

REVIEW ARTICLE

Impediments to Media Communication of Social Change in Family Planning and Reproductive Health: Experiences from East Africa

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Abstract

The media has been employed to increase uptake of Family Planning through behaviour change communication (BCC). Understanding the barriers encountered in effectively undertaking this function would increase the strategy's effectiveness. Sixty journalists from East Africa participated in trainings to enhance their BCC skills for Family Planning in which a qualitative study was nested to identify barriers to effective Family Planning BCC in the region's media. The barriers were observed to be insufficient BCC skills, journalists' conflict of interest, interests of media houses, inaccessible sources of family planning information, editorial ideologies and absence of commercially beneficial demand. Coupled with the historical ideologies of the media in the region, the observed barriers have precipitated ineffective family planning BCC in the regions media. Effective BCC for family planning in the regions media requires capacity building among practitioners and alignment of the concept to the media's and consumers' aspirations. (*Afr J Reprod Health* 2013; 17[3]: 70-78).

Résumé

Les médias ont été utilisés pour augmenter l'adoption de la planification familiale à travers la communication pour le changement de comportement (CCC). La compréhension des obstacles rencontrés dans la réalisation efficace de cette fonction augmenterait l'efficacité de la stratégie. Soixante journalistes d'Afrique orientale ont participé à des formations pour améliorer leurs compétences de la CCC pour la planification familiale dans laquelle une étude qualitative a été imbriquée pour identifier les obstacles à l'efficacité de la CCC de la planification familiale dans les médias de la région. L'on a découvert que les obstacles comprenaient les compétences insuffisantes de la CCC, le conflit d'intérêt chez les journalistes, les intérêts des maisons de presse, des sources inaccessibles de l'information sur la planification familiale, les idéologies de rédaction et l'absence de demande commercialement bénéfique. Ajouté à des idéologies historiques des médias de la région, les obstacles observés ont précipité la CCC inefficace de la planification familiale dans les médias des régions. La CCC efficace pour la planification familiale dans les médias régions ont besoin du renforcement des capacités auprès des praticiens et l'alignement du concept aux aspirations des médias et des consommateurs. (*Afr J Reprod Health* 2013; 17[3]: 71-79).

Keywords: Family Planning, Journalists, Behaviour Change Communication.

Introduction

Family planning services have existed in East and Central Africa for over three decades. Despite this, contraceptive prevalence remains low in this region at; 8.7% in Burundi (DHS 1987), 45.5% in Kenya (DHS 2009), 28.6% in Ethiopia (DHS 2011), 51.6% in Rwanda (DHS 2011) and 26% (DHS 2011), and yet the unmet need remains high^{1, 2}. The progress towards achieving higher prevalence has been slow, a situation that is attributed to health system, socio-cultural and

personal factors. At the service delivery level, family planning programmes are constrained by inadequate funding, frequent stock outs of contraceptives, poor reception and handling of clients at health facilities, understaffing at health facilities resulting in long waiting times for clients. From a community perspective, rumours about dangerous effects of contraceptives, cultural and religious beliefs, and lack of knowledge about its importance; men's disapproval of its use and the

search for a particular sex among others constitute the most important barriers to its uptake. In addition, women's ability to access family planning has been hindered by a number of cultural and gender issues such as; inability of women to discuss sex, condom use or determine family size; power relations that sideline women from decision making, access to and utilization of resources and the need for spousal consent to attend antenatal care or access some family planning services. Besides these, women, men and couples have limited factual knowledge on family planning as well as opportunities to access information packaged in a useable manner³. The latter perhaps forms one of the greatest impediments to decision making among individuals and couples wishing to use family planning, as well as creating the appropriate mind set for the critics of family planning in this region.

Over the years, family planning programmes have attempted to change this situation, especially community attitudes and behaviour through Behavioural Change Campaigns. Although the mixed method approach of communication i.e. interpersonal communication, the media and community approaches have been recommended and applied, use of the media has been the most widely employed approach in the East African region⁴. Programmes have used various media outlets such as radio, television, videos, magazines, news papers, press releases, posters and theatre among others. The importance of the media in these campaigns is underscored by the fact that there is a close response effect between the amount of exposure to family planning messages that a person experiences and the increase in that person's consideration of use of family planning⁴. The media is often people's first source of information and a major tool in changing community attitude and behaviour towards family planning. Media coverage legitimizes family planning both as a practice and a topic of conversation even between couples who would otherwise find it difficult to initiate conversation on this subject. In addition, several studies have established that individuals' exposure to mass media messages promoting family planning affects their contraceptive and reproductive behaviour⁴⁻⁷.

