

**HOW COMMUNICATION INFLUENCES ADOPTION OF
FAMILY PLANNING: A CASE STUDY OF MARANI DIVISION
IN KISII COUNTY IN KENYA.**

BY

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DECLARATION

This research project is my original work and has not been presented for an award in the University of Nairobi or any other university.

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This research has been submitted for examination with my approval on behalf of the School of Journalism, University of Nairobi.

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DEDICATION

This project is dedicated to my parents, Mr. Robert Mokaya & Joyce Momanyi Mokaya, my husband, Simeon Momanyi Mokuu, son, Kieran Omari and brothers Alex Michira Mokaya and Cornelius Bisera Mokaya for their prayers, encouragement and constant support which has made me come this far.

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LIST OF ACRONYMS AND ABBREVIATIONS

CBD	Community Based Distributor
CYP	Couple-Years of Protection
DHS	Demographics and Health Survey
FP	Family Planning
FP/RH	Family Planning and Reproductive Health
FPP	Family Planning Policy
FPAK	Family Planning Association of Kenya
FPSP	Family Planning Service Project
GOK	Government of Kenya
IEC	Information Communication Education
KDHS	Kenya Demographics and Health Survey
KNBS	Kenya National Bureau of Statistics
MDGs	Millennium Development Goals
NCPD	National Council for Population and Development
PPFP	Postpartum Family Planning
PSI	Population Services International
TFR	Total Fertility Rate
UNFPA	United Nation Population Fund.
WHO	World health organization

OPERATIONAL DEFINITION OF TERMS

Contraceptives A contraceptive is a drug or device that is used to prevent unwanted or unplanned pregnancy.

Family planning According to World Health Organization family planning is a voluntary planning and action to prevent, delay and achieve pregnancies.

Reproductive health

Postpartum family planning (PPFP) is defined as the prevention of unintended pregnancy and closely spaced pregnancies through the first 12 months following childbirth. (WHO 2013)

Unmet need refers to women who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the birth of their next child. (WHO 2013)

ABSTRACT

In this study, the researcher's objective was to investigate the significance of communication and social factors that influence the adoption of family planning in Marani division of Kisii County. The research seeks to identify and investigate how communication and social factors come into play in the initiation and implementation phases of family planning. The research revolves around seeking to evaluate the level of family planning and analyze the family planning adoption process.

The study was conducted among reproductive age women of Marani division. The target population is convenient in terms of accessibility to citizens of different levels of income representing diverse population across the division. Kisii County was ranked seventh among the highly populated counties in Kenya.

The study used both qualitative and quantitative methods to collect data from the residents of Marani division. Data was collected from rural residents of reproductive age between 15 to 49 years.

Data collected was analyzed using SPSS (Statistical Package for Social Sciences). Descriptive statistics and inferential statistics such as multiple regressions were used. This assisted in determining the level of influence the independent variables has on the dependent variable.

The study found out that women of reproductive age in Marani division find the family planning messages ineffective in influencing their adoption. It was also clear that they prefer interpersonal communication for effective behavior change and that there are specific challenges faced by the government in dissemination of family planning campaigns especially the inability to conduct research to obtain feedback and infrequent messages which were both attributed to inadequate funding.

The study recommended that periodic survey should be conducted by FPAK to obtain immediate feedback from the target audience. There should be training of clinical officers and those who provide family planning information to the targeted women. The government should also use multimedia channels to ensure that all targeted groups are reached. Use of vernacular language should also be considered to counter language barrier problem.

CHAPTER ONE: INTRODUCTION

1.1 Background

Global family planning is currently characterized by persistent inequalities, health systems under severe pressure in parts of the developing world and the growing realization that effective intervention are often not reaching people who need them most. (WHO 2006)

According to Population Services International (PSI) Kenya report 2011, rapid population growth and communication barriers between ethnic groups create a disjointed healthcare infrastructure that leaves many Kenyans underserved.

Kenya's population has been growing at an annual rate of 3% rising to 38.6 million in 2009 from 15.3million in 1979 (GOK 2010). Kenya's population has been growing in the following trend as shown by the Kenya National Bureau of Statistics census results.

Census Year	Results (in millions)
2009	38.6
1999	28.7
1989	21.4
1979	15.3
1969	10.9

Source: Kenya National Census Report, (2009)

Kenya was one of the first African countries to recognize the importance of Family Planning (FP) as a core element in economic and social development. As early as 1957, the Pathfinder Fund assisted the Family Planning Committees of Mombasa and Nairobi to open FP clinics,

which went on to become the Family Planning Association of Kenya in 1962 (now Family Health Options Kenya), affiliated to the International Planned Parenthood Federation.

Facing an annual population growth rate of 3 percent, the Government of Kenya (GoK) incorporated FP into the country's overall development policy in 1965, and by the mid- 1980s, the growth rate began to decline. Kenya's Total Fertility Rate (TFR) declined from eight children per woman in the late 1970s, to 4.7 children by the end of the 1990s. But these dramatic declines in fertility rates have now stagnated, and even reversed in some instances. The 2003 Kenya Demographic and Health Survey (KDHS) reported a TFR of 4.9 children per woman.(Casey et al 2008) This is a clear indicator that the FP uptake is declining despite the governments efforts to have reduced child birth.

Currently, Kenya's population is growing by one million people annually. This high rate of population growth has adverse effects on spending in infrastructure, health, education, environment, water and othersocial economic sectors. (GOK 2009)

According to the 2009 census, it was noted that in order for the government to achieve vision 2030 goals, there is need for critical investment in family planning services, health and other social economic sectors to improve the welfare of Kenyans and also invest in educatin to meet the demands of the growing school age population and demand for future manpower.

1.2 Problem statement

Despite a historically strong performance, Kenya's family planning (FP) program is showing signs of stagnation, as evidenced by a slowing or reversal of progress in its fertility and contraceptive use indicators in the 2003 Demographic and Health Survey (DHS) (USAID 2005).

According to Mburu et al 2011, Kenya has a high birth rate (estimated at 39.73 births per 1,000 population) despite the FP campaigns among the reproductive age women. The statistics show that since the introduction of FP campaigns in Kenya since independence there was a tremendous decline but the figures have stagnated.

According to the findings by the Kenya National Bureau of Statistics (KNBS), out of all married women between ages of 15-49, only 46% use birth control. Inadequate availability and/or use of birth control methods are noted as being instrumental to the increased population growth rate. (GOK 2009).

The contraceptive prevalence rate reported in the 2003 Demographic and Health Survey (DHS) was 39 percent; this is the same rate reported five years earlier in the 1998 DHS report. Further, the DHS indicates that, after dipping to 4.7 in 1998, the total fertility rate actually increased again, to 4.9 in 2003 (GOK 2005).

The application of mass communications to influence fertility is natural extension of the basic idea that the media can both inform and motivate people about even such complex subjects such as their reproductive means and goals. Communications efforts have become increasingly widespread in the third world as part of international technical assistance and government programs designed to reduce fertility (Westoff and Rodriguez, 1993).

There is need to effectively utilize media to pass information on health to its audience as well inform individuals to take control of their health. Effective health communication can help raise awareness of health risks and solutions provide the motivation and skills needed to reduce these risks, help them find support from other people in similar situations, and affect or reinforce attitudes (National Cancer Institute, NCI, 1989).

The Kenya government through the ministry of health has been using the broadcast, print media and health workers to deliver the FP messages. Some methods like pills and injectables are provided by the community health workers while other methods like implants are provided by the clinic-based staff (GOK 2012).

The media is an important ally in any public health situation. It serves the role of being a source of accurate information as well as an advocate for positive health behaviors. The local and international media play a vital role as the link between health workers and the public. Family planning communication programs through the media provide a great opportunity in helping to promote a healthy nation by providing information to a large audience because of their wide reach and influence in the society and mostly among the reproductive age women. (Robert, and Terrance, 2010).

Mass media performs three key functions: educating, shaping public opinion and advocating for a particular policy or point of view. As education tools, media not only impart knowledge, but can be part of larger efforts like social marketing, to promote actions having social utility. As public relations tools, media assist organizations in achieving credibility and respect among public health opinion leaders, stakeholders, and other gatekeepers. Finally, as advocacy tools, mass media assist leaders in setting a policy agenda, shaping debates about controversial issues, and gaining support for particular viewpoints (Belch and Belch, 1995).

