EFFECTS OF MASS MEDIA MESSAGES ON WOMEN’S DECISION-MAKING ON
CONTRACEPTIVE USE IN KENYA

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ABSTRACT
The purpose of this study is to examine the effects of mass media contraceptive messages on women’s decisions on contraceptive use. It is based on populations living in informal settlements in Kenya. The Kenyan government in collaboration with other stakeholders involved in the provision of contraceptive services have put in place various strategies and policies to increase the uptake of contraceptives. These are aimed at increasing contraceptive prevalence rate, reduction of total birth rate and sexually transmitted diseases including HIV-AIDS. To achieve this objective a descriptive design method was adopted. The target population constituted women in the community based organizations in Kibera who were identified through purposive sampling. Primary data was collected from the women using a questionnaire. The content of contraceptive messages from the main print media in Kenya was analyzed where the message category elements included the prominence of the contraceptive messages, the contraceptive methods suggested and the access of the contraceptives. The study revealed low usage of the modern contraceptive methods. This study suggests that radio and television are a critical component of effecting this much desired change. It is on the strength of the fact that the broadcast media play a key role in spreading the contraceptive messages and that the peculiarities of slum communities in terms of norms, prejudices and other predisposing factors should be considered in the design of programs that touch on contraception on the media.

Key Words: mass media messages, women’s decision-making, contraceptive use, Kenya

Introduction

The mass media messages have been successful in changing and nurturing both public health activities and social-cultural norms. Reproductive health is an area which has been widely used in mass media messaging for some time particularly in the developing world (Ryerson, 1994). Mass media campaigns have long been a tool for promoting public health (Noar, 2006), being widely used to expose high contraceptive messages through routine use of existing media.
Mass media campaigns have generally aimed primarily to change knowledge, awareness and attitudes, contributing to the goal of changing behavior. These media are employed to all levels of public health in the hope that the learning of correct health information and knowledge, the changing of health attitudes and values and the establishment of new health behavior will take place (Noar, 2006).

There is a wide spread interest in the use of the mass media to inform and motivate people about contraception. Studies of communication efforts in developing countries have indicated that there is a strong relationship between the mass media campaigns and reproductive behavior (Piotrow et. al. 1990). Concerns about high fertility and low contraceptive prevalence in Sub Saharan Africa have stimulated policy and program efforts aimed at promoting family planning in the region. The use of mass media to achieve these objectives has increased and both the government and private agencies are involved in developing and implementing programs through the use of media facilities (USAID, 2007). Many advertising campaigns sponsored by private or public agencies disseminate health information aimed at changing people’s behavior. Such information reaches its goal if only individuals obtain the information in the right package and transform the acquired information onto new behaviors (Kan and Tsai, 2004). The increasing availability of radio, television and print media in developing countries can be effectively used to influence people’s behavior. (Parlato, 1990), argues that a well-designed media message and campaign can be effective in creating a positive social environment for a behavior by bringing about a shift in population opinion. Piotrow et. al. (1990), note that mass media can be a powerful tool not only for creating awareness but also for stimulating people’s desires for more information and facilitating their efforts to apply the information to their own behavior.

Evidence from recent studies on the interrelation between mass media and contraceptive use in developing countries continues to show the support of the claim that the media can influence behavior. (Westoff and Rodrique 1993) examined a relationship between exposure to media messages and contraceptive use and the results indicated that women who are exposed to such messages in the media are likely to use contraceptives. This research examines how women build their contraceptive knowledge from the media and how the media exposure influence the forming of that knowledge and whether the resulting knowledge results to any effect on women . The use of the media messages in programs is an example of providing information intended to change behaviors. The information about contraceptive techniques is provided to women of child bearing age so that they will increase the practice of contraception and thus control fertility (Barasa and Kimani, 1991).

For developing countries where the population transitions from a combination of high mortality rate and high birth rate to a combination of low mortality rate and high birth rate, the resulting rapid population growth may create pressure on housing, education and social patterns (Oyedokun, 2007). In response, many countries in Sub Saharan Africa including Kenya have continued to focus their attention at birth control measures especially the use of contraceptives.
Through the mass media, the government provides the public with information about contraceptives techniques, contraceptive access and the benefits of having fewer children through the mass media health policy initiative (2007). Several studies have focused on investigating whether the mass media contraceptive messages play any role in changing women behavior by decreasing fertility or whether the decrease is actually driven by the mass media messages (Ian et. al. 2009).

This research examines the factors that influence the effects of the mass media contraceptive messages (MCMs) to the use and acquisition of contraceptive knowledge and the relationship between an individuals’ contraceptive knowledge and the mass media in regard to women’s reproductive behavior. Since dissemination of information relating to contraceptive techniques is one of the main ways for family planning programs to control fertility, examining the ways and patterns in which women obtain contraceptive knowledge from the programs in the mass media and the subsequent effects on reproductive behavior sheds lights on the use and effectiveness of the mass media messages.

