system comprising of public / state broadcasters, commercial broadcasters and community radio.

This according to him has led to large size of radio audience. Historically, he notes that radio stations that broadcast in English and Kiswahili are main stream broadcasters, while those that broadcast in other languages such as Kikuyu, Dholuo Kisii, Kamba among others, are referred to as local vernacular stations. Though recent in establishment, creation of vernacular FM stations started with the traditional radio station, KBC Swahili Service.

Gathigi G. W (2009) gives a chronology of radio broadcasting in Kenya in the following manner:

1927: British East Africa Company; first radio broadcast in Kenya, for British partite population. The signals were from British Broadcasting Corporation (BBC)

1940's - 1953: African Broadcasting Services (ABC) was started for Africans to inform them about African soldiers on British side of war.

It included vernacular languages such as Luo, Kalenjin, Kiluhya, among others

1954: Kenya Broadcasting Services (KBS) was established

1963: Kenya Broadcasting Services (KBS) was transformed into Kenya Broadcasting Corporation after gaining independence

1964: KBC was nationalized and became the Voice of Kenya (VOK)

1989: The voice of Kenya was reverted back into Kenya Broadcasting Corporation.

It is important to note that during this time, KBC was enjoying a monopoly, until early 1990's when airwaves were liberalized, giving birth to Frequency Modulated (FM) stations such as capital FM and Nation Fm.

Gathigi G.W (2009), in his study further identifies Kameme FM station (1998) as the pioneer vernacular station after the Kenya Broadcasting Corporation (KBC) vernacular channels.

Media Council of Kenya, (2005), indicates that among Kenyans, 86.4% listen to radio according to findings of baseline media survey. For rural population it is 84.6%, 3.5% less compared to urban population at 88.1%. That female listens to radio less than males but by 1.3% difference at 85.7%. This survey was significant to my study because it illustrates that radio is as popular and accessible to women just closely as for men.

However, results from Oriare P and Ugangu W. (2010) have since shown that nationally, radio listening population stands at (87%) marginally increasing, most of whom are in urban centres (79%), where they listen to radio in transit vehicles or at home or offices and business premises compared to rural at 77% of population

The family planning conference organized by UNESCO, (1981), observed that a confusion in objectives of communication activities due to the multiple purposes they fulfill, such as information, motivation, attitude changes, leads to failure of most family planning programmes. It therefore recommended that efforts should be made by national policy makers, to make communications more sensitive to local values and concerns, and to invest much more communication effort in family life, family health, and sex education. This report was consequently adopted by the Kenyan government, soon after.

From this UNESCO Conference however, there is not much discussion on individual media such as radio, television or print forms of media, focus being on strengths and weaknesses of each medium.

In the subsequent conference titled, 'Communication media, Family Planning and Development', UNESCO (1986), discussed that radio has several strengths for family planning communication among them;

- It has imaginative potential, because the listener is required to add his own visual interpretation, such as been the success of the radio serials in Nepal and Namibia.
- Receivers are relatively cheap and portable. Even though this conclusion was made many years back, it is true that radio receivers are portable, available even in mobile forms of phones or in transit vehicles, (Oriare and Ugangu, 2010).
- It is relatively impassive in production terms that is for a given documentary to be on air there are more than one person involved in the production. For purposes of this study, it will be important for programmers to include women in soap operas that aim to sensitize women on family planning issues and general maternal health.
- As an entertainment medium, it is psychologically acceptable, and helps in relieving the stress of listeners and audience who easily associate with the programs in discussions. This gratifies the listeners, psychological needs. In this category are most women especially housewives and working women who choose program depending on the satisfaction they draw. This assertion is crucial for program designers and the family planning communication personnel to consider so as produce a documentary, commercial or serial program.
- It is a major news source, widely heard and acceptable and

- It has massive, immediate distribution, as is easily observed from the Kenya communications commission records (2010), on available radio stations in Kisii County alone.
- It is therefore evident that radio as a medium has various benefits when and if used effectively in family planning communication.

During this UNESCO technical conference (1986), seven roles of radio in family planning communication were identified:

- a) Motivational: Programs designed to arouse interest, stimulate and generally motivate towards family planning are encouraged in this category, if well designed in Kisii, the message should be able to make women decide to treat family planning as important aspect in their lives as a matter of not just quality life but healthy life that enhances maternal and child health.
- b) Evaluation: Programs designed to provide information for those already interested, who are looking for further material of a descriptive or analytical kind, in order to help them evaluate their own position
- c) Information: short messages on specific information issue
- d) Reinforcement: Interest in the family planning method, maintenance of habit will die unless reinforced. In an area such as family planning where commitment has to be sustained, regular reinforcement and assurance is required. With large national and vernacular radio coverage in Kisii, then effectively programmed family planning messages when aired on radio, could lead to significant decline discontinuation rates among women using family planning services.
- e) Professional education aimed for mid wives, doctors, field workers

- 0 Influence: aimed at influence groups, including politicians and planners, and all those in a position to affect policy decisions

The recommendations further advocated for integrating family planning into other developmental messages. It was observed that it is difficult to imagine family planning messages not drawing upon other developmental areas; they are all dependent, to a large extent, in an awareness of common problems and campaigns, for their motivational effects."(UNESCO 1986). It continues, that all Commercials, (although they may be primarily produced for promotion of family planning) make their impact through relationships with development schemes already in progress: health education, farming, food production, the more active role played by women, nutrition. Therefore, they concluded, that there should be inclusion of family planning messages in rural development programmes and vice versa.

This study therefore advocates that program officers and radio message designers should have the objective of reaching out and influencing a large population of audience with family planning messages incorporated with other developmental issues in Kisii county.

Some pointers as to how the family planning messages can be included in programs dealing with a wide range of developmental topics. They include: many opportunities available in the new Kisii County, the small parcels of land due to constant subdivisions against the rising population and the need for small families for good education to children.

In Nepal it was observed, by Monasharan et al (2002), that Couples who view family planning favorably tend to communicate about number and spacing of their children, and tend to adopt contraceptive methods. This is crucial for provision of further information and campaign on

radio can keep family planning on couple's agenda. Such include giving information on family planning services such as availability, costs or information on particular methods.

Monasharan et al, (2002), in their report on couple communication on Nepal, concluded that radio program exposure, spousal communication and family planning use variables were strongly correlated; *"spousal communication clearly is associated and influenced by exposure to the radio program "*.

Monasharan et al, (2002), continues by asserting that more radio exposure prompted the gradual initiation of spousal communication about family planning. *That* the radio program may have helped this shift in power dynamics within marital relationships, contributed to greater female autonomy and better enabled women to negotiate family planning use with their husbands.

In achieving this, they assessed the success rates of two radios serial:

"Cut your coat according to your cloth" serial program which was aiming to improve perception of health workers, reposition contraception and model man and woman for those seeking better health for family and village and,

"Service Brings Rewards "- serial to improve health worker's knowledge and skills for family planning service delivery.

Jato et al (1999), found that exposure to more media sources had an incremental effect on contraceptive use. In general, women that are exposed to more sources have a greater likelihood that they will use a modern contraceptive method. This was rated as a successful evaluation on radio use in family planning, conducted in Tanzania.