Despite the information being available on television, radio, newspapers, periodical magazine, clinics and on posters there is still rising population in the areas that has posed challenges to the government exerting pressure on the available infrastructure according to the 2009 census.

1.3 Objectives of the study

The general objective of the study was to find out how communication influences adoption of family planning among residents of Marani Division. The specific objectives were to:

1. Investigate the perception of women of Marani Division in regard to family planning messages.
2. Determine the source of family planning information among residents of Marani Division.
3. Identify the communication challenges faced by the government in disseminating family planning information.

1.4 Research questions

This study sought to address how communication influences adoption of family planning among residents of Marani division with a specific reference to the following research questions:

- a) What are the perceptions of the women of Marani Division in regard to family planning messages?
- b) Where do the women of Marani Division get their information about family planning?
- c) What communication challenges does the government face in disseminating family planning information?

1.5 Justification

It is envisaged that the findings of this study will provide solutions to the growing variance between FP communication and declining uptake. Through examination of FP messages relayed to the public and feedback obtained through survey, this study provides an objective assessment

of how the government is adhering to the recommended communication principles necessary for behavior change. The findings of the study are also a useful resource for policy makers in the health sector as they grapple with the question of arresting the country's rapid population growth. The findings of the study provide the Ministry of Health an invaluable resource to aid in design, packaging and dissemination of family planning messages.

The findings may be a useful resource for students of communication and media on the design of information education communication material and serve as a guide on how to implement effective behavior change campaigns.

1.6 Limitations of the study

The study was carried out in Marani division in Kisii County which has a population of 89,000 thus affecting generalization.

The scope of the available literature was mainly from the government of Kenya and a few authors who have documented the population growth , family planning and few related health concerns.

The study only used the communication factors that influence adoption of family planning leaving out many other factors that are likely to contribute to the same. Therefore the limitations may affect generalization of the research findings.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter provides a review of literature that is relevant to the study, highlights the overview state of family planning in the world and narrows down to family planning issues in Kenya. The literature review looks to identify the communication challenges faced by the government in dissemination of family planning messages and the role of media. The review also looks at the interaction of reproductive age women with the mass media and relates to the family planning needs.

2.1 Overview of the family planning

2.1.1 The global perspective

According to WHO family planning is a voluntary planning and action to prevent, delay and achieve pregnancies. It allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.

Contraceptive use has increased in many parts of the world, especially in Asia and Latin America, but continues to be low in sub-Saharan Africa. Globally, use of modern contraception has risen slightly, from 54% in 1990 to 57% in 2012. Regionally, the proportion of women aged 15–49 reporting use of a modern contraceptive method has risen minimally or plateaued between 2008 and 2012. In Africa it went from 23% to 24%, in Asia it has remained at 62% (WHO 2014)

Unintended pregnancy, resulting from unmet need for contraception, threatens the lives and wellbeing of women and their families globally. The latest estimates are that 222 million women have an unmet need for modern contraception and the need is greatest where the risks of maternal mortality are highest. In the least developed countries, 6 out of 10 women who do not want to get pregnant, or who want to delay the next pregnancy, are not using any method of contraception. Unmet need for contraception is highest among the most vulnerable in society: adolescents, the poor, those living in rural areas and urban slums, people living with HIV, and internally displaced people (WHO 2014).

2.2 History of family planning in Kenya

Kenya was the first African country to adopt Family Planning Policy-FPP (1967) and a National Population Policy (1984) and has maintained an effective program within the MOH. However, the existence of the Family Planning Association of Kenya (FPAK) has also contributed to the country's ability to keep family planning on the agenda from as early as the 1960s. Indeed, FPAK has contributed greatly to the country's couple-years of protection (CYP), which peaked at an average of more than 100,000 CYP per year in the mid-1990s. During this period, FPAK adopted broad and aggressive implementation strategies that included widespread community-based distributor (CBD) coverage and outreach activities as well as countrywide coverage of static delivery sites (clinics). Due to limited resources, the association has had to close a number of its clinics as well as reduce its CBD coverage in recent years, and this has seen a reduction of its CYP to an annual average of about 60,000 per year.

Creation of the NCPD in 1982 further reinforced the government's commitment to implementing a more focused and coordinated population policy from that time onwards, culminating in the

development of the *National Population Policy* in 1984. The 1980s marked the peak for both government and donor support for Kenya's FPP—as a major component of the promulgated population policy.

Social marketing for condoms also became a major strategy for enhancing condom use in Kenya. So pervasive was the need that the government published its *Condom Policy and Strategy (2001–2005)* to ensure an adequate national supply of and access to condoms and drum up public education and advocacy to create demand for condom use (MOH,2001). It was acknowledged that 15 percent of condoms are provided through the social marketing strategy mounted mainly by Population Services International (PSI) for the *Trust* brand condoms.

However, condom use for family planning is generally low. According to the 1998 KDHS, only 1.3 percent of currently married women (and 1.8 percent of all women) reported condom use. Even among sexually active unmarried women, condom use (8%) is third after injectables (12.2%) and pills (10.7%), although they are most used (11.3%) among those ages 15–19. Nearly one-half of unmarried men (47%) reported using condoms (vs. 8 percent of married men), but only 4 percent reported using the pill or injectables (vs. 21 percent of married men).

In Kenya, as in many developing countries of the world, the organized FPP has made contraceptives more widely available and acceptable. The proliferation of service delivery points (SDPs) for family planning and a more intensive effort on information and education, both the result of a stronger implementation of the government's population policy during the 1980s and 1990s, provided the opportunity for women and couples to practice family planning more easily. At the same time, socioeconomic conditions, especially the real monetary cost of children, also played a crucial role in motivating the adoption of small family norms (Ferguson, 1991).

This scenario greatly contributed to Kenya's fertility decline from a high of 8.1 children per woman in the 1970s to 4.7 during 1995–1998 (KDHS, 1998). However, because of high population growth and the young age structure of Kenya's population thousands more women enter reproductive age annually necessitating the need for expanded and sustained FP services to raise (or even to maintain) the contraceptive prevalence rate (CPR) at 39 percent (in 1998) and reduce further (or even maintain) the fertility rate.

In 1985, Pathfinder developed a comprehensive Community-Based Distribution (CBD) strategy for the GoK that included the establishment of District Population Officers to work with communities, which was subsequently adopted as the national program. Under the Family Planning Service Project (FPSP) in the 1990s, partners ranged from church networks and universities to public sector agencies, national NGO networks, and private practitioners. Innovative approaches employed under FPSP have included community-based, workplace, and marketplace service delivery initiatives (Casey et al 2008).

Pathfinder in collaboration with the GOK also developed and refined innovative programs in the delivery of postabortion care, youth-friendly services, and peer education programs in Kenya. In the 1990s, as HIV and AIDS began to surface as an urgent public health issue, existing partners and services were enhanced to integrate HIV with FP programming. By the year 2000, Pathfinder was building on a foundation of former CBD agents and maintaining FP within the mix of Community Home-Based Care (CHBC) services, Pathfinder has built a model for integrating and strengthening services at the community level (UNFPA 2004).

According to UNFPA 2004, beginning in 1990, with funding from USAID, Pathfinder assisted Kenyatta National Hospital (KNH) to establish and manage an adolescent High Risk Clinic (HRC) in collaboration with the Department of Obstetrics and Gynecology of the University of Nairobi. The HRC focused on expanding Postabortion Care (PAC) to include quality counseling, FP, and referrals for STIs and HIV/AIDS. The clinic continues to provide RH and contraceptive information, counseling, and services to young women and men, while educating their partners and spouses on the hazards of unprotected sex and unsafe abortion.

In the year 1999-2000, the MOH in collaboration with other stakeholders sought to improve the quality of RH/FP services in urban settings. Condom distribution was used as a multipronged approach comprising CBD agents, peer motivators, referral sites, and condom dispensers. More than three and a half million condoms were distributed over a 12-month period. Secondly, Information, Education and Communication (IEC) materials were developed and distributed through youth centers, youth and women's clubs, schools, and community meetings. (Casey et al 2008)

There was an integrated reproductive health and peer counseling in Kenyan universities initiated beginning 1988 with USAID funding, and later with private support, Pathfinder supported RH and peer counseling at Kenyatta University (KU) in Nairobi and later (1990-2004) at Egerton University in Njoro and, since 2006, at Jomo Kenyatta University of Agriculture and Technology. To reduce the prevalence of STIs and HIV, as well as unintended pregnancies, students receive RH/FP guidance and counseling through peer-based IEC activities. Off-campus activities also target in- and out-of-school youth.