In the Eastern Africa region the media has been instrumental in influencing social ideologies and cultures. This has especially been true in the sphere of governance, entertainment and commerce. There is however little documented evidence on the extent to which the media has directly influenced people's health behaviours and choices in this region.

Despite the media having all these advantages, behaviour change communication for family planning requires more than the simplistic sending of messages. Communication practitioners have indicated the need to employ research, testing of behaviour change communication theories, individual and community targeting, mixed method approaches, community involvement, as well as building media institutional capacity to sustainably maintain the communication ebb for family planning^{4,8-12}. It is known however that journalists at their primary entry into practice know little about behaviour change communication and much less about family planning and are therefore not well equipped to communicate on it. Media institutions themselves do not have this capacity. As such, it has been found important to ensure that the main actor in the media who is the journalist has the skills to effectively communicate family planning within the context of behaviour change⁸.

Literature that elucidates on the challenges encountered by journalists in communicating family planning is scarcely available. In addition literature which provides the journalist perspective is even more scarce hence the need to delve into their experience so as to bridge the gap. This information is critical to the generation of more focused interventions if behaviour change communication for family planning is to be effectively undertaken through the media with the aim of improving family planning uptake.

It against this background that the Regional Centre for the Quality of Health Care (RCQHC), an affiliate of the Makerere University School of Public Health identified a critical approach to strengthening family planning uptake promotion; working with and building the technical capacity of the media in East Africa to facilitate better communication of family planning from a

behaviour change perspective. During this intervention, a nested assessment was conducted to understand the impediments to family planning behaviour change communication in the East African media. This paper shares the methods, findings and discusses the origins and precipitating factors surrounding these impediments.

Methods

Participants

RCQHC conducted 3 fully sponsored short courses on behaviour change communication in

2008, 2010 and 2012 for journalists from East and Central Africa. Within this training program, an intervention linked study was employed to explore challenges encountered by journalists in covering family planning with a behaviour change context as they communicate to their audiences. A total of 60 journalists of whom 27 (45%) were female participated in the training. (Figure 1).

Participation was by nomination by respective ministries of health of Kenya, Rwanda, Burundi, Uganda and Tanzania based on the journalists' interest in family planning and gender based violence reporting. (Figure2).