Among the media sources analyzed, radio reached the most women, nine out of ten of those recalled Family planning messages media cited radio as one of their media sources, (*Radio drama : Zinduka*) women who recalled it were more likely to talk about Family Planning with their husbands or spouses, visit health facilities and use contraceptives.

Jato et al (1999), continues to make assertions; that exposure to radio messages about family planning showed significant and strong associations with two behaviours:

- Women who were exposed to general radio messages were 1.7 times as likely as women who were not to discuss family planning with their spouses and 1.9 times as likely to be current users of family planning
- Zinduka program had other three effects; women exposed were 1.4 times as likely to discuss family planning with their spouses, 1.3 times likely to have visited a family planning clinic and 1.3 times likely to be using family planning currently.

Radio in family planning in Tanzania therefore, makes evident that radio has influence on behavior and communication among couples.

Indeed, this study sought to investigate if the same can be applied in Kisii to sensitize women so as more and more women enroll for family planning when exposed to multiple radio messages on family planning.

Jose Rimon, (2009), identifies a summary of ideas on how best to communicate health message on radio as enlisted below:

- The more the communication, the better the impact: that multiple communication interventions have cumulative and reinforcing effects: multiple channels, multiple programs and complimentary messages. Therefore, every media should be fully utilized

towards having a better impact of influencing more women to take family planning services.

" Go to scale to achieve cost effectiveness: cost effectiveness of reach and impact of communication interventions can be measured. Seek opportunities to implement at scale to achieve population based impact at lower unit costs. The radio medium, because it operates at scale, reaches and influence more people, is thought to be cost effective. It is important for Kisii County particularly because of the rich radio network available throughout the county.

- Change social norms Tipping points in sustaining behaviors can be achieved through creating new social norms. And sustain them through media. It would be an ideal case if most women make it their choice to space their children and delay births. This project seeks to establish if it is possible to for radio to influence norms on child bearing age women.

" Design programs to maximize both direct and indirect effects of communication. Use of only direct effects systematically underestimates program reach and impact.

Can radio be used effectively with other communication methods to achieve maximal effect in influencing women to take up family planning services? The proper use of chiefs barasas, religious leaders and teachers among other means is thought to be synergistic. This study aims to investigate what the women's perceptions are on that.

2.2. Theoretical Framework

Silvio, (2000), explains that theory refers to sets of concepts and propositions that articulate relations among variables to explain and predict situations and results. Theories explain the nature and causes of a given problem and provide guidelines for practical interventions. Diagnoses of problems translate into strategies, that is, specific courses of action for programmatic interventions that use a variety of techniques. In this project, I used two theories to ground my research on use of radio in family planning.

2.2.1 Diffusion of Innovations Theory

Defluer, (1995), notes that in a changing society, there is a constant flow of innovations. Some are invented by members of society others are borrowed from other groups. He concludes that this theory is crucial in study of mass communication because media are often largely responsible for bringing new items to attention of people who eventually adopt them. This process is of great importance in a consumer oriented industrial society, where getting people to purchase goods means jobs and economic growth.

For instance, radio can be used for advertisement meant to inform potential customers about availability of some services and goods at a given place. Such products include beauty products, hair products and even given vaccination day against some infection. The channel and adoption is very critical for any innovation to diffuse in society.

Tankard ,(2001: 207-213), observe that the two step flow model has evolved into multistep flow model that is often used in diffusion research, the study of social process of how innovations (new ideas, practices, objects) become known and are spread throughout a social system.

According to Tankard, the diffusion process is concerned with the final stage of adoption or rejection of an innovation.

In this research project, I sought to investigate use of radio (which is an innovation itself), and diffusion of modern family planning methods. The processes of spread and adoption of both the radio and the contraceptives follows closely on the diffusion of innovations theory.

It is evident that radio as a technological advancement has been well adopted in Kisii and that it is this goodwill that family planning policy makers can capitalize on in spreading ideas about family planning in Kisii.

The diffusion theory has its early roots in French sociologist named, Gabriel Tarde. He plotted the original "s" curve explaining the pattern of diffusion of a given product or idea.

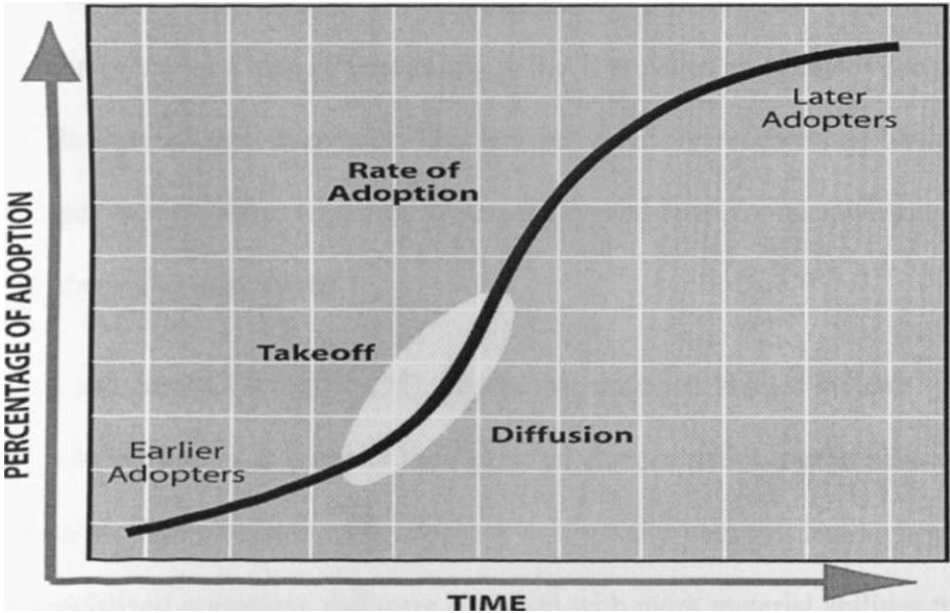


Figure 1 — Tarde's Diffusion Curve

Rogers,(1995), defines an innovation as an idea, practice or object that is perceived as new by an individual or other unit of adoption. He thus views diffusion of innovation as essentially a social process in which subjectively perceived information about a new idea is communicated. The meaning of an innovation is therefore gradually worked out through a process of social construction.

The communication on contraceptives and family planning methods follows closely to the diffusion of innovations curve. Modern family planning methods are largely a result of scientific and technological innovations. Ryan et al, (1943),argues that the innovation, released to Iowa farmers in 1923, resulted in agricultural innovations for more than 20 years and a revolution in farm productivity. This formed a classical diffusion paradigm: Innovation, communication through certain channels, over time and among members of a social system. This was more unidirectional.

Rogers, (1995), uses concepts of uncertainty and information of Shannon and Weaver. That an innovation generates a kind of uncertainty in that it provides an alternative to present methods or ideas. He asserted that innovations that are perceived by receivers as having greater relative advantage, compatibility, triability, observability and less complexity will be adopted more rapidly than other innovations.

Melkote and Leslie, (2001:121-125), argues that diffusion studies indicate a great difference among adaptor groups in terms of their personal characteristics, media behavior and position in social status. That relatively early adopters were usually younger, had higher social status , had more specialized operations and were equipped with more material abilities than later adopters.