2.3 Review of the communication campaigns undertaken by FP since its inception

The Kenya government through the ministry of health has been using the broadcast, print media and health workers to deliver the FP messages (GoK 2014). The application of mass communications to influence fertility is natural extension of the basic idea that the media can both inform and motivate people about even such complex subjects such as their reproductive means and goals. Communications efforts have become increasingly widespread in the third world as part of international technical assistance and government programs designed to reduce fertility (Westoff and Rodriguez 1993)

In 1985, an NGO, pathfinder developed a comprehensive CBD strategy for the government of Kenya that included district population officers to work with communities, which was subsequently adopted into the national program and various FP methods were administered by the health workers while some could be done in health institutions. This could not work in some instances For instance, a needs assessment undertaken by the Family Planning Association of Kenya found that providers had a negative attitude towards male clients; considered men as unwelcome visitors in the clinics; did not believe that vasectomy was a method that should be given to men; and had difficulties counselling men.(UNFPA 1998)

In 1990 Family Planning Service Project included partners from church networks and universities to public sector agencies, private practitioners and national NGOs networks. They employed community based workplace and market place service delivery initiatives (Casey et al 2008).

In 1990s KNH was funded by USAID and assisted by the pathfinder established and managed adolescent high risk clinic in collaboration with the University of Nairobi to expand FP. Hey counseled young men and women and educated heir partners and spouses. (Casey e al 2008)

1999-2000 the ministry of health improved the quality of FP/RH in urban settings where condom distribution was used. In addition IEC materials were developed and distributed to the youth, women clubs, schools and community meetings.

In 1993, PSI/Kenya launched *Trust* condoms targeting at high-risk and sexually active groups. PSI/Kenya also implements a campaign on the risk of multiple concurrent relationships – *Wacha Mpango wa Kando, Epuka Ukimwi* (Shun ‘spare wheels’ relations – Avoid HIV. PSI/Kenya also implements a Basic Care Package program targeting people living with HIV. Awareness is mainly through mass media. It also launched the first major edutainment TV drama series dubbed SIRI which was run on Citizen TV in 2006 and Africa magic channel 3 in 2013 to support preventative behaviors of Kenyans related to HIV and family planning.

PSI/Kenya helps to bridge the unmet need gap by distributing quality family planning products at highly subsidized prices, educating communities and distributing education materials, and improving the knowledge, skills, attitude and performance of health care providers in the provision of quality family planning services. PSI/Kenya implements activities under Tunza Family Network, Femiplan and C-Word. (PSI 2011) C word is a contraceptive awareness campaign in Kenya sponsored by both USAID and UKAID aiming at promoting contraceptives usages in Kenya population and particular target group are the youths of Kenya.

2.4 Principles of effective communication

2.4.1 Knowledge and awareness

When people are asked to change their behaviour, communicators need to clearly set out expectations. This might be, for example, the speed limit we want them to observe when driving in a built-up area. Standard economic theory assumes that if people are provided with information, they will act on it in such a way as to maximize personal benefit and minimize their costs, a concept often referred to as ‘rational choice theory’. The AIDA (Attention, Interest, Desire, and Action) marketing model is an example of an ‘information deficit’ model. It is based on the idea that providing information will spark interest, which in turn leads to desire and subsequently to action. (Darnton, 2008)

Darnton argues that providing information is therefore a first step towards influencing behaviour change rather than an end point. Information can also be used to direct people to other communication channels or services – such as a website – that aim more directly at changing behaviour. When family planning messages are relayed through a certain channel, it is important that the target audience is advised on other channels where information or more information can be sought.

2.4.2 Multiple channels of communication

For effective communication multiple channels should be used as it increases the chances of clarity of message. The message is reinforced by using different channels and there are less chances of deformation of message (McGuire, 1981). If family planning messages are disseminated using different channels of communication, they are likely to suit the target

audience because different people and age groups have different tastes and preferences and their uptake of messages will depend on the channel of communication used.

2.4.3 Habit and routine

According to Graybiel 2008, habit or routine can be a key factor in influencing frequent behaviours. The more we repeat a particular behaviour, the more automatic it becomes. As time passes and the behaviour is undertaken more and more frequently, habit can therefore become the key factor driving behaviour. As government communicators, many of the behaviours they try to influence are. A number of behaviour change theories stress the importance of subjecting habits to scrutiny as a first step towards changing them, by raising them out of the unconscious mind. Communications designed to influence habitual behaviours must therefore look at which strategies will be most effective in turning a habit into a conscious behaviour. Ambient media used at the point where the behaviour actually takes place is an example of communications seeking to do this and can be very effective – for example, posters near health facilities and other public places reminding people to practice family planning.

2.4.4 Modification of the message according to the audience

The information requirement by different people in the organization differs according to their needs. What is relevant to the middle level management might not be relevant to the top level of management. Use of jargons should be minimized because it might lead to misunderstanding and misinterpretations. The message should be modified according to the needs and requirements of the targeted audience. Family planning campaign usually target people with different levels of education and this would be a very important consideration to ensure every target group easily understands the message even if it means translating the message to the vernacular language of

the particular locality. In addition new terms should also be defined to ensure effective communication

2.4.5 Feedback

Communication is a two-way process. Feedback is a verbal or nonverbal process in which a team member shares his or her feelings or perceptions about another team member's behavior, action, or words. The process of giving and receiving feedback is one of the most important ways for learning new behaviors and determining the impact of our behavior on others. • Feedback is crucial for effective communication – Effective communication will only come if communicators at all organizational levels seek out feedback and take appropriate action to ensure that the intended meaning is passed on to the relevant audience. (Ready and Burton,2004). Communicators of family planning campaigns should maintain a high degree of feedback throughout the communication process to determine the effectiveness of their family planning messages. Such feedbacks should be timely i.e given as soon as possible and descriptive i.e facts should be given by focusing on behaviour and not persons.

2.4.5 Conciseness

A concise message is complete without being wordy. Conciseness is a prerequisite to effective family planning communication. A concise message saves time and expense for both sender and receiver. Conciseness contributes to emphasis; by eliminating unnecessary words, letting important ideas stand out. When combined with a “you-view,” concise messages are inherently more interesting to recipients. Concise messages show respect for recipients by not cluttering their professional lives with unnecessary information. To achieve conciseness, the communicator

must eliminate wordy expressions, include only relevant material and avoid unnecessary repetition. (Lasswell, 1948)

2.4.6 Self-efficacy

Agency, self-efficacy and perceived behavioural control describe ‘an individual’s sense that they can carry out a particular action successfully and that action will bring about the expected outcome’.(Darnton 2008) What is important is the belief, not whether or not the individual is actually capable of achieving a particular goal. This will determine the effort a person is prepared to put into changing their behaviour and even whether they will attempt it at all. People’s sense of agency can be driven by many things, including past experiences and personal beliefs (for example, some people are naturally more pessimistic than others). Communicators therefore need to emphasize on self efficacy of the target population for effective FP campaigns.

Communications can help to increase individuals’ sense of agency, for instance by providing clear instructions that make a particular behaviour seem more achievable, by using testimonials to show how other people have made the change or by helping to teach relevant skills. For example, one element of a recent sexual health campaign set out to teach young people negotiation skills which they could then use to initiate discussions about, for example, contraception. However, it is essential that any such communications are seen as trusted and credible and that the behaviour is depicted as achievable. (Cialdini et al, 1991).

2.4.7 Communications and social norms

Communications can be effective in highlighting social norms and prompting people to act in accordance with them. Communication can utilise the power of social norms in the following ways: (Goldstein N et al, 2007):

- peer-to-peer approaches such as online forums or communities where people can connect to others in similar circumstances. This can be particularly helpful with regard to less common or more sensitive issues, as social proof and reassurance can be provided in a ‘safe’ and anonymous way; the views and behaviour of peers will be a more powerful influence than information provided by other sources.
- positive testimonials from others who have used a service or adopted a particular behaviour -thus showing that such behaviours are acceptable.
- targeting campaigns at respected, authoritative opinion leaders or recruiting them as ‘ambassadors’ for a brand or behaviour. These people can help both to spread the message and to provide social proof of the acceptability of a particular behaviour; and
- driving word of mouth, for example by using Public Relations techniques to generate stories that describe other people behaving in a particular way.