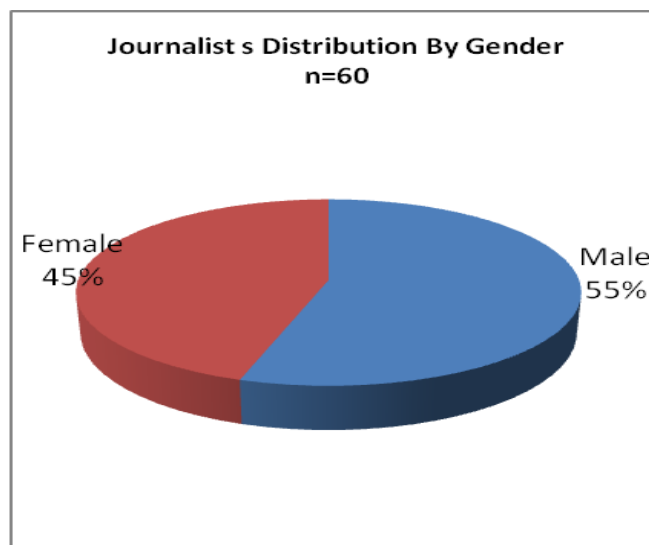


Figure1: Participants' Gender Distribution

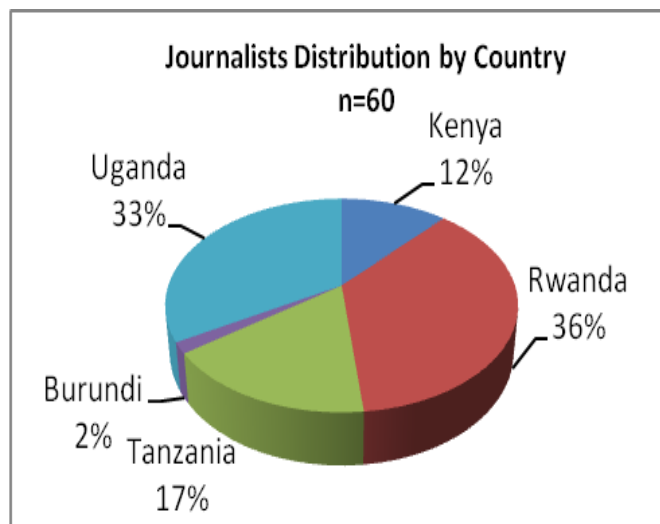


Figure2: Participants Country Distribution

Majority of the participants were 26 years and older, with the age distribution of; 26 – 35 years (61%), 36-45 years (24%) and >46 years (13%) and only 2% were below 25 years of age. Two-thirds of the participants, 40 (67%) had been practicing for 5-10 years, 12 (20%) for 1-4 years and 8 (13%) for more than 10 years. Just over 5 in 10 (54%) of the respondents had completed their first degree in journalism, 31 % had completed a diploma in journalism, 13% had a certificate and only 1% had a postgraduate qualification. More than half, 36 (60%) worked in electronic media (mainly radio), 17 (28.3%) in print media and 13 were reporters either print or electronic media. In terms of occupation, majority 32 (53%) were new reporters, 25 (42%) were either television or radio presenters or 3 (5%) were in editorial positions.

Procedure

Data were collected through semi-structured questionnaires, focus group discussions, key informant interviews as well as in-depth interviews. Prior to the training, a pre-entry questionnaire was administered to assess training needs in relation to behaviour change communication for family planning and gender based violence. In addition, trainee focused group discussion sessions during the training were recorded and transcribed. Further data on post-training performance and further training needs were collected through follow-ups conducted for the all the trainee journalists at their work places 6-12 months after the training. During these follow-ups, in-depth interviews were held with the trainee journalists and their immediate supervisors (usually editors).

The data collected were mainly qualitative. Data were analysed manually (grouping, identifying themes and by content analysis) according to a training cohort and then aggregated to obtain the common findings.

Results

Barriers to effective undertaking of behaviour change communication evolved in five themes as follows;

Lack of behaviour change communication skills

Both individuals and groups across the trainee cohorts argued that they did not have behaviour change communication as a distinct area of their basic training. In fact, the majority indicated that they were encountering the concept of behaviour change communication for the first time. Training in general health journalism was also limited.

“When we learn journalism, this kind of topics we do not get. We mainly dwell on things like covering events, how to record the information, how to break the story before any one does and media ethics”. A print media journalist from Tanzania

“This kind of communication skill is not taught yet as a basic skill in media schools....I think this is because the demand for the skills is not seen but more particularly, the tutors do not think or know that this should be a basic skill”. A print media editor from Kenya

Journalists’ Conflicts of Interest

Some journalists indicated that they felt their role was to inform the public and not to lead the audiences in a particular behaviour. They added that the issue of family planning was sensitive in certain communities (religious) where they worked and they did not want to compromise their future work.

“Journalism ethics dictates that we should be balanced and give both sides of the story. This way of reporting family planning appears to require us to convince people to take up family planning which a journalist is not supposed to do”. A radio reporter from Rwanda.

“I work in a community where family planning is sensitive. If I start promoting it, the people may not be happy with me and may not work with me anymore or they could label me a deviant person”. A radio presenter from Rwanda

Some journalists intimated their inherent beliefs, myths and misconceptions on family planning to the training team. One journalist declared knowing that family planning had many dangerous side effects including causing barrenness and that it would not be good to promote it.

“I have reported on family planning side effects which are dangerous. I have heard some people say that it (family planning) even causes barrenness”. A print media journalist from Uganda.

Competition among reporters was presented as a barrier to targeted communication. The respondents indicated to the study that a reporters’ or journalists’ excellence depended on how many stories one got printed. This required variety, sensationalism and freshness of story. As such reporters and journalists tended to function in a mode where a story is captured sent to the editor and another is sought out immediately. Focusing on a subject and reporting on it consistently was not common practice among journalists, something which behaviour change communication would require to be effective. The later was indicated to create suspicion as to why one would focus on a given subject.

“We are very many in the media house and most of us free lance. The more stories you bring and have printed, the more you are paid and allowed to bring more. So when you get a story you deliver it and you go out to get another one”. A print media reporter from Tanzania

“When you focus on one subject, people will start asking what your interest is and why you are insisting on promoting family planning”. A radio journalist from Uganda

Interests of Media Houses

Both journalists and editors reported that the media had become rather commercial and competitive with more sensational stories being preferred because a good headline sold the paper and family planning was not considered a headline topic.

“When you produce a story, you want a headline that will sell your paper and family planning is not yet at that stage. Usually, political and entertainment stories do this”. A print media editor from Kenya

It was further observed that vision and mission of a media house contributed to what kind of material was produced in that particular media house. One journalist declared that the media house from which she came was a community radio and consistent airing family planning programs was not to be a problem.