**Trends in contraceptive use in Kenya and the media**

Kenya’s programs on contraceptive use enacted nationwide in 1968 aimed to decrease fertility rate in order to control population growth. To reach this goal, the programs which were disseminated through the media educated citizens about population growth issues, exalted the benefits of smaller families and provided information about accessing and using contraceptive techniques (NCPD, 1982). As one of the first countries in Africa to develop a population policy and establish family programs as means to reduce population growth rate, Kenya has been well placed to initiate a fertility transition through government-led actions and the media (Ian et. al. 2009). In the 1980,s and 1990,s Kenya achieved a rapid fertility decline because of the commitment of the government and the informative role of the media messages. Indeed when the results in the 1993 Demographic Health Survey (DHS) were released, Kenya’s success in achieving a phenomenal decline in fertility was lauded globally and many observers felt that social norms in favor of small families through the media had increased the use of contraception (Crichton, 2008). The programs used a variety of information dispersal techniques including placing advertisement and announcements in the mass media (Behrman et. al. 2002).

The application of mass media to influence fertility is an extension of the basic idea that the media can both inform and motivate people about complex subjects such as reproductive means and goals (McGuire, 1986). Communication efforts have become increasingly wide spread in third world countries in reducing fertility. In 1986, the coverage by radio alone listed 250 citations describing these efforts (Gillury, 1986). In Iran, a media campaign to increase contraceptive awareness and practice showed large increases in the number of both pills and condom users. In Egypt, a large-scale before and after experimental design was implemented to evaluate a mass communication effort to promote family planning that also showed positive
results, controlling for many of the variables that might jointly influence both awareness and use (Liberman, 1973). In 1980s, studies in Jamaica indicated that there was a widespread awareness of family planning messages resulting from soap operas, songs and other media messages, but there was still a fraction of women with unmet need of family planning. Therefore the main conclusion was that awareness is not enough and that other considerations such as fear of side effects could be present.

Recent evaluation of mass media campaigns in three areas in Nigeria suggest strongly that the mass media interventions can play a major role in promoting contraceptive use in certain situations. Large increases in the number of family planning clients at clinics followed after different campaigns. In Latin America, there are two studies that illustrate some of the methodological difficulties involved in interpreting the association between awareness of mass media messages on contraception and the practice of contraception. A study in Mexico in 1978 examined the relationship between general exposure to radio and print media as well as contraceptive messages and the practice of contraceptives and found the expected results. The evidence they found did not allow them exclude the possibility that those individuals who already use contraceptives or know about it are those likely to be constant media consumers.

Another study by (Oster, 2007) which also underscores these problems of causal inference was based on a survey data from Guatemala, El Salvador and Panama which focused on data on exposure to media messages and contraception and derived from the contraceptive surveys from 1979 to 1982 in these three countries. At the outset the researchers note appropriately that only an experimental design with measurements before and after exposure to the media will permit relatively unambiguous inferences about the causal process. Although the media efforts preceded the survey in time, the evidence that women who report having been exposed to such messages also practice contraception in higher proportions or prefer fewer children than those who do not report such media exposure, is subject to interpretations other than the basic hypothesis that such messages promote the use of contraceptives. Even when the association persists after life cycle and socio economic controls are imposed, there remains the nagging uncertainty that women who practice contraception for reasons unconnected with the media messages may simply be more likely to hear such messages and report having heard than when asked.

Statement of the problem

The evidence from several studies (Gupta et. al. 2003; McNay et. al. 2003, Barasa, 1999 and Cheng, 2011) on the interrelation between the mass media and contraceptive use continues to confirm the claim that the media can influence behavior. The mass media contraceptive messages have succeeded in generating a universal knowledge about family planning methods among the masses. But even with the high awareness of the contraceptive methods through the media, there exists a wide gap between the knowledge and practice of these methods. The issue now is how to move the women beyond mere increased knowledge to changed attitudes and
increased practice. Even though the family planning awareness is high, its uptake is low as 15 percent (USAID, 2007). There are barriers that may impede women from taking contraceptives as religion, cultural and societal norms and education (Engle, 2003). The National Coordinating Agency for Population Development NCAPD (2009), estimates that 56 percent of unintended pregnancies occurring to women in Kenya end up in induced abortion, a major contribution to maternal mortality. According to NCPAD, some of the reasons for non use of contraceptives among women in slums include lack of access to family planning information and services, personal or religious believes, inadequate knowledge about the risks of pregnancy following unprotected sexual relations and contraceptive use, incest and rape.