2.4.8 Clear, simple and complete communication

An effective communicator must ensure that the new terms are explained, is sensitive to cultural differences and that the messages are scientifically accurate. Individuals have to make an effort to discriminate among a number of things and work to learn new terms (Janssen et al 2006). Holmes (2008) concludes from her review of the communications literature in a pandemic situation that most of the research focuses on how to close the knowledge gap, and makes the

assumption that if people are provided with the appropriate ‘facts’ then they will act appropriately by changing their behaviour. However, people may not act in their own best interests because it is not obvious what they should do, highlighting the importance of straightforward communication. Messaging should be scientifically accurate.

Wray et al (2008) found from their focus group studies that messages should be clear and simple and that unfamiliar terms needed to be explained in order to avoid confusion. However, it is also important to recognise what is achievable in different communications: a slogan that is catchy, gets across what should be done and is technically correct is what we should strive for. The message delivered should be well supported by facts and observations. It should be well planned and organised. No assumptions should be made. When campaigning for adoption of family planning, the message should tell the target audience all the information they need like the cost of the devices, where to find them and how they should be used.

2.5 Theoretical framework

Behavioural science and communication theories can play a useful role in the design and implementation of communication strategies (Jackson, 1997). Theory provides communicators with a conceptual framework for why people act the way they do and how best to respond. By understanding theories one can develop an understanding on how people communicate, why and how beneficial information is sought, passed around and barriers to effective communication.

2.5.1 Overview of development communication

In the past, communication in the development sector was a simple, one-way flow of information from sender to receiver usually through the mass media. This approach reflected the norms of the

modernization paradigm that ‘emphasized transferring technology and norms from the ‘developed‘ to the ‘developing‘. By the 1960s, a two-step flow model emerged, recognizing the importance of social networks and opinion leaders as go-betweens for the media (WHO, 2007).

By the mid-1970s, communication practice began to reflect wider shifts in global development. Top-down began to give way to the practice and rhetoric of participatory approaches. The WHO, (2008) adds that there is need for reversals in development so that local people, especially the poor, could be active participants in their own development. Values that promoted a focus on income-poverty and economic development broadened to include social development and good government, eliminating poverty, and decentralization and democracy (Singhal and Sthapitanonda, 1996).

2.5.2 Theory of Reasoned Action

As the name of the theory implies, it is based on the assumption that human beings usually behave in a sensible manner; that is, they take account of available information and implicitly or explicitly consider the implications of their actions. The theory postulates that a person’s intention to perform (or not to perform) a behavior is the immediate determinant of that action; barring unforeseen events, people are expected to act in accordance to their intentions.

The immediate antecedent of any behaviour is the intent to perform it. The stronger the intention, the more the person is expected to try and therefore the greater the possibility that the behaviour will actually be performed, and thus the primary concern is with identifying the factors underlying the formation and change of behavioural intent (Fishbein & Manfredo, 1992). A person’s intention to behave in a certain way is based on: their attitude toward the behaviour in

question and their perception of the social pressures on them to behave in this way, that is, subjective norms. The relative contribution of attitudes and subjective norms varies according to the behavioral context and individual involved. Attitudes are determined by the beliefs about the outcomes of performing the behavior and the evaluation of these expected outcomes. The subjective norm is dependent on beliefs about how others feel the individual should behave and their motivation to comply with these others (Ajzen & Fishbein, 1980). The strength of the relationships between the variable constructs within the theory is measured using correlation coefficient analysis. The multiple-correlation coefficient (R) serves as an index of the extent to which behavioural intention can be predicted from the simultaneous.

The theory applies in the adoption of Family Planning in the sense that belief and outcome evaluations of the Family Planning campaigns by the stakeholders may determine the success of the practice. Another aspect of the theory that relates to the adoption of Family Planning messages is the subjective norm. The FPAK strategies and government policies will necessitate the adoption.

2.5.3 Uses and gratification theory

Uses and gratifications theory is an approach to understanding mass communication with an approach that suggests people use the media to fulfill specific gratifications. The theory places more focus on the consumer, or the audience.

The mass media in the 1940s and 1950s were perceived as a powerful influence on behavior change thus the conception of theories which asserts that the mass media have a direct, immediate and powerful effect on its audiences.

With time other studies were done and it was observed that the audiences were also active participants in the communication process and though the mass media had an influence on the audience, the audience has a choice on what to view in the media. Uses and gratifications approach became prevalent in the late 1950s till 1970s when television had expanded. According to Blumler & Katz (1974), patterns of media use are shaped by more or less definite expectations of what certain kinds of content have to offer the audience member.

The theory has been proven to be helpful in understanding consumer motivations for media use and has been applied to scenarios ranging from radio, telephone, TV, cable TV, TV remote controls, Internet, and recently mobile phones (Ruggiero, 2000).

Blumler and Katz's uses and gratification theory suggests that media users play an active role in choosing and using the media. Users take an active part in the communication process and are goal oriented in their media use. The theorists say that a media user seeks out a media source that best fulfills the needs of the user. Uses and gratifications assume that the user has alternate choices to satisfy their need. (Blumler & Katz, 1974)

As traditional mass media and new media continue to provide people with a wide range of media platforms and content, it is considered one of the most appropriate perspectives for investigating why audiences choose to be exposed to different media channels (LaRose et al., 2001).

This meant that in the mass communication process, uses and gratifications approach puts the function of linking needs gratifications and media choice clearly on the side of audience members. It is more concerned with what people do with media and suggests that people's needs

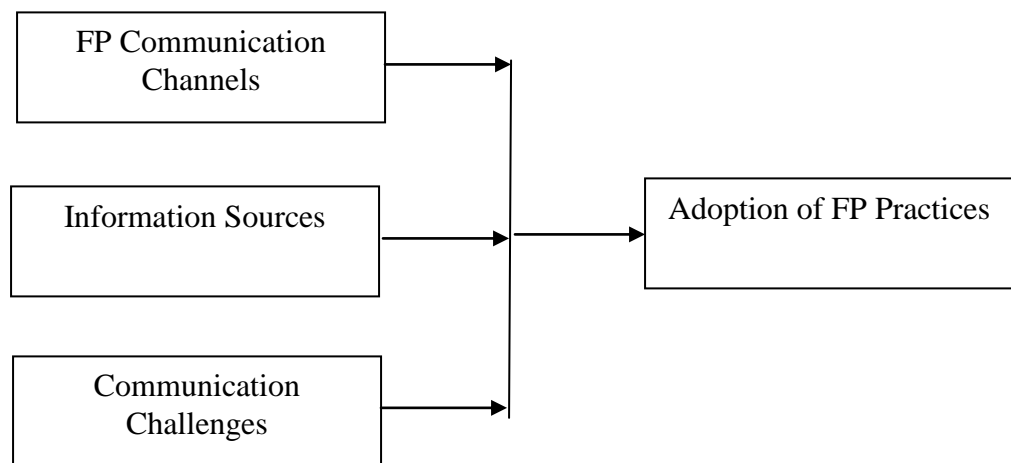
influence what media they would choose, how they use certain media and what gratifications the media give them.

Being informed about family planning is important to people and more so to a life of a woman, and if surrounded by familyplanning realted problems, they will often look for FP information from the sources available to them. If their need for FP information is gratified, they will use the information to make a decision and if not, the reproductive age women will look for other sources of FP information until they find the one which gratifies them and will put into use that information.

2.6 Conceptual framework

Figure 2.

Independent Variables



Source: Researcher, (2014)

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter discusses the research methodology and design that was used in gathering data. It describes the site where the research was conducted, data sources, sample design and the data analysis process.

3.2 Site selection and description

This study was conducted in Marani Division, Kisii County. Kisii was ranked the seventh most populated County with a total population of 1, 152, 282 (2009 Census report).

According to the 2009 census report, Marani Division has a population of 89,000 people living in 12,714 households. It is divided into eight sublocations which form the administrative units. There are 49,713 female compared to their male counterparts who constitute 39,287. The distribution in terms of age 10-20 years (160,000), 20-30 years (110,000), 30-40 years (52,000) and those between 40-50 years (42,000). The age brackets capture the targeted population of women of reproductive age between 15 and 49.

There are various media outlets accessed by the locals. According to the 2009 census report, 75% of the population own radio, 18% television and there is circulation of the local dailies (Daily Nation and The Standard) which account for 1.8%. The census report also documented eight health centres namely: Marani district hospital, Gesieka, Nyasore, Entanda, Nyagoto and Nyagesenda health centres.