“Ours is a community radio; so airing this program will not be a problem”. A community radio presenter from Rwanda.

Inaccessible sources of family planning information

In this regard, journalists reported that they had challenges in gaining access to credible sources of family planning. Varied sources of information were reported to include; health workers, local

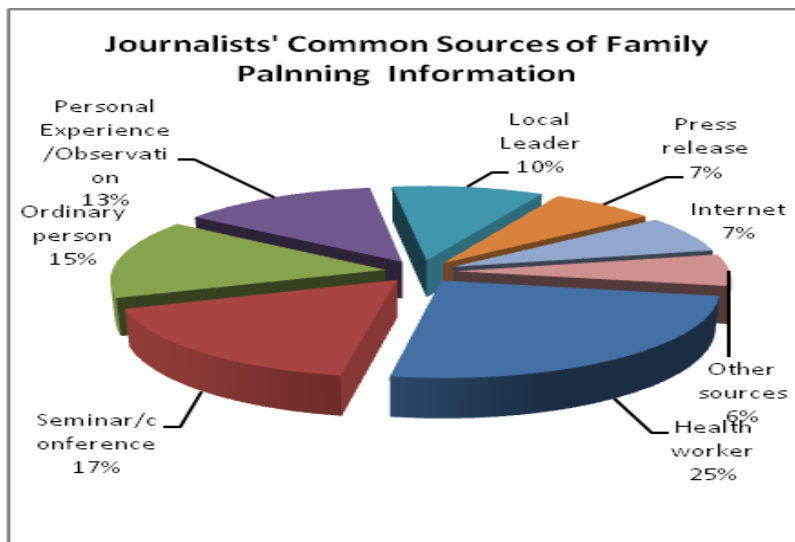


Figure 3: Sources on information on family planning

leaders, ordinary people, conferences and seminars, press releases, the internet, personal experience and other sources which included brochures and the press (Figure 3).

The journalists reported that they mostly preferred to get information from health workers because they (journalists) believed that health workers were the 'experts' and discussions with them were interactive enough to facilitate understanding. However, the journalists' experience was that the health workers were not easily accessible and they were wary of being misquoted or misreported. Other health workers used medical jargon thus making it difficult to understand them. Information on the internet was reported to be difficult to understand (too scientific) and difficult to verify.

"Many doctors and nurses do not want to talk to us because they fear that we shall write bad things about them. Yet it is only with them that we can discuss and understand the story well". A news reporter from Uganda

Editorial Specifications

Editors were reported to be "gate keepers" who decided on which stories to be presented, followed up, dropped or passed. The editor's knowledge of family planning and interest in health as a subject helped them (the editors) to understand the topics and shape them for publication.

"As an editor, I sieve stories that are to go out there and make news to our audiences..... Family planning has been here for a while and may not make newsfresh topics are preferred". A print media editor from Kenya

"My editor has interest in health issues and has been trained in health Journalism so he has no problems with family planning stories". A radio presenter from Rwanda.

In addition, editors admitted that competition in the media was a key influence to what kind of content gets passed. Further to this media firm owners were more interested in selling space and airtime and it was the responsibility of the editor to ensure the firm got "value" for space/airtime.

"The media has become so competitive and puts us editors in compromising positions. The media is a business which needs to make profit

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and that responsibility lays with us the editors. A story must be able to sell or the space is given up for advertisements. If I cannot show the returns, the coverage does not run" A radio programs editor from Tanzania.

Demand

The demand for behaviour change stories such as those on family planning was reported not to be as high as demand for other topics such as politics and entertainment. This, editors added, did not stimulate them and media houses in general to focus on family planning or any other communication aimed at behaviour change.

"To focus on a subject, we study the audience demands. Many of our readers look for entertainment, politics, sports..... It becomes difficult to justify sustained communication of family planning when the demand is not there". A daily newspaper editor

Discussion

The findings presented in this paper were generated through a typical context as opposed to regular research. However, the barriers observed to be faced by journalists in the traditional East African media while undertaking behaviour change communication for family planning shed some light on the experience in areal operational environment. In the development of this paper, data elucidating on similar experiences was not readily available. However, further quest to understand why these challenges existed led to reflection on the history, nature of the East African media and its operational environment.