Adolescents experience enormous health risks when confronted with unintended pregnancies. They suffer from psychological depression due to negative views by society about their pregnancy (KDHS, 2009). Women view negotiating for a contraceptive use in slums as an implication of lack of trust. Women in the slums have low decision making power in the household on key matters including childbearing, (Maluccio, 2001). Their husbands or partners may be the primary decision makers in key matters. These limitations imposed on women can be sharper when the relatives also shape key decisions- acting as gate keepers, (Bloom, 2001). The exposure to early childbearing in slums limits women’s decision making power about childbearing. They are exposed to early initiation to sexual activity and thus early childbearing and this limits their prospects of schooling, future earnings and longer duration of child bearing, (Schuler, 2002). The low literacy of women in slums limits their access to information and the ability to interpret contraceptive messages. This study therefore is motivated by the need to determine in what ways the mass media messages on contraceptives can affect decision making processes in reproductive health behavior irrespective of socioeconomic factors. This study will seek to establish how the media influences reproductive behavior through the different roles of the media and the effect it brings.

**General objective**

The general objective of this study is to establish the effects of the mass media messages on women’s decision making on contraceptive use in informal settlements in Kenya through the informative and educative role of the media.

**Specific objectives**

1. To identify the channels used and the most effective channel in influencing women in making decisions on contraceptive use.
2. To find out whether the intent of the MCMS, affect women decisions on contraceptive use.
3. Determine the types of media programming approaches on contraceptive messages (MCMS) and their effects on women decision making on contraceptive use.
Theoretical review

The cultivation theory

Cultivation theory suggests that the television is responsible for shaping or cultivating viewer’s conceptions of social reality. This was an approach developed by Professor George Gerbener of the Annenberg School of communications at the University of Pennsylvania. This theory argues that the combined effect of massive television exposure by viewers over time subtly shapes the perception of social reality for individuals and ultimately for our culture as a whole. (Gerbner, 1993) argues that the mass media cultivate attitudes and values which are already present in culture. The media maintain and propagate these values amongst members of a culture, thus binding it together. Cultivation theorists argue that the television has long-term effects which are small, gradual, indirect but cumulative and significant. Heavy watching of television is seen as cultivating attitudes which are more consistent with the world of television programs than with the everyday life (Dominick, 1990). Cultivation theorists distinguish between first order effects (general beliefs about everyday world such as the prevalence of violence) and second order effects (specific attitudes such as to law and order or to personal safety).

Gerbner (1993) argues that the mass media cultivate attitudes and values which are already present in culture. Cultivation research also looks at the mass media as a socializing agent and investigates whether television viewers come to believe the television version of reality the more they watch it. (Gerbner, 1993) content that the television programs have significant influence on the attitudes, beliefs and judgments of viewers concerning the social world. People who watch a lot of television are likely to be more influenced by the ways in which the world is framed by television programs than are by individuals who watch less, especially regarding topics of which the viewer has little first-hand experience.

Cultivation theory presents television as not a window on or reflection of the world, but a world in itself (Mcquail, 1993). Gerbner argued that the overrepresentation of violence on television constitutes a symbolic message about law and order rather than a simple cause of more aggressive behavior by viewers. In a survey of 450 new Jersey school children, 73 percent of heavy viewers compared to 62 percent of light viewers gave the television answer to a question asking them to estimate the number of people involved in violence in a typical week. The survey showed that children who were heavy viewers were more fearful about walking alone in a city at night (Dominick, 1990). One controlled experiment addressed the issue of cause and effect, manipulating the viewing of American college students to create heavy and light viewing groups. After six weeks of controlled viewing, heavy viewers of action adventure programs were indeed found to be more fearful of life in the everyday life than were light viewers (Dominick, 1990). Cultivation theorists argue that heavy viewing leads viewers (even among high educational and high income groups) to have more homogeneous or convergent opinions than light viewers who deemed to have more heterogenous or divergent opinions. (Gerbner, 1993) reported evidence for
resonance a double effect which may boost cultivation. This is held to occur when the viewer’s everyday experiences are congruent with those depicted in the television world. The cultivation effect is also argued to be the strongest when the viewer’s neighborhood is similar to that shown on television.

**Hypodermic needle theory of the media**

It is also known as the hypodermic-syringe mode of communication and also the magic bullet. According to (Katz and Lazarfeld, 1995), this model has an implication of a direct immediate and a powerful effect of the media on their audiences. This model can be related to the power that the media possess in mobilizing and changing the psychological and physiological way of thinking and living among the people that are exposed to it. This theory suggests that the mass media could influence very large group of people directly and uniformly by shooting or injecting them with appropriate messages designed to trigger a desired response (Berger, 1995). Both images used to express this theory (a bullet and a needle) suggest a powerful and direct flow of information from the sender to the receiver. The bullet theory suggests that the message is a bullet fired from the media gun into the viewer’s head with similar emotive imagery. This model took root after the Second World War and a period where the radio was a major source of information in the 1920s. As opined by (Berger, 1995), the most famous incident cited as an example of the hypodermic needle model was in the 1938 broadcast of the war of the worlds and the subsequent reaction of widespread panic among the American people. The effects can be grouped into a criterion of timing, content type explanatory mechanisms and direct and indirect effects.