3.3 Data sources and data collection methods

The study focused on family planning messages that are relayed by the Government of Kenya. A survey was carried out using questionnaires. A total of 100 questionnaires were distributed for

self administration by the respondents, who were allowed to fill them at their convenience after which the researcher collected them. The questionnaires had Knowledge, Attitude and Practice questions and was used to gather primary data regarding the perceptions of the women of Marani division to the family planning messages conveyed by GoK.

A few key informants were also selected and interviewed. This group consisted of public health officers, social workers, pharmacists and clinical officers. A list of questions were used to ensure that the interview was structured around specific themes. The information obtained was used to complement data collected in the survey.

Literature review had been done to define the principles of effective behaviour change communication. The information was obtained from books, government reports and journals. The principles of effective communication spelt out in the secondary sources was used to benchmark the GoK family planning messaging to determine adherence to or deviation.

3.4 Sample design and sampling procedure

The sample of this research was drawn from reproductive women in Marani division between the ages of 15 and 49 because it is the most active reproductive age according to the census conducted in 2009. Purposive random sampling was used to ensure that the respondents of different age groups of the population were selected. The population was divided in to two categories, 15-29 (Youth) and 30-49 (Adults). Based on the population distribution from the 2009 census, the youth comprise of 63% while the adults formed 37% of the sample.

On the basis of regions, Marani was divided into five sublocations as constituted by the administrative boundaries. From the 2009 census report the population distribution in the sublocations comprises of Nyakeiri 16% Igemo 11.8% Onywere 10.3% Nyamage 10.2% kiomoncha 11.7% Rioma 10.9% Metembe 10.1% Ngokoro 19.3% On this basis the questionnaires were distributed in proportion with the population distribution.

3.5 Data analysis and presentation

As soon as all the questionnaires were collected from the respondents, the researcher went through all of them and eliminate all the unusable data. The remaining questionnaires were counted and compared to the targeted number. Where necessary, the researcher made an effort to re-administer the questionnaires so as to reach the targeted number. The researcher then went through all the open-ended questions responses and group similar so as to develop a scale for data entry for easy data analysis and presentation.

The software to be used to do the analysis and tabulation for the research questionnaires was Microsoft excel and the Statistical Package for Social Scientist (SPSS). Variables for data entry were defined and the questionnaires scored or questions given values as defined by the variables of every question for easy data entry. Data was then keyed in preliminary analysis of each sample done and then themes identified and data analyzed.

After analysis of the questionnaires, data from the broadcast media programs was also analyzed with focus on the various categories that were being focused on while watching and listening on broadcast the programs. The data was then compared with the findings of the questionnaires and the information gathered from literature review and a summary of the finding, conclusions and the recommendations made.

CHAPTER FOUR: PRESENTATION OF FINDINGS

4.0 Introduction

This chapter discusses the responses obtained from women of reproductive age in Marani division of Kisii county on communication factors that influence their adoption of family planning. Both qualitative and quantitative data was gathered through questionnaires and key informant interviews as set out in the methodology and SPSS and Microsoft Excel was used to obtain frequencies and percentages.

4.1 Distribution of respondents

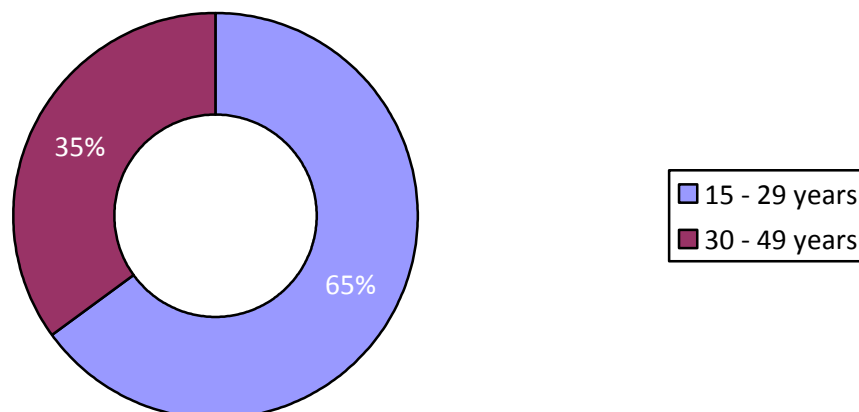
Data collection was conducted in one month and was both qualitative and quantitative in nature. The total average response rate was 97%. A total of 100 respondents were expected to fill in the questionnaires between the two categories of respondents from 63 youth and 37 adults. Out of the 100 questionnaires, 97 were filled to the satisfaction of the researcher and were used in data analysis as shown in Table 4.1. The targeted number of respondents among the youth were achieved while the questionnaires from adults fell short by three.

Table 4.1: Distribution of response rates

Sub location	Number targeted	Number of respondents (youth)	Number of respondents (adults)	Percentage(%)
Nyakeiri	16	10	6	100
Igemo	12	8	3	91.67
Onywere	10	6	4	100
Nyamage	10	6	3	90
Kiomoncha	12	8	4	100
Rioma	11	7	4	100
Metembe	10	6	4	100
Ngokoro	19	12	11	91.67
Total	100	63	34	96.67

The respondents were asked to respond to a set of structured questions so that the researcher could get their bio-data. While names were optional, the respondents were asked to give details of their, age, marital status and their educational level.

Figure 4.1: Distribution of respondents by age



65% of the respondents were youth of 15 – 29 years while 35% were adults of 30 – 49 years. The high number of the youth can be attributed to the high number in the 2009 census statistics which indicated this age group comprises 49% of the population. This implies that the study involved all the people who understood about family planning and were able to respond to questions on communication factors influencing adoption of family planning in Marani Division.

Table 4.2: Distribution of respondents by marital status

Marital status	Frequency	Percentage
Single	20	21
Married	45	46
Widow	10	11
Divorced	8	8
Single Parent	14	14
Total	97	100

46% of the youths interviewed were married while 21% were single. The rest were 11% widowed, 8% divorced or 14% single parents. 53% of the adults interviewed were married while 20% were widowed. Others were 9% single, 9% divorced or 9% single parents.

Table 4.3: Distribution of respondents by education level

Education level	Frequency	Percentage
Primary	3	3
High school	46	47
Certificate	21	22
Diploma	10	10
1st degree	14	14
Masters	3	4
Total	97	100

Table 4.3 indicates that 47% of the youths had high school as their highest level of education. They are followed by 22% who had certificate as their highest level. The rest had 14% 1st degree, 3% primary, 4% masters and 10% diploma level of education. This implies that the respondents were well educated to understand the communication factors influencing adoption of family planning.

4.2 Source of family planning information

Table 4.4: Source of family planning information

Sources of information	Frequency	Percentage
Print media	26	27
Electronic media	23	24
Interpersonal communication	48	49
Total	97	100

Interpersonal communication is the most popular way of obtaining FP information in Marani Division. 49% favour this medium while 27% prefer the print media. 24% of the respondents rely on electronic media.

Table 4.5: Mass media as a source for family planning information

Persons	Frequency	Percentage
Television	15	16
Radio	47	48
Internet	13	13
Print media	9	10
Outdoor media	13	13
Total	97	100

Radio is the most popular medium for accessing family planning information. This is as a result of the widespread ownership of radio sets in Marani Division. 48% of the respondents indicated that they preferred radio as the best mass media to pass the family planning information. 16% indicated that they preferred the television to be used while a few others indicated that family planning information is best passed through the internet, print media and outdoor media. 16% who had the television indicated that they could relate well with the pictures on television to pass the family planning information.