They continue to argue that early adopters tend to use more mass media and are more cosmopolite and opinionated than later adopters.

Melkote and Leslie, (2001), further argue that an important ingredient of diffusion and adoption is the innovation itself. That innovation characteristics as perceived by individuals in a social system, affects its rate of adoption. They therefore, recommended use of diffusion of innovations theory in modernization of peasant societies. It was visualized by two authors that the theory provided a link through which exogenous ideas entered the local communities, through communication. In this study, I sought to measure how women in Kisii County regard family planning by asking them to state whether or not family planning is the best thing that ever happened to women.

This study used the diffusion of innovations theory so as to explain how awareness can increase through radio and how actual uptake of contraceptive services by women in rural areas of the country. The study regards modern methods of contraception as innovations whose uptake follows the Tarde's diffusion curve. With over 46% of Kenyan women having unmet need for family planning, (NDHS 209/2010), it is probable to conclude that contraceptive diffusion curve in rural Kenya is still at adoption stage. The innovation decision process follows this concept;

- Knowledge- for awareness
- Persuasion - to create interest
- Decision - for evaluation
- Implementation - trial
- Confirmation - adoption

(Tankard 2001:207-213).

2.2.2 Uses and Gratification Theory

Defleur (1995) observes that the theory of uses and gratification addresses the question: "why do audiences deliberately seek out some kinds of media content and completely ignore others?" That is, why do people choose this radio station channel or frequency and not that? What is the motivation?

The studies by Katz,(1959), *on what do people do with media*, it was found out that people use media for various reasons among them: because they felt it was socially acceptable thing to do, others for finding out what was going on in the world, while many others for entertainment, for escape from the world, relaxation.

In addition some wanted help in their daily lives by reading material about fashion, recipes, weather forecasts, and other useful information.

Tankard,(2001:293-296), summarizes the works of Katz, Blumler and Gurevitch (1974), as "there is social and psychological origins of needs, which generate expectations of the mass media or other sources which lead to differential patterns of media exposure resulting in gratifications".

He further asserts that,

- 1) The audience is active and mass media is assumed to be goal directed.
- 2) That in mass communication, much initiative in linking need gratification and media choice lies with the audience member. This explains why listeners change from one channel to another in course of the day.
- 3) The media compete with other sources of need satisfaction.

Katz, et al, (1973), concluded that there are five main categories of needs as satisfied by mass media:

- 1) Cognitive needs- for acquiring information, knowledge, and understanding. This as identified In UNESCO conference on family planning and media use, (1986), is major role of radio in family planning communication.
- 2) Affective needs- for emotional, pleasurable, or aesthetic experience.
- 3) Personal integrative needs - for strengthening credibility, confidence, stability and status
- 4) Social integrative needs - for strengthening contacts with family members and friends
- 5) Tension release needs - for escape and diversion.

In this project, I aimed at demonstrating that radio and its audience have inseparable relationships. That when communicators effectively use radio in family planning communication and exploit the benefits of radio in communities, this could result to increased demand for uptake of family planning services.

In this project report, the information as provided by respondents would help the radio programmers and family planning communication officers to identify which programs and reasons motivate rural women to tune to radio and are of great interest to listeners and therefore enjoy wide listenership in the county. Such programs can then be incorporated into family planning campaigns to sensitize rural women while at same time entertaining them.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

I used both Quantitative and qualitative research methods.

Quantitative research is defined by Mugenda and Mugenda, (2003:204), as one which is predictive, and seeks for causes and effects of human behavior. Reality is made of facts that do not change. In quantitative research methodology, I sought to operationalise various definitions and also conceptualise other aspects of measurements. According to Baxter (2003) .operationalisation covers important aspects to do with measurements. In this project, I used the ordinal scale of measurement, where attitudes of women on persuasive nature of radio messages are expected to measured: it's a range of measurements that do have numerical value. For instance, from greatly disagree to greatly agree. Some measurements were meant to estimate the importance of an issue, in this case, family planning. For instance, importance of family planning as has been rated by women, from not very important to most important. This was best suited to this study because it involved aspects of attitude measurements of the respondents, women in Kisii.

Baxter (2003) defines conceptualization as the process of specifying the vague mental imagery of one's concepts, sorting out the kinds of observations and measurements that will be appropriate for one's research. He further qualifies concepts as the agreed on meanings one assigns to terms, thereby aiding communication, measurement and research.

In this study, I used appropriate tools of descriptive statistics such as frequency distribution tables and measures of central tendency including the mean to present the results of the study. These are all quantitative techniques of analysis and data presentation.

Reasons for carrying out quantitative research:

- Easy to present and analyze data, especially when using frequency tables of cases
- It is objective, as it doesn't provide room for speculation or subjectivity
- Can allow verification of the hypotheses
- I can control the response options by using the questionnaire which gives respondents only options

Challenges of quantitative methodology:

- It is expensive to run especially during data collection and recruitment of field staff. I had to recruit nurses to help me administer the questionnaire to clients.
- Will require knowledge of statistics in data analysis and presentation

Qualitative research on the other hand, seeks to understand peoples' interpretations and perceptions. Reality changes with the peoples' perceptions. It is holistic and tends to give complete picture of the situation (Mugenda and Mugenda, 2003:204).

According to Baxter, (2003), qualitative research methodology is often used by interpretive and critical researchers. They include interviews and field observations.

In this project I used the qualitative interviews in the form of key informant discussions. Baxter, (2003), continues to describe qualitative interviews as a conversation with a purpose, especially because they mostly take place without identifying a field site per se, and with experiencing first

hand the lives of native participants. He further asserts that qualitative interviewing focuses on understanding the meanings of phenomenon. According to Baxter, (2003), informers are selected depending on their dependability, conformability, credibility and transferability. All these being important factors I considered in selecting my key informant interviewees. Mugenda and Mugenda, (2003), describes the interview session as one where the informant does most of the talking under guidance of interviewer (researcher). The interviewer needs to listen, think and talk at the same time, (Baxter, 2003).

Reasons why I preferred qualitative interview:

- Interviews are more interactive
- I was able to observe attitudes of the respondents and make necessary conclusions
- I was able to gather in-depth data on radio and its use in family planning
- Mugenda and Mugenda, (2003), assert that qualitative data is full of value for affecting policy and strategy. Usually reported as is.
- It gave me the opportunity to gather the insider story, that is what the respondents perceive or know of radio communication in family planning
- I obtained a complete picture of family planning communication

Limitations expected during interview:

- Data is highly subjective and sometimes may only reflect the perceptions of respondents
- It is expensive and consume a lot of time

Despite these limitations, I strongly considered qualitative interviews of key informant because I wanted to get a complete picture of radio use in family planning.

c) Focus **group discussions**

I conducted focus group discussion with women nurses at the MCH of Kisii level five hospitals. This was because they were very busy and often difficult to obtain free time to conduct personal interview with each nurse. Nevertheless, they were important because I wanted to get the story of Kisii women who visit the family planning clinic and how it is told to nurses. I had one session of six nurses. The results of the discussions are attached at appendix five.