**The integrative health model**

This theory is the most recent formulation of (Fishbein and AJzen’s, 2010) reasoned action approach. It describes that intention to perform a behavior follows reasonably from specific beliefs that people hold about the behavior. Reasoned in this regard has to do with the general rule if people believe that performing a particular behavior is good, then they are more strongly motivated to actually perform the behavior than if they believe that performing the behavior is a bad thing. The integrative model thus accounts for any behavior, regardless of whether behavior is doomed rational or irrational.

Integrative model argues that behavior can be influenced through changes in behavioral skills, environmental factors and behavioral intention. When people have formed appropriate intentions but are not acting on them, then an intervention should aim to help people act on their intentions by addressing a possible lack of skills or environmental barriers (Hecht, 2006). When people do not have strong intentions, the intervention should aim at to improve intention. This route of behavior change that is the route through intention changes, uses information and persuasive
messages to change intention to perform a particular behavior. The goal of these messages is to positively affect the determinants of intention.

**Using the Integrative model to inform health messages**

Fishbein first introduced the integrative model in an address delivered to the 4th AIDS conference in 1990 (Fishbein, 2000). The theory’s approach to message design is based on the proposition that effective messages cater to an audience’s needs. The theory conceptualizes these needs as the variables that determine the particular behavior in the population that an intervention seeks to approach. Once those determinants have been identified for the particular behavior in the population under consideration, an intervention can be designed to address those variables. The logic of this approach is that the better we understand those variables that guide health behavior in a particular population, the better we are to design interventions to change behavior (Fishbein, 2008).

**Conceptual framework**

**The media programming approaches**

The use of different approaches to drive home the intended message has become of great interest to communication experts (Kincard, et. al. 1992). The enter-educate approach for example which uses the entertainment component of mass media is believed to be an effective means of getting people to adopt new behavior. Programs such as music, drama, news, documentaries and advertisements can legitimize attitudes and values. A mass media campaign cannot be effective unless the target audience is exposed to, attends to, and comprehends its message. Two important aspects of message delivery are control over message placement and production quality. Control over message placement helps to ensure that the intended audience is exposed to the messages with sufficient frequency to exceed some threshold for effectiveness. It also allows for the optimal timing and placement of those messages. This control can only be assured with paid campaigns. Those that rely solely on donated public service time may attain adequate exposure, but message placement and frequency are ultimately left to media schedulers and station management; paid advertising time always gets preferential placement. Assuming that the target audience is adequately exposed, high production quality of the campaign messages may maximize the probability that the audience will pay attention to them. High production quality may also improve the chances of eliciting the intended emotional impact.

**The channel used**

There is a strong association between the contraceptive use and the mass media. Studies have documented increased contraceptive use and other behavioral changes following specific communication interventions using one or more media channels. The question of interest is which are the most channels used and the most effective ones in disseminating mass media
contraceptive messages (MCMS) and how they affect reproductive behavior. This study seeks to determine whether the different kinds of media channels used influence the contraceptive use by the women. It will also assess the effects of the media channels on the contraceptive behavior.

The intent of the mass media contraceptive messages (MCMS)

There is a persistent and strong association between the objectives of the MCMS and the reproductive behavior on women. The intent could be preferences for fewer children, intention to stop child bearing or later age of marriage.

The media use and its functions in reproductive health

The employment of mass media to disseminate health information has in effect reduced the world’s size. The value of health messages is related to what gets reported and how it gets reported (Moynihan, 1999). Mass media performs three functions in relation to health: education, shaping public relations 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 e.g. social marketing to promote actions having social utility. As public relation tools, media assists organizations in achieving credibility and respect among public health opinion leaders, stakeholders and other gate keepers. Finally, as advocacy tools, mass media assists leaders in setting a policy agenda, shaping debates about controversial issues and gaining support for particular viewpoints (Keller, 2000).

Television is a powerful medium for appealing to mass audiences and reaches people regardless of age, sex, income or educational level. In addition, television offers sight and sound and makes dramatic and lifelike presentations of people and products. Television coverage of health issues reveals some of the medium’s weaknesses as an educator, however, health segments incorporated into news broadcast are typically one or three minutes in length and the consumer receives only a brief report or sound bite, while the broadcaster remains constrained by the fact that viewers expect the medium to be both visual and entertaining (Katz, 1955). Fortunately with the advent and maturation of cable television (CATV), more selected audience targeting has become possible. The health network is dedicated entirely to health matters, while other cable networks e.g. discovery channel, devote significant amounts of broadcast time to health. This narrow casting allows the medium to reach particular market segments.