Table 4.6: Persons influencing decision to adopt a particular FP method

Persons	Frequency	Percentage
Hospital/Clinic workers	22	23
Family members	13	13
Church Leaders	11	11
Friends/peers	31	32
Education institution	16	16
Employer	4	5
Total	97	100

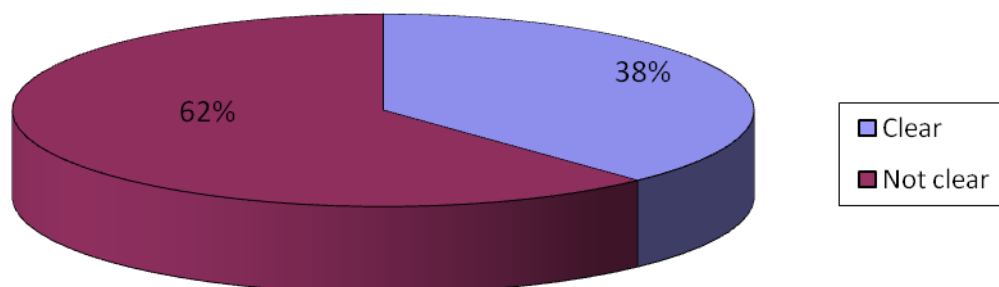
32% of the respondents indicated that friends/ peers are the most influential persons influencing decision to adopt a particular FP method. 95% of the respondents indicated that employers are least influential persons influencing decision to adopt a particular FP method. The findings indicated that the educated found that clinic workers influenced their decision in adopting a particular FP method than family members, church leaders, friends, education institution and employer. The adults were mostly influenced by friends and family members. The application of mass communications to influence fertility is natural extension of the basic idea that the media can both inform and motivate people about even such complex subjects such as their reproductive means and goals. Communications efforts have become increasingly widespread in the third world as part of international technical assistance and government programs designed to reduce fertility (Westoff and Rodriguez 1993).

4.3 Perception of messages

In order to achieve the main aim of the study the researcher found it important to seek the perception of women of Marani division in regard to family planning messages, the information sought included clarity of Family Planning messages conveyed by FPAK, frequency discussed

themes in Family Planning messages and adequacy of themes communicated in family planning messages to meet information needs.

Figure 4.2: Clarity of Family Planning messages conveyed by FPAK



62% indicated that Family Planning messages conveyed by FPAK are not clear. 38% indicated that they were clear. They indicated that the FP messages did not highlight the dangers of the family planning methods. They only get the importance of family planning but not the dangers associated with it. The youth who were educated could understand the family planning information better than the uneducated youth. The family planning information should therefore be presented in simple language that can be understood by both the educated and uneducated.

Table 4.7: Themes discussed in Family Planning messages

Themes	Frequency	Percentage
How to use FP devices	23	24
Where to find devices	21	22
The cost of devices	13	13
The dangers of the devices	5	5
Importance/ benefits of family planning	35	36
Total	97	100

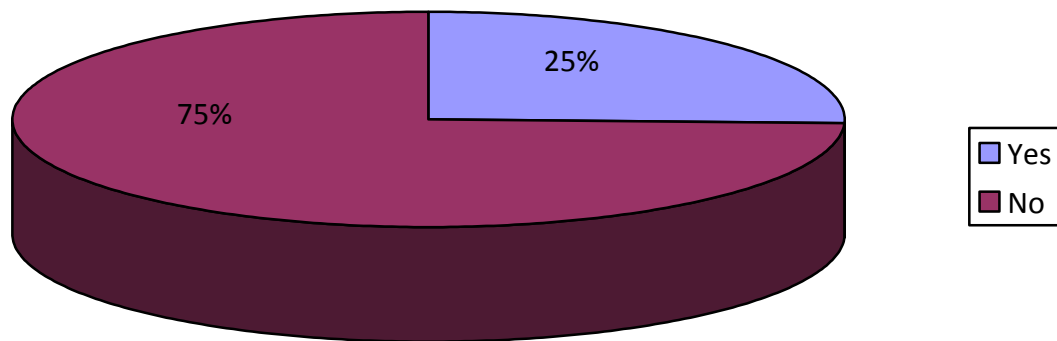
The most common topic discussed in FP messages is importance/ benefits of family planning as indicated by 36% of respondents. This is followed by usage 24% and location of devices 22%. The messages provide very little information on the dangers of the devices 5% and the cost 13%. The youths were found to understand the information easily than the adults. They did not focus much on the dangers associated with the FP but their usage. The youth indicated that the dangers of the devices were not elaborate as they could not understand the dangers they face when they use FP.

Table 4.8: Adequacy of themes communicated in family planning messages

Statements	Agree (percentage)	Disagree (percentage)
FP messages relayed by FPAK are not detailed enough	65	35
FP messages are not well targeted	72	28
FP messages are not conveyed regularly	90	10
FP messages don't have enough information	93	7

Majority of the respondents stated that FP messages relayed by FPAK are not detailed enough. 72% indicated that FP messages were not well targeted while 90% indicated that FP messages are not conveyed regularly. 93% said that FP messages don't have enough information. 73% of the respondents indicated that the messages conveyed in FP communication did not meet their expectations. The youths highlighted that the family planning information did not indicate the dangers that different family planning methods pose. The information did not give directions on where to find the most appropriate family planning methods to use neither did they give their cost.

Figure 4.3: Involvement of beneficiaries in feedback



82% of the respondents indicated that they had not been asked for opinion or feedback about the messages communicated by FPAK. Only 18% indicated that their opinion had been sought. The youths were the ones who were found to have given their opinion more than the adults. These were also the educated youth who were perceived to have understood the FP messages.

Table 4.9: Communication of feedback

Method of feedback	Frequency	Percentage
Telephone	2	11
Mail	7	39
Group discussion	9	50
Total	18	100

68% of the respondents who had been asked for their opinion or feedback about the messages communicated by FPAK indicated that they gave it through group discussion. Only 39% indicated that they did through mail while 11% indicated they did it through the telephone. The respondents advised that the family planning information could be improved through involving

the youth on coming up with the best source of information and the information to be contained. They explained that this is because they understand what they go through as regards to family planning.

4.4 Challenges facing FPAK in disseminating FP communication

Communication challenges faced by the government in disseminating family planning information were captured under suggestions offered by the respondents and stakeholders through key informant interviews. The main challenges identified include language barrier, lack of clarity, frequency and poor targeting.

Table 4.10: Communication Challenges facing FPAK

Challenge	Frequency	Percentage
Content	34	35
Clarity	13	13
Frequency	29	30
Feedback	19	20
Total	97	100

4.4.1 Content

Adequacy of themes communicated in family planning messages was found not to meet information needs as indicated by 73% of the respondents. The youths highlighted that the family planning information did not indicate the dangers that different family planning methods poses. They information did not give directions on where to find the most appropriate family planning methods to use. The application of mass communications to influence fertility is natural extension of the basic idea that the media can both inform and motivate people about even such

complex subjects such as their reproductive means and goals. Communications efforts have become increasingly widespread in the third world as part of international technical assistance and government programs designed to reduce fertility (Westoff and Rodriguez 1993).

Dr. Nathan Onsare Asiago a senior communication lecturer at Multimedia University attributed Socio-psychological barriers especially personal attitudes and opinion as a common challenge with dissemination of Family Planning. “If an information agrees with our opinions and attitudes, we tend to receive it comfortably. It fits comfortably in the filter of our mind. But if an information disagrees with our views or tends to run contrary to our accepted beliefs; we do not react favorably”.

The FPAK executive director Edward Marienga, noted that there is different comprehension of reality, wrong choice of medium and other physical barriers of communication such as bypassed instructions that affect adoption of family planning in most rural areas.

4.4.2 Clarity of messages

The findings indicated that the messages conveyed by FPAK are not clear. A few indicated that they were clear. This implies that the youths and adults do not find the current Family Planning messages conveyed ideal for to them. 68% the respondents indicated that the family planning messages least frequently show how to use the family planning devices. 82% indicated that they most frequently indicate where to find the devices while 93% indicated that the messages least frequently indicate the cost of devices. 82% indicated that the messages least frequently show the dangers of the devices while 24% indicated that they least frequent showed the importance /benefits of family planning. Most of the youth indicated that the family planning information

that interest them most was the safe family planning method to use while a few indicated that indicated that they were interested on how to use the family planning methods.

4.4.3 Involvement and feedback mechanism

Communication is a two-way process. Feedback is a verbal or nonverbal process in which a team member shares his or her feelings or perceptions about another team member's behavior, action, or words. The process of giving and receiving feedback is one of the most important ways for learning new behaviors and determining the impact of our behavior on others. Feedback is crucial for effective communication – Effective communication will only come if communicators at all organizational levels seek out feedback and take appropriate action to ensure that the intended meaning is passed on to the relevant audience (Ready and Burton, 2004). Communicators of family planning campaigns should maintain a high degree of feedback throughout the communication process to determine the effectiveness of their family planning messages. Such feedbacks should be timely i.e given as soon as possible and descriptive i.e facts should be given by focusing on behaviour and not persons.

The clinical officers find the culture as a major hindrance towards communication of family planning information to the youth and the adults in the division. The clinical officers indicated that there were no strategies that the government has put in place so as to reach the target population on family planning information. The FP information was found not to have provision for feedback communication.