32. **Research design**

3.2.1 **Field Survey**

In mass communication research, the existence of variables that cannot be manipulated in laboratory calls for the need to find a substitute to the experiment as a method of data collection. A field survey is a method of getting information about large numbers of people or objects (population) by studying a small proportion of them (sample). Field surveys are naturalistic and mostly descriptive, (Tankard 1985)

Baxter (2003) asserts that the smallest unit of study in survey is the element. According to him, element is the unit about which information is collected and that provides the basis of analysis. In surveys, he concludes elements refer to people.

In this project, field survey was conducted in collecting data on women in the Kisii County. The aim of this was to help establish attitudes of the rural women that are in need of family planning services. For data validity, I conducted sampling.

Sampling is defined by Tan, (1985) as a process by which one draws the study population into smaller sub groups that represent the larger group. Mugenda and Mugenda, (2003: 41), define

population as a complete set of individuals, cases or objects, The population is expected to have at least one characteristics in common: as will be designated. This may be age, place of work, sex or any combination of these. Baxter (2003), too defines study population as that aggregation of elements from which the sample is actually selected. The results from such selected population, (sample) are then used to generalize the entire population.

Surveys are particularly useful in describing characteristics of a large population and for purpose of measurement, standardized questionnaires and interviews prevent ambiguity, (Mugenda, 2003: 204; Baxter, 2003).

3.3 Sample size

Because of limited resources of time and finance, I raised 251 questionnaires that were completed by the respondents.

3.3.1 .Sample frame or characteristic

The population consisted of women aged between 15-49 years married or unmarried.

This is the age group identified as needing reproductive and family planning services, (NDHS,2010).

However, the main purpose of conducting this project was to examine whether use of radio in family planning, can influence or improve uptake of contraceptives by the population of rural women who need such services most, NDHS (2010). Therefore, the selection of women to fill in the questionnaire was done from the maternal and child health clinic call register of the Kisii level five hospitals and the ante-natal clinic. Here, basic desired requirement for respondents would be to have the required age of 15- 49 years.

3-3.2 Purposive sampling procedure

The descriptive nature of my research required generalization of facts and not representative generalization. The respondents were assumed to possess the desired feature of age and rural inhabitation, Kisii. Baxter, (2003), describes purposive or judgmental sampling as where the selection of sample is on basis of one's knowledge of population, its elements and nature of research.

This was done for women visiting the family planning clinic whose age was within the desired bracket and for purposively choosing key informants interviewees. They were the ones in close association with rural women or held positions that design communication programs for family planning.

Personal or key informant interview

This method was time consuming and hence expensive, but was nevertheless most appropriate in this circumstance. This method was utilised to collect data from the experts on family planning and the population trends. Personnel in department of reproductive health, ministry of health and sanitation, particularly the ones charged with communication and education, and national coordinating agency on population and development-communication department were selected as earlier indicated in abstract.

Reasons that guided me on Site selection

- The Kisii County is well covered with many radio stations as medium for communication.
- Kisii community is far from Nairobi sitting about 360kms, south west of Nairobi. Therefore, can be regarded as consisting of rural community.
- The Kisii tribe is rated by the Kenya National Census report, (2010) as the sixth most populous tribe in the country despite it being regarded by many as a small tribe in Kenya.

3.4 Data Collection

3.4.1 Questionnaire

This is a research tool that is used for purposes of validity of self reports, that offers standardized and pre -determined questions and alternative responses by researcher.

In this method, I left the questionnaires with MCH nurses who then over saw the completion on my behalf. I collected them after they had been completed.

Each questionnaire had an identification number (ID). And it consisted of both structured and serai structured questions on the questions. According to Baxter, (2003), the structured questions do not give freedom to the respondents on choices but give alternatives of answers while the semi structured questions give freedom to respondent on answering questions.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 Introduction

In this chapter a presentation is made of the data collected from the field, the data analysis procedures employed and the major findings of the study.

4.1 Demographic characteristics

Age group

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 15-19	18	7.1	7.1	7.1
20-24	68	27.0	27.0	34.1
25-29	70	27.8	27.8	61.9
30-34	50	19.8	19.8	81.7
35-39	17	6.7	6.7	88.5
40-44	14	5.6	5.6	94.0
45-49	15	6.0	6.0	100.0
Total	252	100.0	100.0	

Table 4.1: Age of the Respondents

The results show that women between ages 20 -29 years are the ones who mostly visit the family planning clinic at Kisii level five hospitals with cumulative 54.8% of respondents being in the age as indicated by table 1 above. It is significant to note that this is the age that is reproductively crucial because most of the women are either married or are planning to get married and therefore become pregnant.

Table 4.2: Marital Status

		Frequency	Percent	Valid Percent	Cumulative Percent
VaM	Married	200	79.4	79.4	79.4
	Unmarried	42	16.7	16.7	96.0
	Divorced	7	2.8	2.8	98.8
	Separated	3	1.2	1.2	100.0
	Total	252	100.0	100.0	

As evident from the results, over 79.4% of respondents are married compared to 16.7% who are unmarried. Family planning communication programs should mostly target this group of respondents who are married and therefore are likely to become pregnant any time unless they are using contraceptives.

Table 43: Education level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Primary Education	55	21.8	21.8	21.8
	Secondary	92	36.5	36.5	58.3
	Tertiary	92	36.5	36.5	94.8
	None	13	5.2	5.2	100.0
	Total	252	100.0	100.0	

Shows that most women who visited the MCH clinic have post primary education. This is significant because education places people in different social status and therefore impacts on an

individual's tastes and preferences or may even **all** together offer different needs to different **individuals**. These needs would then require gratification, hence determining choice of radio **channel**, at given time.

4.2 Radio as a Medium for Communication

Table 4.4 Accessibility to radio by time

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 hr per day	47	18.7	18.7	18.7
	1-5 hrs per day	89	35.3	35.3	54.0
	More than six hrs	54	21.4	21.4	75.4
	Full day	52	20.6	20.6	96.0
	Once a week	5	2.0	2.0	98.0
	Once a month	5	2.0	2.0	100.0
	Total	252	100.0	100.0	

Table 4.4

The results show that 35.3% women are accessible to radio between 1 -5 hours in a day, while 21.4% of women respondents stated that they are accessible to radio for more than six hours of the day. It is significant to note that only cumulative 4.0% of respondents access radio once in a week or month. This result indicates that radio is very popular in Kisii, hence possibility that as a medium, it has a large audience accessibility.

Table 4.5 Switch radio station

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	30	11.9	12.0	12.0
	Yes	220	87.3	88.0	100.0
	Total	250	99.2	100.0	
Missing	System	2	.8		
Total		252	100.0		

Table 4.5

This result shows a remarkable behavior of women in Kisii: 88.0% stated that they switch between radio stations at any given time. Program officers then would need to broadcast messages on more than one radio channel for any communication.