However, the proliferation of cable channels decreases the volume of viewers for a given channel at any point in time (Belch, 1995). According to Michael Belch, even networks such as CNN, ESPN and MTN, draw only 1 to two percent of primetime viewers. Although TV has the potential to deliver messages about contraception, televised messages have the characteristics of low audience involvement. The main consumer effects of messages occur through repetition, and brand familiarity. For all its potential strengths, TV suffers many shortcomings. The cost of placing public health messages on TV is high because of production time. Televised messages
appear for a short time in most instances for only 15 to 30 seconds (Belch 1995). He also notes that 13 to 17 minutes of every hour; viewers are bombarded with messages, creating a clutter that makes retention difficult.

Radio also reaches mass and diverse audiences. The specialization of radio stations by listener’s age, taste and gender permits more selectivity in reaching audience segments. Since production and placement costs are less for radio than on television, radio can be able to convey public health messages in great detail. Thus radio is sometimes considered to be more efficient (Adhikarya, 2001). Radio requires somewhat greater audience involvement than television creating need for more mental images. Radio health messages have been effective in developing countries especially when combined with posters and other media. (Adhikarya, 2001) showed that mass media message targeted at wheat farmers in Bangladesh increased the percentage of those who carried out rat control from 10 percent to 32 percent in 1983. Continuation of the campaign in the subsequent years saw rat control efforts rise to 72 percent.

The advent of the World Wide Web and the massive increase in internet users places them in firmer autonomous control of which messages are accessed. It is possible to put anything online and disseminate it at any location having internet access, but the user has little control over quality and accuracy. Internet search engines can direct users of tens of thousands of websites after the user’s introduction of one or more key passwords. Unlike TV and radio which are available nearly in all households, internet access requires some technical skill as well as resources to purchase hardware and internet subscription services. (Vishwanath, 1997), explains that the internet suffers from a certain legacy of fear about its impact. Unlike other mass media; the internet is presently not universally available across socioeconomic strata due to cost and other barriers. It is possible that this lack of universality has already contributed to existing information gaps between society’s ‘haves’ and ‘have-not’s. The internet offers all the audio and visual strengths of other electronic media, plus interactivity and frequent updates. The challenge is to increase its availability and augment the skills of internet users.

(Belch, 1995) estimate that newspapers permit a level of detail in health reporting not feasible with broadcast media. Whereas one can miss a television broadcast on a health issue, one can read the same in detail in a newspaper at one’s choice of time and venue. Although newspapers permit consumers flexibility concerning what is read, and when, they have a brief shelf life. In many households, newspapers seldom survive for long. Magazines have several strengths including audience selectivity, reproduction quality, and prestige and reader royalty. Magazines have a relatively long shelf life. They are frequently read and passed on to others. Magazines reading also tends to occur at less hurried pace than newspaper reading (Belch, 1995). Health messages can receive repetitive exposure.

Pamphlets, brochures and posters constitute other print media used to disseminate health messages. These devices are readily found in most public health agencies and health care
institutions. They are common and familiar educational tools, though their actual utility is not frequently evaluated e.g. units distributed versus changes in awareness (Keller, 2000). Until 1990, few of these print media were developed with the assistance of target audiences, and few contained varied messages and were culturally tailored. The extent to which persons read, reread and keep these devices or circulate them to other readers is not well evaluated. Thus, there performance is unknown (Keller, 2000). The extent of agenda setting is likely to be based on the degree to which a public sense of outrage and threat is provoked. Mass media is very valuable in framing of issues. This occurs when they take a leadership role in the organization of public discourse about an issue.

**Empirical Review**

Evidence from several studies suggest that increased mass media exposure leads to higher rates of contraceptive use (Gupta et. al. 2003; McNay et. al. 2003; and Bankole 1994). The (McNay et. al. 2003) study in India on uneducated women found that mass media exposure operates as a form social learning whereby individuals acquire knowledge from an impersonal media source. Mass media therefore acts as a channel of diffusion contributing to the increased usage of contraception. The study proposes mechanisms through which increased mass media exposure may lead to increased use of contraception. The mass media may feature explicit family planning messages, influencing both knowledge of and preferences regarding contraception. Additionally the mass media may operate by exposing viewers to different lifestyles that value smaller family sizes.