4.4.4 Frequency

For effective communication multiple channels should be used as it increases the chances of clarity of message. The message is reinforced by using different channels and there are less chances of deformation of message (McGuire, 1981). If family planning messages are disseminated using different channels of communication, they are likely to suit the target audience because different people and age groups have different tastes and preferences and their uptake of messages will depend on the channel of communication used. Frequency of the FP messages is low due to inadequate sponsorship or funding. FPAK has limited funds which makes it have less access to the targeted audience because most media are expensive to use for dissemination of the messages. Sometimes there is poor road network in some areas which makes their dissemination of messages a challenge. Most respondents said that they only get the information about family planning when they visit health centres only and sometimes on radio.

CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter provides a summary of the findings drawn from the study and gives suggestions on how family planning communication can be improved based on the recommendations of the women of Marani Division and stakeholders in the health sector.

5.2 Summary

5.2.1 Perception of Marani Division women to family planning communication

Majority of the women of Marani division feel that Family Planning messages conveyed by FPAK are not clear. Often, the messages are conveyed in English or Kiswahili which makes a majority of the women who are illiterate unable to comprehend them. Communication experts indicated that some scientific terms lack appropriate vocabularies that are simple to understand and so they become a barrier. They also said that some of terms are not sensitive to cultural norms and are therefore considered inappropriate.

Majority of the respondents stated that FP messages relayed by FPAK are not detailed enough. The respondents indicated that the messages conveyed in FP communication did not meet their expectations. The youths highlighted that the family planning information did not indicate the dangers that different family planning methods pose. They information did not give directions on where to find the most appropriate family planning methods to use neither did they give their cost. They only get the importance of family planning but not the dangers associated with it.

The study found out that FP messages were not well targeted and messages are not conveyed regularly. The family planning messages are general. They don't recognize the fact that information required by different age groups differs from one another. There is also use of jargons that minimizes understanding and interpretations.

Majority of the women also indicated that the family planning messages are not regular. The messages are relayed once in a while and don't have any pattern or schedule on how they are communicated which affects adoption. The communicators said that there is no habit or routine to influence the behaviour change. Usually if there is regular communication, the more a particular behavior is communicated, the more it becomes automatic. A number of behaviour change theories stress on the importance of subjecting habits to scrutiny as the first step towards changing them.

5.2.2 Sources of family planning information among residents of Marani Division

Generally Interpersonal communication is the most popular way of obtaining FP information in Marani Division followed by print media because it incorporates many methods such as posters, newspapers and magazines, books, brochures acquired from health facilities and a few respondents rely on electronic media. Majority of the women attributed interpersonal communication as the main source of due to the confidentiality and trust that they have amongst one another especially among friends and peers.

Radio is the most popular medium for accessing family planning information on the mass media as result of the widespread ownership. Most of the respondents indicated that they preferred radio as the best mass media to pass the family planning information; some indicated that they

preferred the television to be used while a few others indicated that family planning information is best passed through the internet, print media and outdoor media. A few who had the television indicated that they could relate well with the pictures on television to pass the family planning information.

5.2.3 Challenges faced by the government in disseminating family planning information.

The main challenges identified were language barrier, lack of clarity, frequency and poor targeting. This is mostly attributed to lack of adequate funds to conduct surveys and receive feedback and find strategies on improving adoption. Most respondents indicated that the messages did not have enough information; the messages are not communicated regularly. The study also found out that most of the women in the area are illiterate and therefore language barrier is one of the challenges experienced by the government in dissemination of family planning messages.

An overarching challenge is persistence cultural and social barriers that prevent women from using contraceptives and weaken the demand for birth spacing and family planning.

The community both public and private sector stakeholders are not sufficiently galvanized to focus on improving family planning and public health. Government and other donors are focused on health priorities and family planning is competing for scarce monetary and human resource.

The government has laid strategies that will need to be implemented to change the scenario if they receive enough funding especially if they get a share from the national budget.

5.3 Recommendation

The FPAK should improve on the quality of content, clarity of the messages, feedback mechanism and media/channel diversification as they were indicated to be the main challenges

facing dissemination of FP information. The family planning messages should contain enough information to aid the choice of family planning. The message should be able to tell the women where the devices of family planning are available, their cost, the dangers, how to use the devices and the importance of family planning. This will help to change the perception of women in regard to family planning messages.

Frequent survey should also be conducted regularly using appropriate and multiple channels in order to capture enough targeted persons.

The family planning information should therefore be presented in simple language that can be understood by both the educated and uneducated if FPAK can consider use of vernacular language.

The FPAK should mainly use radio to pass across the family planning messages since it is the most common mass media in the division but also incorporate multimedia channels. This will help to reach as many youths and adults in the area as possible. In addition they should also consider use of social media to communicate to the audience to increase adoption of FP.

There should be collaboration between the local government and FPAK in order to enhance the dissemination of family planning messages to the youths and adults. This can be done by holding frequent meeting and involving everyone in making decisions. Most women preferred interpersonal communication as an influential form of communication which the FPAK should utilize to disseminate the family planning campaigns in the area. therefore the government should be able to train enough personnel especially the clinical officers public health workers, social workers and other opinion leaders.

There should be incorporation of traditional value systems and formal family planning messaging to increase family planning uptake.

5.4 Conclusion

The Kenya government through the ministry of health has been using the broadcast, print media and health workers to deliver the FP messages. The FPAK campaigns need to be refined in terms of the target, frequency and quality of content.

The study found out that women of reproductive age in Marani division find the family planning messages ineffective in influencing their adoption. It was also clear that they prefer interpersonal communication for effective behavior change and that there are specific challenges such as lack of feedback and language barrier faced by the government in dissemination of family planning campaigns.

From the study it can be concluded that interpersonal communication has been a great source of information for the youth and is preferred by the women than any other media and even preferred to radio as means of getting information.

Women of reproductive age seek to gratify their need for family planning information that is why they prefer other means of getting that information and they go looking for it as most preferred health institutions which one has to take time and go to that facility and even have to wait, if there is a queue, to get that needed health information.

The level of understanding of the family planning communication is poor as most of the youths often don't understand the language and often don't relate to them therefore more should be done to improve their level of understanding and them relating to the FP messages

The government doesn't have regular structures of family planning dissemination and also fail to seek feedback regularly from the targeted population.

5.5 Suggestions for further research

There is need for future research in the subject. Due to time and resource limitation research was conducted in Marani division only. Though, the respondents exhibit characteristics of the Kenyan population there is need for a countrywide study to determine how communication factors affect adoption of family planning. Specifically the research can study the difference in perception of reproductive age women in urban and rural areas.

Since the research study focused only on how communication influences adoption of family planning, there is need for further research to focus on others factors.

REFERENCES

- Ajayi, A., & Kekovole, J. (1998). Kenya's population policy: from apathy to effectiveness. In Jain A (ed.). *Do population policies matter? Fertility and politics in Egypt, India, Kenya and Mexico*. New York: Population Council, pp. 113–56.
- Aloo-Obunga, C. (2003). *Country analysis of family planning and HIV/AIDS: Kenya*. Washington, DC: the Policy Project.
- Bandura, A. (1995). *Exercise of personal and collective efficacy in changing societies*. Cambridge University Press, New York, 1-45.
- Blacker, J., Opiyo, C., Jasseh, M., Sloggett, A., & Ssekamatte-Ssebuliba, J. (2005). Fertility in Kenya and Uganda: a comparative study of trends and determinants. *Population Studies* 59: 355–73.
- Blumler, J., & Katz, E. (1974). *The Uses of Mass Communications*. Beverly Hills, CA: Sage Publications.
- Boone, H. N., & Boone, D. A. (2005). ABC's of behavioral objectives—Putting them to work for evaluation. *Journal of Extension* [On-line], 43(5) Article 5TOT3. Available at: <http://www.joe.org/joe/2005october/tt3.shtml>
- Casey, L., Ndegwa, S., & Onduso, P. (2008). *Reproductive health and family planning in Kenya*.
- Cassell, C., & Symon, G. (1994). *Qualitative research in work contexts*. In C. Cassell, & G. Symon (Eds.), *Qualitative methods in organizational research* (pp. 1-13). Thousand Oaks, CA: Sage Publications.
- Central Bureau of Statistics, Kenya, Ministry of Health, Kenya and ORC Macro. 2004. *Kenya Demographic and Health Survey 2003*. Nairobi: CBS, and Calverton, MD: ORC Macro.
- Cialdini R, Kallgren C and Reno R (1991), 'A Focus Theory of Normative Conduct: a theoretical refinement and reevaluation of the role of norms in human behaviour' in *Advances in Experimental Social Psychology* vol 24, 201–34.
- Darnton A (2008), *GSR Behaviour Change Knowledge Review. Practical Guide: An overview of behaviour change models and their uses*, HMT Publishing Unit, London
- Goldstein N, Martin S and Cialdini R (2007), *Yes! 50 Secrets from the Science of Persuasion*, Profile, London.