Table 4.6 Radio channel of choice

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	9	3.6	3.6	3.6
Capital	1	.4	.4	4.0
Capital fm	1	.4	.4	4.4
Citizen	60	23.8	23.8	28.2
Citizen/egesa	2	.8	.8	29.0
Citizen/Egesa	8	3.2	3.2	32.1
Citizen/KBC	1	.4	.4	32.5
Citizen/Qfm	1	.4	.4	32.9
Citizen/Qfm/easy/ghe	1	.4	.4	33.3
Classic fm	2	.8	.8	34.1
Easy fm	8	3.2	3.2	37.3
Easy/Egesa	1	.4	.4	37.7
Egesa	65	25.8	25.8	63.5
Egesa/Citizen	5	2.0	2.0	65.5
Egesa/Kiss fm	1	.4	.4	65.9

~ Egesa/Qfm/milele	1	.4	.4	66.3
Free Africa	1	.4	.4	66.7
Hope	1	.4	.4	67.1
Jambo	2	.8	.8	67.9
Jesus is lord radio	1	.4	.4	68.3
Kameme	1	.4	.4	68.7
KBC/Citizen/Egesa	1	.4	.4	69.0
KBC/Egesa	1	.4	.4	69.4
Kisima	13	5.2	5.2	74.6
Kisima fm	2	.8	.8	75.4
Kissfm	12	4.8	4.8	80.2
Kiss fm/Capital fm	1	.4	.4	80.6
Kiss fm/Egesa	1	.4	.4	81.0
Kiss/Egesa/Citizen	1	.4	.4	81.3
Kiss/Egesa/Kisima	1	.4	.4	81.7
Middlefm	1	.4	.4	82.1
Milele	3	1.2	1.2	83.3
Milele fm	2	.8	.8	84.1
Minto	1	.4	.4	84.5
Minto fm	2	.8	.8	85.3
Minto/Egesa	1	.4	.4	85.7
Mulembe	1	.4	.4	86.1
Q fm	31	12.3	12.3	98.4
Ramogi	2	.8	.8	99.2
Sayare	1	.4	.4	99.6
Sayari	1	.4	.4	100.0
Total	252	100.0	100.0	

Table 4.6

The result shows that Egesa fm radio station enjoys 25.8% of women respondents' audience, while radio citizen is also popular with 23.8% of respondent audience.

le 4.7 Why listen to radio station

	Frequency	Percent	Valid Percent	Cumulative Percent
Fun	23	9.1	9.4	9.4
Music and Entertainment	60	23.8	24.6	34.0
News and Information	94	37.3	38.5	72.5
Good programs	48	19.0	19.7	92.2
Become educated	16	6.3	6.6	98.8
Others	3	1.2	1.2	100.0
Total	244	96.8	100.0	
ng System	8	3.2		
	252	100.0		

:4.7

Co of women respondents stated that they listen to radio channel of their choice because of and information and 24.6% because of music and entertainment. For gratifying each idual's needs and desires, it is important that designers of messages and programs know women use radio for.

Table 4.7 Why listen to radio station

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Fun	23	9.1	9.4	9.4
	Music and Entertainment	60	23.8	24.6	34.0
	News and Information	94	37.3	38.5	72.5
	Good programs	48	19.0	19.7	92.2
	Become educated	16	6.3	6.6	98.8
	Others	3	1.2	1.2	100.0
	Total	244	96.8	100.0	
Missing	System	8	3.2		
Total		252	100.0		

Table 4. 7

38.5% of women respondents stated that they listen to radio channel of their choice because of news and information and 24.6% because of music and entertainment. For gratifying each individual's needs and desires, it is important that designers of messages and programs know what women use radio for.

Table 4.8 Time most likely to listen to radio

		Frequency	Percent	Valid Percent	Cumulative Percent
VaM	6-8 am	77	30.6	31.3	31.3
	8-10 am	16	6.3	6.5	37.8
	10 am-12 pm	5	2.0	2.0	39.8
	12-2 pm	12	4.8	4.9	44.7
	2-4 pm	7	2.8	2.8	47.6
	4-6 pm	34	13.5	13.8	61.4
	6-8 pm	46	18.3	18.7	80.1
	8-10 pm	36	14.3	14.6	94.7
	All night	13	5.2	5.3	100.0
	Total	246	97.6	100.0	
Missing	System	6	2.4		
Total		252	100.0		

Table 4. 8

The result shows that more than 31.3% of respondents are most likely to listen to radio between 6-8am. Knowing the audience listenership characteristics such as time when most likely to listen to radio is important so to maximize effect of messages. Therefore program personnel need to segment their audiences to achieve better effects from any messages.

Table 4.9 Ever heard any family planning messages on radio

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	22	8.7	8.9	8.9
	Yes	225	89.3	91.1	100.0
	Total	247	98.0	100.0	
Missing	System	5	2.0		
Total		252	100.0		

Table 4. 9

Over 91.1% of respondents stated that they have heard family planning messages on radio. This result is significant for this study because it captures the extent to which radio has been used to convey family planning messages irrespective of time. The education, information and communication component of family planning communication is almost achieved given such positive result. That only less than 8.9% of respondents have never heard any FP messages on radio is encouraging.

Table 4.10 Would be influenced by radio to choose family planning method

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	50	19.8	19.9	19.9
	Yes	201	79.8	80.1	100.0
	Total	251	99.6	100.0	
Missing	System	1	.4		
Total		252	100.0		

Table 4.10

80.1% of women stated that they can be influenced by radio to choose a family planning method against only 19.9% who stated that they cannot be influenced. This is a very powerful opinion because it captures the one objective of this study. The general perception is then that radio is popular and overwhelming majority of respondents are in position of adopting contraceptives as informed or educated by radio messages.

Table 4.11 Currently using family planning method

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	71	28.2	28.5	28.5
	Yes	178	70.6	71.5	100.0
	Total	249	98.8	100.0	
Missing	System	3	1.2		
Total		252	100.0		

Table 4.11

Cher 71.5% of respondents were on contraceptives at time of study.

Table 4.12 :If yes, w here did you get the information

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Radio	98	38.9	57.0	57.0
Television	6	2.4	3.5	60.5
Newspaper	1	.4	.6	61.0
Friend/Counselor/Clinic visits	52	20.6	30.2	91.3
Other	15	6.0	8.7	100.0
Total	172	68.3	100.0	
Missin System	80	31.7		
9				
Total	252	100.0		

Table 4.12

Over 57.0% of women that are currently using contraceptives stated that they get family planning information from radio compared to 3.5% who get information from television and 0.6% from newspaper. This too signifies that radio as a medium for communication is popular and can be used extensively to promote FP in Kisii or rural areas of Kenya.

Table 4.13: Reasons why currently not on family planning

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never heard of FP	7	2.8	9.3	9.3
	Husband doesn't want	8	3.2	10.7	20.0
	Against culture	8	3.2	10.7	30.7
	Don't want FP	5	2.0	6.7	37.3
	FP expensive	1	.4	1.3	38.7
	FP bad	2	.8	2.7	41.3
	Other	44	17.5	58.7	100.0
	Total	75	29.8	100.0	
Missing	System	177	70.2		
Total		252	100.0		

Table 4.13

Cher 58.7% of women currently not on contraceptives do not specifically know why they are practicing family planning. Therefore messages for behavior change should crucially incorporated to influence such women to adopt modern family planning methods.