Related studies exist that examine the relationship between mass media exposure and reproductive behavior. One study in India on how cable television (CATV), affects women preferences regarding fertility, (Jensen and Oyster, 2007). The study suggested that cable television viewers may change their fertility preferences when exposed to different lifestyles and increased information about the outside world. The study finds that the use of cable television decreased the number of children or pregnancies by 0.09. The study also finds no significant relationship between cable television introduction and desired fertility. The study’s findings may indicate an increase in birth spacing but not the overall fertility rate. Another study by Ferrara, (Chong and Duryea, 2008), consider a type of mass media specific to Brazil Novellas or Brazilian soap operas. The study finds that soap operas have contributed to the rapid decline in the fertility rate in Brazil over the past four decades. The soap operas have spread throughout Brazil the image of the ideal family as white, urban, middle to upper class and small.

The study finds evidence suggesting that this has influenced fertility preferences among women in Brazil, contributing to stopping behavior rather than to delayed first births.

Some other studies examining the relationship between mass media exposure and contraceptive use have done so in the context of national family planning policies (Gupta et. al. 2000; Oleeye
and Bankole, 1994). One such study examined the effect of multimedia behavior change communication (BCC), campaigns in Uganda and rates of current contraceptive use and intention to begin contraceptive use (Gupta et al. 2000). This study finds a statistically significant relationship between exposure to BCC messages and increase use of contraceptives as well as with intention to use contraceptives in near future.

In another study in Ghana, (Olaleye and Bankole, 1994), examines the adoption and current use of contraception. The study examines two media related explanatory variables of interest which are the exposure to family planning messages in the media and women’s views of the acceptability of family planning messages in the media. The study finds a positive relationship between both the explanatory variables and current contraceptive use as well as with timing of adoption of contraception.

A study by (Cheng, 2011), examines the effect of mass media in increasing contraceptive knowledge among women for a period during Taiwan’s family planning program.

The program used mass media to educate people about contraceptive techniques. The study finds that women who are exposed to mass media regularly have greater contraceptive knowledge than women with less mass media exposure. Another study by (Aghai, 2002), in Tanzania found that 60% of respondents attribute the knowledge to education and 62% had given an explanation by a provider on the use of the female condom. In contrast 38% of respondents had been exposed to the mass media messages prompting female condom. Mass media significantly increased the likelihood a woman would discuss the use of the female condom with a partner.

**The media campaigns in contraceptive promotion**

Media campaigns promoting family planning were proved successful in different places as Mexico, (Venom, 1978) and (Barber and Axin, 2004s). In Nepal for example, (Barber, 2004), found that exposure to mass media is related to preferences for smaller families, weaker son’s preferences and tolerance of contraceptive use.

Apweplezi, a radio soap opera in Brazil, has for example influenced listeners to increase their awareness of contraceptives, improve attitudes about fidelity and family relations and adopt contraceptive techniques (Vaughan Regis et al, 2000). Similarly a radio soap opera in Tanzania entitled’ twendenawakati’, (tr. Let’s go with times) was deemed to have strong behavioral effects on family planning adoption. It increased listener’s self-efficacy regarding family planning adoption and influenced listeners to talk with their spouses and peers about contraception, (Rogers, Vaughan et al 2000). A sample survey in 1988-89 of 4800 persons in Kenya revealed that the radio and television were the primary sources of women first information on family planning. The study also revealed that many more Kenyans listen to the radio than watch the television or read the newspapers.
Research Methodology

Research design

The design of this research was descriptive research. A descriptive research seeks to obtain information that describes existing phenomena by asking individuals about their perceptions, attitude, behavior or values (Mugenda and Mugenda 2003). The selection of the design was attributed to various reasons. First, it facilitates the collection of original data necessary to realize the research objectives. Secondly, it is appropriate in collecting useful data that could be quantified and reported as a representation of the real situation or characteristic in the study population (Kothari, 2004).

Target population

According to Kothari (2004), a population is a complete set of objects, subjects, elements, events, groups of things or cases that are being investigated. By population, the researcher means a complete census of sampling frames. The target population of this study was the women in Kibera slum. According to (Barasa, 1991), a large number of women in this slum report unwanted or mistimed births. The 2008/09 Kenya DHS shows that 43 percent of the births in this slum are unintended and this makes the women suffer from the feeling of powerlessness and depression due to negative views by the society over their pregnancy.

Sampling frame

It is the source material or device from which a sample is drawn. It is the list of those within a population who can be sampled, and may include individuals, households or institutions. The sample frame for this study was the women between 15-45 years in the 7 Community Based Organizations CBO, s which comprise of women only in Kibera with a total of 370 members. They included the Vision sisters (VS) with 60 members, Community support group (CSG) with 75 members, Ghetto Development Center (GDC) with 55 members, Good life for All (GLFAL) with 40 members, Hands of Love Society (HOLS) with 70 members, Jasho Letu Self help Group (JLSHG), with 40 members, and Kibera empowerment organization (KEO) with 30 members.