Traditional media in East Africa has been described as an establishment to function as reflector of governance and cultural ideology before anything else. John C. Condon, in his work on the media in Tanzania concluded that the media mirrored the political consciousness of the nation¹¹. The media has further been described as a platform for expression of culture or as a tool of influencing it for still governance ideology. Condon and Neher in their commentary on the

media in Kenya and Tanzania and its role in shaping the future of the two countries concluded that the media was a tool of expressing culture as drama, literature and dance which in turn created an ambience for emerging national cultures that went beyond regional or ethnic boundaries. They added that the media that showed greatest immediacy of impact (radio and television) were also the best avenues for political mobilization¹². It is imperative that even by design; the construct of the media (training of journalists and their eventual practice) has always been aimed at building the skill of producing more of governance ideology content than other socially important emerging issues such as family planning. The lack of skills in behaviour change communication for family planning and preference for political and entertainment as a focus of the media as declared by this group is therefore not surprising.

The personal ethical issues raised by this group of journalists i.e. the requisite balanced reporting seems to arise from the experience of the media focusing potentially on caustic governance issues of society, which overtime required balanced reporting to avoid disenfranchising a given opinion. However, behaviour change communication as a concept prescribes that an audience is communicated to with a bias of having them change behaviour towards the one intended. Since this notion did not seem to be available to the journalists in the course of career development, that has presented itself as a barrier to undertaking behaviour change communication. Sensitivity to family planning has been known in the region especially in religious and cultural quotas¹³⁻¹⁵. However literature on the extent to which it affects journalists who attempt to carry out BCC for family planning was not available to this paper. This is a question the needs to be answered.

The inaccessibility of family planning information, especially from health workers was reported at linguistic and physical levels. While linguistic barriers have been described and documented for clinicians and patients, literature between clinicians and media practitioners is not available¹⁶⁻¹⁸. The wariness of health providers to talk to journalists appeared quite significant. Its documentation seems to be scanty or nonexistent

as no literature was found. Further investigation and attention to this challenge is required.

Barriers reported to be encountered at the editorial level seem to arise from the background of the media, their training and their operational environment. The journalists indicated that BCC for family planning was not part of their training as even those in editorial positions did not have this knowledge or skills.

Besides lack of knowledge and skills in BCC, commercial obligations pinned to editors by media houses appeared to influence what finally got presented in the media. This closely relates with the goals of the media house where if for example a media outlet is commercial or any other, access and space to communicate public health issues and particularly family planning will require significant costs. The 2008 editorial of the *Health Education Research Journal* shares this view adding that the media are either a state monopoly or a private factor that makes access to such media extremely limited¹⁹. In a focus group discussion, a journalist from a community radio echoed this view and mentioned that theirs being a community radio, there were to be no hindrances to airing family planning BCC programs.

The lack of demand for family planning behaviour change communication mentioned by an editor translates to the apparent lack of stimulus for such a product to be made available in the media as dictated by the demand and supply laws of economics. Linking this to the current liberalization and commercialization of the media in the East African region, this notion was logical since under this environment, media business actors have to ensure commercial viability of their businesses. In the development of this paper, evidence of the quantity of demand for family planning BCC through the media and the commercial viability of such projects in East Africa was not found. It was therefore not possible to illuminate more on this area. However, anecdotal data showed that family planning promotion efforts are commercially procured by the promoting entities²⁰. How such demand can be created should be studied if greater media involvement in family planning behaviour change communication is to be garnered.

The findings in this paper have some limitations. The group of journalists with which RCQHC worked was preselected on the basis of previous experience and encounter with the ministry of health and perhaps other criteria that RCQHC could not control. The number of journalists taken into the training was small compared to what would be a representative sample of the journalists in the East Africa region. This being a largely qualitative inquiry, this factor may not have been as critical to the findings. However, while considering the findings, it is important to note this fact. In comparison to the findings of the East African Journalists Association (EAJA) in their nine-country study on gender equality in the media, in Eastern Africa, the group RCQHC worked with comprised of more women and educationally accomplished individuals thus suggesting a likely bias in the finding from of this group²¹. The findings should therefore be used thematically. In addition, the media is an industry in constant transition with the various entities embarking on issues like family planning at different stages. Hence, for some media institutions, these findings may not apply as they may already be beyond a stage at which these findings are true.

Conclusion

Impediments to the media undertaking behaviour change communication for family planning exist at levels of; ownership and vision of the media institution, training of media practitioners, the interests of the journalist and editor, accessibility of family planning information as well as the media's operational environment. As family planning promoters entrust the media to promote positive behaviour change for family planning, they should consider these impediments. Conversely the mere recognition of the media as a significant partner in promoting family planning through behaviour change communication is in itself not adequate. The media requires the knowledge and skills for behaviour change communication and later on family planning promotion to be imparted in order to be an effective partner in family planning behaviour change communication. Creatively making family

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planning behaviour change communication commercially viable can go a long way in increasing the media's interest on the subject.

Interests

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