Table 4.14: Preferred Child Spacing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	After 1 year	24	9.5	9.8	9.8
	After 2 years	95	37.7	38.9	48.8
	After 3-5 years	125	49.6	51.2	100.0
	Total	244	96.8	100.0	
Missing	System	8	3.2		
Total		252	100.0		

Table 4.14

Cher 51.2 of women prefer to space their children between 3-5 years, while 38.9% prefer spacing children by 2years

Table 4.15 Current Child spacing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	After 1 year	23	9.1	10.0	10.0
	After 2 years	82	32.5	35.5	45.5
	After 3-5 years	126	50.0	54.5	100.0
	Total	231	91.7	100.0	
Missing	System	21	8.3		
Total		252	100.0		

Table 4.15

Actual spacing as stated is 3-5 years by 54.5% of respondents.

Table 4.16: Radio better medium for communicating FP

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	9	3.6	3.6	3.6
	Dont agree	7	2.8	2.8	6.4
	Agree	130	51.6	52.2	58.6
	Strongly agree	103	40.9	41.4	100.0
	Total	249	98.8	100.0	
Missing	System	3	1.2		
Total		252	100.0		

Cumulative percentage of women who stated that they agree and strongly agree that radio is a better medium for communicating family planning is 93.6% of respondents. This is a strong indicator in this study because it effectively covers the general objective of this study.

Table 4.17: FP services best thing for women

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	30	11.9	12.1	12.1
	Yes	217	86.1	87.9	100.0
	Total	247	98.0	100.0	
Missing	System	5	2.0		
Total		252	100.0		

Table 4.17

Over 87.9% of women stated that family planning is best thing that ever happened to women. That even those respondents currently not using contraceptives stated that family planning is the best thing that ever happened to women.

43 Graphical analysis by mean values

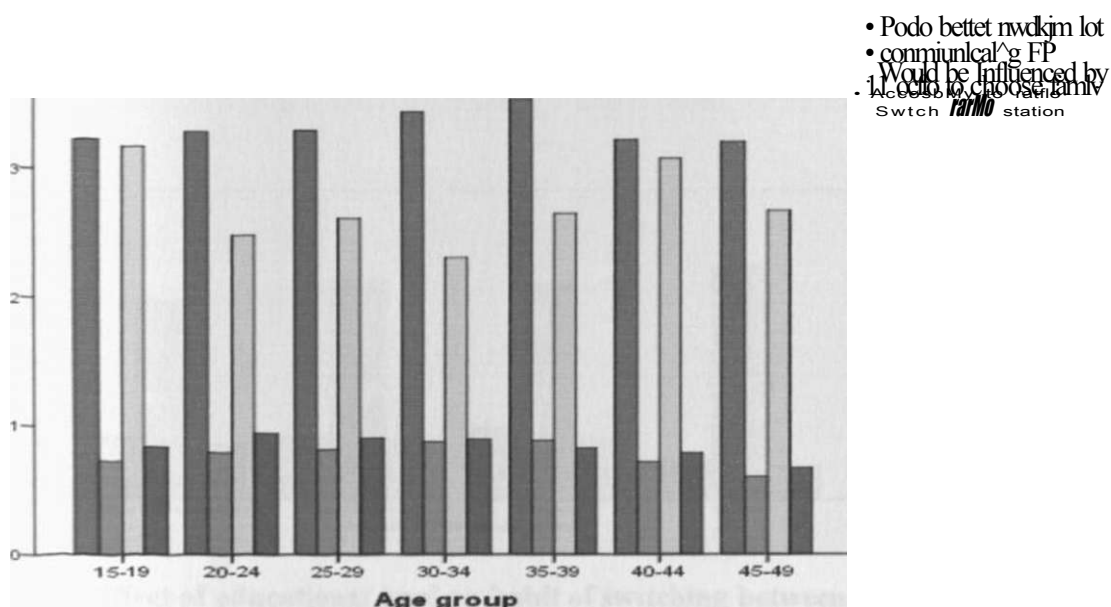


Figure 4.1: Analysis of radio influence and opinion by age of respondents

There was general acceptance all ages of respondents that radio is a better medium for communicating FP issues. However, accessibility is more in age group 15-19 and 40-44 years. The age between 30-39 stated that they can be influenced by radio messages to choose a contraceptive method. This characteristic is even among all age groups of respondents.

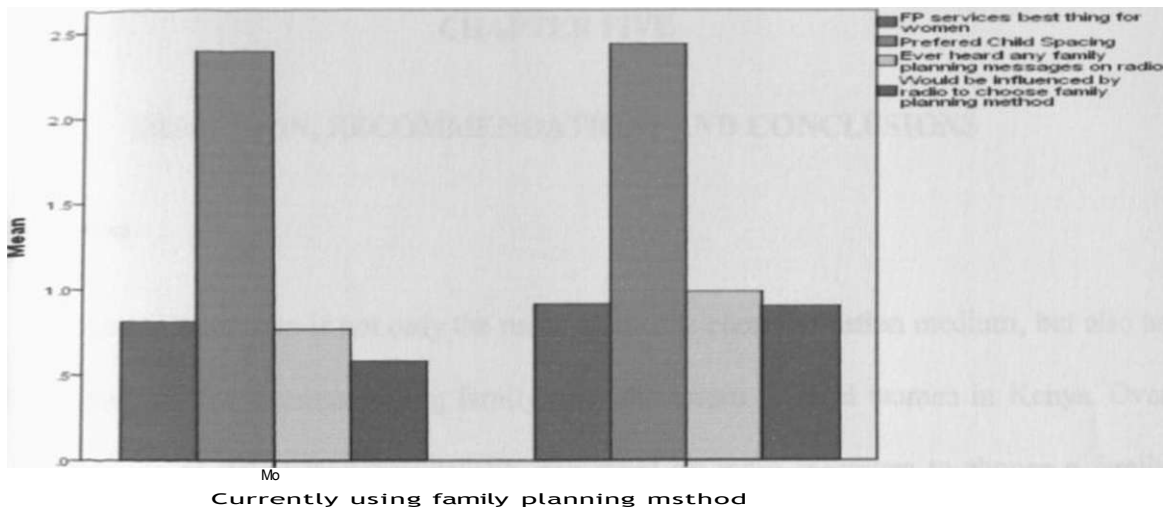


figure 4. 2: Contraceptive status and opinion on family planning & radio

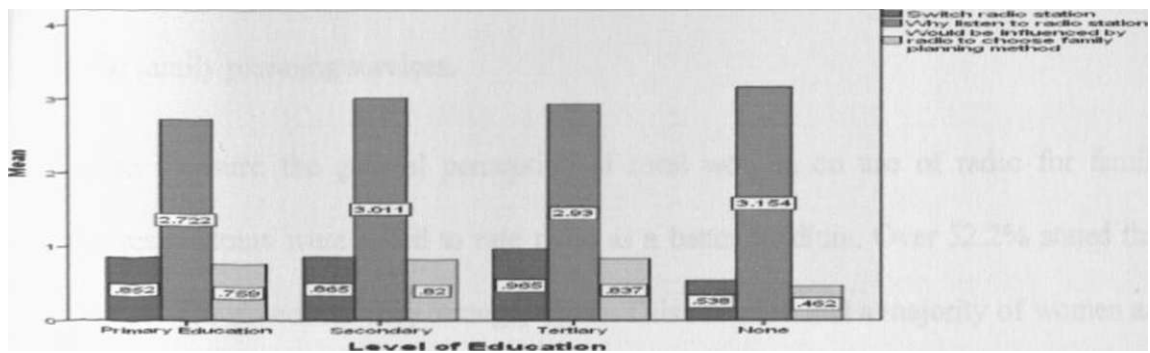


Figure 43: Effect of educational level on habit of switching between radio stations, Reason for choosing a certain radio station and influence on choice of family planning method.