Sample and sampling techniques

The sampling technique that was applied in this study was purposive sampling. The researcher used purposive sampling to pick women of child bearing age using contraceptives of the population and two health officials from the two main reproductive health providers (AMREF and Medicins Sans Frontiers through homogenous sampling. According to Mugenda and Mugenda (2003), this method is applied to find out how a representation or a small group is doing for the purpose of illustration or explanation. In this method, the researcher purposely
targets a group of people believed to be reliable to the situation. The power of purposive sampling lies in selecting information rich cases for in depth analysis to the central issues being studied, (Kothari, 2004). In this study, a sample of 37 women out of 370 members which represents 10% of the total was selected. This is an appropriate size because according to (Mugenda and Mugenda 2003), ten percent of the accessible population is enough as it enables the researcher to gather sufficient details and enhance the reliability of the study. For content analysis, the researcher obtained a representation using composite sampling. This method allowed the researcher to pick contraceptive messages from the main print media in Kenya namely the Nation and Standard newspapers for a period of three months i.e. April to June 2014. A total of 112 Newspapers were analyzed where each day the researcher will pick one type of Newspaper and the next day the other type. This method allowed a representative sample for the researcher to be obtained.

Data collection methods and instruments

The researcher used two methods of data collection. Primary data collection method by the use of a questionnaire was used to collect information from women using contraceptives and the reproductive health officials. The questionnaire had two sections: the first one comprised of collecting demographic information, while the second section specified the objectives of the study. The researcher believes that questionnaires are very economical in terms of time, energy and finances. The second data collection method that was used was the content analysis method where a representative of contraceptive messages from the print media was selected to provide the data to be used for the study. These are designed questions to which respondents are expected to fill their answers. This method is advantageous as the respondents have sufficient time to supply the required answers. This method is suitable when the information needed can be easily described in writing and if the time is limited. In this study the researcher will provide enough time for the respondents to fill before the questionnaires are collected. The questionnaire included both closed and open ended questions regarding the research topic. Closed ended questions were very useful for this study as their answers were easier to code and statistically analyze. Open ended questions enabled the respondents to give detailed answers and qualify and clarify their responses. The first section of questions will include questions of respondent’s demographics (age, gender and education) .The second section included specific questions related to the topic of the study.

Content Analysis

The researcher used content analysis to obtain content from the contraceptive messages in the newspapers. Content analysis enabled the retrieval of essential primary data that was useful for the study. In this study, two newspapers were content analyzed and on the basis of how the contraceptive messages are given prominence, their emphasis and length. The unit of analysis is an important aspect of content analysis. Stempel, (1989), describes it as that which the researcher
is actually interested in studying or measuring. For this study, the unit of analysis was the phrases used in the contraceptive messages that are disseminated through the main print media in Kenya. Categories are at the heart of content analysis as they are essentially used for the classification of data. Such categories need to be exclusive, exhaustive and have to relate to the objectives of the study, (Holstein, 1969). The nature of this study necessitates the creation of a single category which addresses the main research question. The messages category had the following elements:

1. Prominence of the contraceptive messages.
2. Contraceptive methods suggested.
3. Access and availability of contraceptives.

Data collection procedure

The researcher dropped the questionnaire to the respective respondents by hand. The researcher explained the aim of the research and a copy of the questionnaire was left and picked after a while after the respondent had filled in the same day. The researcher also collected data using content analysis to obtain data that was retrieved from the Daily Nation and Standard Newspapers’ materials that were used in the final analysis of the study.

Pilot testing

Before collecting the necessary data, the instrument was pilot tested with a small representative sample. The pretest of the instrument was necessary to find out if the tool could collect necessary data to facilitate the realism of the research objectives. This is because at a glance, it is not possible to foresee all the misunderstandings or biasing effects of the questions. It also facilitated perfection of concept and wording. Reliability which is measure of the degree to which research instruments yield consistent results (Mugenda and Mugenda 2003) was ensured by pre-testing the questionnaire with 10 respondents who were not included in the actual data collection. The pre-testing was conducted by the researcher to enhance clarity of the questionnaires.

Data analysis and presentation

The study used descriptive and qualitative analysis technique to analyze data. The initial stage of the descriptive statistics included calculating means, standard Deviation, Frequencies, percentages and reliability to investigate the individual set of observed variables measuring demographic characteristics. Qualitative data which consisted of the phrases used from the print media and responses from the open ended questions of the study was analyzed. The data was presented using descriptive statistics i.e. frequency counts, percentages, tables and graphs to describe distribution and bar charts to display nominal and ordinal data. The media messages
were analyzed using content analysis and also the researcher analyzed data using statistical package for social sciences.