- Graybiel (2008), 'Habits, rituals, and the evaluative brain' in *Annual Review of Neuroscience* vol 31, 359–87.
- Harold Lasswell (1948). "The Structure and Function of Communication in Society." In Lyman Bryson (ed.), *The Communication of Ideas*. Harper and Row
- Jackson, C, (1997). Behavioral science theory and principles for practice in health education. *Health Education Research*, 12, 143-150.
- Katz, E., Blumler, J., & Gurevitch, M. (1974). *Utilization of mass communication by the individual*. In J. G. Blumler, & E. Katz (Eds.), *The Uses of Mass Communications: Current Perspectives on Gratifications Research*. Beverly Hills & London: Sage Publications.
- Kenya National Bureau of Statistics, (2009). *Kenya Population and Housing Census; Population and Household Distribution by Socio-Economic Characteristics. Volume II*
Kenya National Bureau of Statistics, (2009). *Kenya Population and Housing Census; Population and Household Distribution by Administrative Units. Volume 1 A*
- LaRose, R., Mastro, D., & Eastin, M. S. (2001). Understanding Internet usage: A social-cognitive approach to uses and gratifications. *Social Science Computer Review*, 19(4), 395-413.
- Fishbein, M., & Manfredo, M., J. (1992). A Theory of Behavior Change. In M. Manfredo J (Ed.), *Influencing Human Behavior: Theory and Applications in Recreation, Tourism, and Natural Resources Management*(pp. 29-50). Champaign, Illinois:Sagamore Publishing Inc.
- McGuire William (1981). "Theoretical Foundations of Campaigns." In Ronald Rice and William Paisley (eds.), *Public Communication Campaigns*, Sage.
- National Cancer Institute, NCI, (1989). *Making Health Communications Work*. Pub. No. NIH 89-1493. Washington, DC: U.S. Department of Health and Human Services (HHS),National Coordinating Agency for Population and Development (NCAPD) [Kenya], Ministry of Health (MOH), Central Bureau of Statistics (CBS), ORC Macro. 2005. Kenya Service Provision Assessment Survey 2004. Nairobi, Kenya: National Coordinating Agency for Population and Development, Ministry of Health, Central Bureau of Statistics, and ORC Macro.
- Obunga A. C (2003): Country analysis of family planning and HIV in Kenya.
- Ready, R. and Burton, K. (2004) *Neuro-linguistic Programming for Dummies*, John Wiley and Sons Ltd.
- .Rodriguez, G., and Westtoff, F. C. (1993). The mass media and family planning in Kenya
- Rogers, E. (1995). *Diffusion of Innovations*. Free Press, New York.

Ruggiero, T. (2000). Uses and gratifications theory in the 21st century. *Mass Communication & Society*, 3(1), 3-37.

Singhad, A. & Sthapitanonda, P. (1996). The role of communication in development: Lessons learned from a critique of the Dominant, Dependency, and Alternative Paradigms. *Journal of Development Communication*, 7(1), 10-26.

Ting-Toomey, S. (1984). Qualitative research: An overview. In W.B. Gudykunst, & Y.Y. Kim (Eds.), *Methods for intercultural communication research* (pp. 169-184). Beverly Hills, CA: Sage Publications

United Nations Economic commission for Africa (2000), *Information and communication technology for health sector*

Valente, T. and Rogers, E. (1995); The origins and development of the diffusion of innovations paradigm as an example of scientific growth. *Science Communication*, 16, 242-274.

WHO (2014) *Sexual and Reproductive Health 3, family planning: the unfinished agenda*

World Health Organization, WHO, (2010). *Millennium Development Goals (MDGs)*, Geneva: WHO http://www.who.int/topics/millennium_development_goals/en/ accessed on June. 04, 2014.

WHO, UN Population Fund, UNAIDS, International Planned Parenthood Federation. *Sexual and reproductive health and HIV/AIDS. A framework for priority linkages*. Geneva: World Health Organization 2005.

APPENDIX 1: Questionnaire

SECTION A: Bio-data

1. Name (*optional*) _____

2. Age (*tick appropriately*)

15–29 ()

30–49 ()

3. Marital status

Single () Married () Widow () Divorced () Single parent ()

4. Education level

Primary () High school () Certificate () Diploma () 1st degree () Masters ()

Any other (*specify*) _____

SECTION B: Information sources

5. Please list all the family planning methods that you know

6. Family Planning information is mainly relayed through print media, electronic media and interpersonal communication. Please rank them according to your order of preference

1.....

2.....

3.....

Please give reasons for your ranking

7. Family Planning information in Mass media is mainly relayed through Television, Radio, Internet, Print media and Outdoor media. Please rank them according to your order of preference

1.

2.

3.

4.

5.

Please explain your choice

8. In a scale of 1-5 (where five means most influential and one the least influential) please indicate how the following persons influence your decision to adopt a particular FP method

a) Hospital/Clinic workers	1	2	3	4	5
b) Family members	1	2	3	4	5
c) Church Leaders	1	2	3	4	5
d) Friends/peers	1	2	3	4	5
e) Education institution	1	2	3	4	5
f) Employer	1	2	3	4	5

Please explain your choice

SECTION C: Family planning message evaluation

9. Please comment on the clarity of Family Planning messages conveyed by FPAK.

1. Clear 2. Not clear

Please give reasons for your opinion.

10. In a scale of 1-5 (where five means most frequent and one the least frequent) please indicate the weight given to the themes below in Family Planning messages.

How to use FP devices	1	2	3	4	5
Where to find devices	1	2	3	4	5
The cost of devices	1	2	3	4	5
The dangers of the devices	1	2	3	4	5
Importance/ benefits of family planning	1	2	3	4	5

11. Which family planning information interests you the most? (*please rank in your order of priority*)

- a. _____
b. _____
c. _____
d. _____
e. _____

12. In your opinion, do the themes communicated in family planning messages adequately meet your information needs?

1. YES 2. NO.

Please explain your answer

13. Beside each of the statements presented below please indicate whether you strongly Disagree (1), Disagree (2), Agree (3) or Strongly Agree (4)

- | | | | | |
|--|---|---|---|---|
| a) FP messages relayed by FPAK are not detailed enough | 1 | 2 | 3 | 4 |
| b) FP messages are not well targeted | 1 | 2 | 3 | 4 |
| c) FP messages are not conveyed regularly | 1 | 2 | 3 | 4 |
| d) FP messages don't have enough information | 1 | 2 | 3 | 4 |

14. Have you ever been asked for your opinion/feedback about the messages communicated by FPAK?

1. Yes 2. No

If yes, how did you provide feedback?

- a) Telephone
b) Mail
c) Group Discussion
d) Other(specify)_____

15. Give suggestions on how to improve the quality of FP messages

APPENDIX 2: INTERVIEW SCHEDULE: KEY INFORMANTS(FPAK OFFICERS, HEALTH WORKERS AND COMMUNICATION EXPERTS)

1. Are family planning campaigns/ messages in Kenya understood by the target audience?

YES () NO() please explain your choice.

2. Are you aware of communication barriers that affect dissemination of family planning messages? YES () NO()

a) Inadequate feedback, if yes please explain.

b) Clarity, if yes please explain.

c) Language barrier, if yes how?

d) Others (specify), please explain how.

e) If NO, explain.

3. a) Are there specific intervals that the government schedules for family planning

campaigns? YES NO

b) If yes in 3(a), are they regular or irregular?

c) If the answer to 3(b) is regular, explain how often?

d) If the answer to 3(b) is irregular explain.

e) If NO in 3(a) above, why?

4. a) Are there strategies that the government has put in place so as to reach the target population on family planning information? YES NO

b) If YES in 4(a), what are they?

Can you say that the strategies have been successful or not? _____

Please explain

c) If NO in 4(a) above, why?