CHAPTER FIVE

DISCUSSION, RECOMMENDATIONS AND CONCLUSIONS

5.1 Discussion

The study reveals that radio is not only the most accessible communication medium, but also an influential medium for communicating family planning issues to rural women in Kenya. Over 80% of respondents stated that they can be influenced by radio messages to choose a family planning method. This is very significant as it denotes that women in rural areas have a favorable attitude towards use of radio for family planning communication. During the focus group discussion, one participant gave an experience on how a woman client told her that she heard of family planning over egesa fin (local vernacular radio channel), that made the woman come seeking for the family planning services.

In intending to measure the general perception of rural women on use of radio for family planning, the respondents were asked to rate radio as a better medium. Over 52.2% stated that they agree and 41.4% stated that they strongly agree. This revealed that a majority of women are comfortable with use of radio for family planning communication. Dr. Geoffrey Otumu noted that because most FM stations broadcast in local vernacular language, they can even have more impact if messages are more personalized and packaged as a family message.

The study also revealed that over 57% of women currently on contraceptives heard it over radio compared to 3.5% who heard it over television and 0.6% who read it over the newspaper. That radio is a powerful and influential medium for communication is evident from the study. Over 91.1% of 251 respondents stated having heard a family planning message on radio in their lifetime. One of the participants in the focus group discussion indeed stated that radio Ramogi

FM is running soaps on effect of small family size. One participant also reported that most clients these days visit the clinic with a decided mind on the method of contraceptive and its advantages: often having heard it over radio.

5.2 Recommendations

The fact that over 80% of respondents stated that they can be influenced by radio messages to choose a contraceptive method, irrespective whether they are currently on any family planning method or not, signifies that behavior change communication strategies should be broadcast more via radio than other channels. It is evident that most rural women 35.3% have between 1-5 hours accessibility to radio, and over 21.4% enjoy accessibility over six hours of a day. This then makes it easier to target a large size of audience with messages or documentaries that can run on ~~to~~ for even short time but still is able get some audience.

For programmers, it is evident that over 25.8% of respondents prefer radio Egesa FM and over 23.8% prefer Radio Citizen as radio of choice to tune to when they are most likely to listen to radio. Therefore, most documentaries should be run on the two radio channels because they offer better reach of audience compared to other radio channels. Moreover, the reason most women in Kisii choose a certain channel is because of information or news, and while over 88% of them switch between radio channels. This then will require multiple radio channels to be used in funning family planning messages or documentaries.

One participant noted that it would be better if family planning education could be incorporated **into** educational curricula for primary and secondary education. She added that the group that is **stigmatized** are young school going children.

Lastly, during the focus group discussions one participant had this to communication planners: an\ family planning communication should very much include men and how they understand **family** planning, so they can encourage their wives. She said that most women chose injectible **methods** than pills because their husbands threaten them. So they do not intend their husbands to **know** that they are on contraceptives.

5J Conclusion

Rural women in Kenya have a favourable attitude towards use of radio for family planning communication. As shown by this study in Kisii county, Kisii central district, radio messages designed to influence uptake of contraceptive can actually lead to increase of uptake of family planning services in the rural areas in Kenya. Nevertheless, it has been established from this ~~study~~ study that becoming a regular user of family planning, program administrators should consider & preferences of various women depending either education levels or age and habit of switching between radio stations. The conclusion being that more communication resources for family planning and documentaries should be done through Egesa during news time. However, the ideal situation should be employing multiple media channels and programs as reinforced by one of the key informant respondents.

Also, as for all motivational subjects, few women are expected to adopt contraceptive method immediately after exposure to information about family planning. Yet continued exposure to radio messages of same content and intent, at specific times on various radio channels changes knowledge and attitude and may help create a climate in women in which family planning is perceived as a social norm. In addition, using multiple media sources may help to extend the reach of family planning messages; even create incremental influence on women.

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APPENDICES

Appendix 1: Introduction Letter

SO

University of Nairobi

school of journalism and communication

M.A in communication studies.

Asiago Nvamwega Geoffrey

K50/76543/2009

TO WHOM IT MAY CONCERN

Dear Sir/Madam

REF: RESEARCH STUDY

I am a student studying for a Degree in M.A in Communication studies of the University of Nairobi. In partial fulfillment of the requirement to the award of the degree, I am required to do a research paper. The topic of my research is 'A critical evaluation of women's perceptions and attitudes on use of radio for family planning communication in rural Kenya.(A survey of the Kisii county, Kisii central district)

You are one of the main focuses for the study. The choice is based on your strategic importance in the achievement of development goals in the country. I kindly request your assistance by allowing time to respond to the questionnaire. Any documentations, reports or journals that you may have that are relevant to this topic of study may be availed to me at your discretion.

The information you provide shall remain confidential and used ethically to the best practice in communication research. Please do not indicate your name because the right to remain anonymous is yours.

Yours faithfully,

Asiago Nvamwega Geoffrey

K50/76543/2009

Appendix II: Questionnaire

Please tick or fill as appropriate.

A). Demographic questions.

1. What is your age group?

15-19

20-24

25-29

30-34

35-39

40-44

45-49

2. What is your marital status?

Married ()

Unmarried ()

Divorced ()

Separated ()

3. What is the level of your education?

- Primary- education ()
- Secondary ()
- Tertiary ()
- Non e ()

b). Radio as communication channel

. For how long are you accessible to radio?

- Less than one hour per day ()
- 1-5 hours in a day ()
- More than six hours ()
- Full day ()
- Once in a week ()
- Once in a month ()

1 Do you switch from one radio channel to another?

- Yes ()
- No ()

3. What is the radio channel of your choice?

- do you listen that radio station ?

- For fiin. ()
- For music and entertainment ()
- For news and information. ()
- For good programs ()
- Become educated ()
- Others ()

it what time are you most likely to listen to radio?

- 6-8a.m ()
- 8-10a.m ()
- 10-12a.m ()
- 12-2p.m ()
- 2-4p.m ()
- 4-6 p.m ()
- 6-8 p.m ()
- 8-10p.m ()
- .Ml night. ()

Have you ever heard any family planning messages on radio?

Yes ()

No ()

' Would you be influenced by radio messages to choose a certain family planning method?

Yes ()

no ()

you currently using any family planning method?

Yes ()

No ()

- yes, where did you get the information from?

Radio ()

Television ()

Newspaper ()

Told by a friend, counselor or during clinic visits ()

Other ()

If no, why?

Never heard of family planning ()

- Husband does not want ()
- Against my cultural practice ()
- Don't want family planning ()
- It is expensive ()
- It is bad ()
- other ()

9. How long would you like to space your children?

- After 1 year ()
- After 2 years ()
- After 3-5 years ()

10. How do you space your children?

- After 1 year ()
- After 2 years ()
- After 3-5 years ()

11. Radio is a better medium for communicating family planning messages to women.

What is your opinion?