**Research Results**

The radio was the most effective medium than all other forms of media in the study area as a total of 87 per cent of all respondents listened to the radio daily. The language used in all the media in disseminating contraceptive messages was effective in reaching the audiences as 66 per cent of the respondents claimed to understand the mass media contraceptive messages very well.

Majority of the respondents had knowledge on the contraceptive methods as 88 per cent of them knew of a modern method. The awareness of contraceptive concepts and the level of effectiveness of the contraceptives among the respondents were well known as 84 per cent of the respondents admitted that the media contraceptive messages enlightened them on the use of contraceptives and 65 per cent believed that they were effective. The male condom and injections were the highly recognized methods by the respondents. These results reflect the fact that many media programs targeting women reproductive health matters promote the use of condom and injections more readily than other methods. However the adoption of the methods suggested by the media was very low with the emergency contraceptives highest with 37.8 per cent.

The women’s age had a positive relation with the contraceptive knowledge as 60 per cent of the women aged over 30 years understood the various methods used for contraception than the ages below 30 years of age. The exposure to media contraceptive messages was positively related to the ideal number of children. Women who were exposed to such messages had a mean ideal number of children about one child less than those who were not exposed. There was a positive relation with this intention and the use of contraceptives among the women because the intent to have smaller idealized families increased by double. All the approaches that the media used had positive influence on the respondents. The testimonial approach was the most effective strategy that influenced the respondents. This is because majority of the respondents adjusted to using the new modern methods disseminated through this approach as compared to the traditional ones and those who were not using any methods earlier started to use the disseminated contraceptive messages by the media. The feature section in both the Newspapers had the highest coverage of the contraceptive messages and the Tunza clinic was the most highlighted access point for the contraceptives.

The results obtained from the study indicate that many of the respondents either have or have access to radio and television sets. A clear majority of them regularly listen to or watch radio or television programs that dwell on contraceptive messages. This supports to the view of Piotrow et al (1994) that the spread of television and radio, the rise of an independent press and
increasing literacy rates in many developing countries offer new opportunities for family planners and other health care organizations to inform the public and reach opinion leaders.

However the respondents’ listenership to radio programs is far more than viewership of television programs with regard to contraceptive messages. This implies that among the media family, the radio could be a great source of mass information and mass education than other forms of media in informal settlements. This is probably borne out of the peculiarity of circumstances of many slum communities where scathing poverty and power outrage reign. The results also suggest that respondents understand and are comfortable with the language used in the purveying the contraceptive messages to them. This is probably why the respondents’ awareness level as regards subsisting contraceptive concepts and methods is very high. The implication therefore is that there is a high level awareness about contraceptives in kibera slum.

In addition, respondents are also of the view that the methods and strategies for child spacing and ideal number of children to be borne are effective. Yet the study reveals that there is a low percentage of the number of respondents who adopt these new strategies. Perhaps the attitude of the slum women towards questions that border on contraceptive information especially with regard to the adoption of strategies of spacing children and checking family size is responsible for this.

Conclusions

Contraceptive matters on women are still very thorny and sensitive in the informal settlements. Although the Kenyan government has since accepted family planning as a necessary ingredient of socio-economic development, an important socio-health measure which contributes to the well being of mothers and children, this study reveals that many people especially in the slum setting have not taken the adoption of modern methods of family planning to check family size and space child bearing as purveyed on the media. This may be connected with some cultural practices and religious doctrines that compel majority of women to keep silent about issues relating to childbearing, number of children and other family matters.

Recommendations

The foregoing perceptions and views must change if the local slum communities hope to effectively grapple with the challenges of distended family size, sexually transmitted diseases malnutrition and child abuse which are threatening to tear down families in informal settlements. This study suggests that the radio and television media are a critical component of effecting this much desired change. It is on the strength of the fact that the broadcast media have played and would continue to play a key role in spreading the contraceptive messages to all slum dwellers that the following recommendations are made:
1. The media, family planning programmers and other key stakeholders including the government should find a way of skirting round the problem of non–adoption of effective contraceptive methods and strategies among the slum women. The media programs designed to achieve this objective must emphasize that the use of contraceptives is by choice not by chance. In other words the women should give birth to the number of children they can emotionally, financially, physically and psychologically take care of. More so, the increasing use of radio and television in the informal settlements as a way of reducing the level of ignorance or incidence of misplaced contraceptive methods must be encouraged.

2. The peculiarities of slum communities in terms of norms, prejudices and other predisposing factors should be considered in the design of contraceptive programs on the media.

3. This study dealt on the kibera slums and therefore there is a need to carry out similar studies in other slums across Kenya as a way generating a more representative empirical statistics on the effects of mass media contraceptive messages on women’s decision making on contraceptive use.

4. Lobby groups should be formed and trained to enhance cultural change as well as awareness creation, counseling and integration of contraceptive methods.

References


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