Strongly agree ()

Agree ()

Do not agree ()

Strongly disagree ()

12. Family planning services and use of contraceptives is the best thing that ever happened to child bearing women.

Do you agree?

Yes ()

No ()

Appendix III: Interview Schedule

AN EVALUATION OF WOMEN'S PERCEPTIONS ON THE USE OF RADIO IN FAMILY PLANNING COMMUNICATION IN RURAL KENYA

(A Survey of the Kisii County, Kisii Central District)

(During the interview sessions, I will be taking notes and where possible record proceedings).

1. Introduction;

2. In your opinion, how do rate radio as communication medium? Why?

3. Do you think radio as a medium if used well can help influence uptake of family planning?

What are some of the ways you believe if used radio can have more influence....

4. Tell me, are you satisfied with the use of radio in communicating family planning issues in the Kenya?

5. Have you ever heard of any success story, where radio has been said to influence women to use family planning?

Briefly can you tell me how that one was done?

6. What are some of the key issues that should be taken into consideration when planning to use radio in family planning communication?

7. In your general opinion, what do recommend to be done so as to lower the birth rate in rural areas

Please explain;

Appendix IV: Key Informant Interview

KEY INFORMANT INTERVIEW: DR. SAMUEL OGOLA, PROGRAMS OFFICER, NCAPD.

Question: In your opinion, how do you rate radio as a communication medium?

Respondent: Radio is dynamic these days, with introduction of FM stations and mobile phones.

Question: Do you think radio as a medium has a role in influencing uptake of family planning?

Respondent: Yes

Tunza clinics are using radio programs a lot in advertisements and education of public on family planning.

Question: Have you ever heard of any success story, where radio has been said to influence women on family planning?

Respondent: I cannot for sure speculate but I hope many women can tell you that they are using contraceptive method which they heard from radio.

Question: What are some of the key issues that should be taken into consideration when planning to use radio in family planning communication?

Respondent: I am not a communication person, but I believe choosing messages and timing is very key. What can women or general audience remember more. Don't forget

that husbands need to be informed also about a given family planning method or choice.

Question: In your general opinion, what do you recommend to be done so as to lower the birth rate in rural areas?

Respondent: First let the people understanding that a healthy family is good for development and quality of life. To begin this women in rural should be healthy to limit maternal deaths and infant mortality, through practice of child birth spacing or limiting births. Most effort on communication should be targeted on married women because they can get pregnant any time, leading to un- intended pregnancies.

KEY INFORMANT INTERVIEW: DR. GEOFFREY OTOMU, MEDICAL SUPERINTEDENT - KISHI LEVEL FIVE HOSPITAL

Question: In your opinion; how do you rate radio as communication medium?

Respondent: It is good; radio has been associated with helping families come together such as for entertainment or information.

Question: Do you think radio as a medium if used well can help influence uptake of family planning?

Respondent: Well, matters' touching on sexuality is personal and sensitive.

Respondent: If communications people can package the benefits of family planning messages to people as wholistic as possible as radio can have more influence.

Respondent: Let them show how small families or spaced children can have better schooling, enough food and good shelter. Let it be more personalized message.

Question: What are some of the key issues that should be taken into consideration when planning to use radio in family planning communication, let us say you were advising me?

Respondent: First let there be couple freeness in sharing ideas. In most cases it is women who know when they are fertile and therefore should let husbands know. This can help in reducing surprise pregnancies.

Respondent: Messages therefore should minimize shyness between couples and stigma on discussing sexuality. Some men come tell me that I noticed my wife could be

pregnant when I realized she is spitting a lot, while others say when she started wearing free clothes.

Respondent: Some messages should aim to change attitudes of healthcare providers. Many people can tell you that when I told the nurse that I have seven children, she started mocking me or even ridiculing me. In a way this habit prevents many otherwise needy women from opening up so as to avoid being embarrassed by healthcare providers ridicule.

Question: What can be done to reduce high birth rate in Kisii?

Respondent: Many things need to be done wholistically. Husbands need to be taught to forget some myths or superstitions. They belief that when a women uses a contraceptive method, chances are that she can cheat on him.

Respondent: From government side, there is a lot of effort done in encouraging practice of family planning. Look around you will get a lot of government procured condoms, offered free, but you know again most pharmacies will tell you that emergence contraceptives fills moves like a hot cake, than condoms which are supposed to offer more benefits.

Appendix V: FOCUS GROUP DISCUSSION WITH MCH / FP NURSES

Sr. Mercy Anyango

Sr. Florence Ongeru

Sr. Mary

Sr. Dorren Oigo

Sr. Gillian.

Question: Let us discuss, use of radio in family planning as far as its influence is concerned on uptake of family planning services by women. Are there FP messages on radio here in Kisii?

Respondent 2: Radio is very popular in Kisii especially Egesa F.M.

Some Clients told me that she heard from Egesa that family planning can even make her live long. She came asking for family planning.

Respondent 1: Even radio Ramogi runs some soaps on family planning, and Tunza clinics programmes are very popular with locals.

Question 3: Is there a difference in information levels in your clients between old days and current times?

Respondent* Yes, these days women come to clinic when they already have a choice of a given method.

Respondent 1: Others still are very ignorant, they say they have never even heard of family planning. But generally, only a few seem not to be knowing anything about family planning.

Question: How can radio be used to influence uptake of contraceptives.

Respondent 5: Let messages include men because some men threaten wives. This is the reason why some women choose injection rather than pills because they do not want their husbands to know.⁸

Respondent 6: Radio messages should encourage women to seek for services only from right professional healthcare providers: "One client told me that she got pregnant after only 6 months of delivery; but she had used injection at estate clinic.

Respondent 4: Stigma on carrying condoms is a major hindrance because young girls and boys these days go out but after they are in relationships.

Question: So what can be done especially with radio to help reduce such stigma?

Respondent 5: Let there be more family planning programs in vernacular, where family planning and contraception is regarded as important for all members of the family.

Respondent 2: Radio programs can also be used very well in vernacular to eliminate cultural beliefs especially as regards gender and number of children.

Respondent 2: You know even women here are themselves a problem. They say they are safe in marriage if they have many children, "eriso erimo rioka yaya baba" (Translated: one eye is not safe at all).

Respondent 1: Because many people tune in for funeral announcements of relatives together, then family planning messages can be put in between announcements. You know there is one woman and husband who came to hospital asking for clinic that stops pregnancy. They looked so ignorant that they had never heard of family planning, even if they wanted to stop childbirth at 4th child. But now have 8 children. Brothers had to press them to seek for family planning services. So asked if the man had radio, he said yes. He tunes only for funeral announcements of most of time not tuning any station.

Respondent 4: One I think it is fair if family planning can be included in educational curriculum for primary and secondary schools so that young boys and girls get informed while they are young.

Respondent 2: Imagine this TV advert of "Yes, Yes" with girls and boys is very dangerous because they are not specific what they want to attain from it. Some young people may think it is good to have sex, it is celebrated.