

The Impact of Mass Media on Women's Reproductive Health Behaviour in Ethiopia

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Description of the topic

Ethiopian women face multi-dimensional reproductive health problems. More than half of them are exposed to high risk pregnancy. The percentage of women who visited health facilities for antenatal, delivery, and postnatal care services is very small. Young women are also vulnerable to early marriage, early child bearing, unintended pregnancy, unsafe abortion, and infection with different sexually transmitted diseases. Consequently, Ethiopia is among the top six countries contributing more than half of all maternal deaths globally. This is evident from high maternal mortality ratio (Koblinsky et al., 2010). Despite reduction of maternal deaths from 871 per 100,000 live births in 2000 to 676 in 2011, the decline is not sufficient to achieve the Millennium Development Goal of improving maternal health through reduction of maternal mortality ratio by three-quarters and universal access to reproductive health in 2015.

Inadequate utilization of reproductive health services partly explains these problems. Mass media is believed to play pivotal role in improving awareness on reproductive health and shaping the behaviour favourably. However, a considerable proportion of women do not have access to media. In 2011, the percentage of women aged between 15 and 49 who read a newspaper, watched television, and listened to radio at least once a week was only 4.7, 15.9, and 22.2, respectively (CSA and ICF International, 2012). While more than two-thirds (68%) of the women did not have access to any media, only 1.7% had access to the three types of mass media. Furthermore, there is little evidence on factors associated with limited access of women to mass media and its linkage with their reproductive health behaviour. Hence, this study examines differences in women's access to mass media and its predictors; the roles of media in shaping reproductive health behaviour of women; and the current situations in the utilization of mass media for reproductive health communication in Ethiopia.

Theoretical considerations

There are numerous theories that were developed to understand the pathways of change in human's health behaviour in response to media campaigns/interventions. Some of these are social cognitive theory, and the diffusion theory. According to social cognitive theory, adoption of behaviour is mainly influenced by outcome expectations and self-efficacy. Outcome expectation refers to a person's beliefs about the outcomes of the behaviour to be adopted and the perceived values of the behavioural outcomes. Increasing self-efficacy is another mechanism through which behaviour change can be achieved. The theory suggested four ways of increasing self-efficacy (Bandura, 1997). These are mastery experience, social modelling, improving physical and emotional states, and verbal persuasion. Learning from

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others is a powerful method through which individuals can change their attitude and behaviour. This learning takes place either formally or informally. In this regard, mass media plays vital role in behaviour change by bringing model characters through various broadcasts. Mass media is also a key in improving self-confidence of women or partners to effectively adopt a given reproductive health behaviour (Montgomery and Casterline, 1996).

Diffusion theory, emphasizing communication of innovations to bring about behavioural change, states that the pace of adopting an innovation depends on the characteristics of the innovations. This includes the knowledge required to use the innovation, its relative advantage, compatibility with values, norms and needs of potential adopters, complexity to understand and use, observability of the benefits, and risk associated with the invention (Greenhalgh et al., 2004). According to Rogers (2003), mass media plays key roles in the exchange of information and facilitation of discussion among partners on reproductive health issues that, in turn, expedites the adoption of a healthy reproductive behaviour.

The main focus of social cognitive and diffusion theories are modelling of responsible and effective health behaviours as well as facilitation of expansion of modern ideas and life styles related to seeking of health services. Given that these are the major strategic focuses of the National Reproductive Health Strategy of Ethiopia, these theoretical perspectives are used to understand the roles of mass media in changing reproductive health behaviour of currently married women in Ethiopia.

Data and methods

The study was mainly based on analysis of the 2011 Ethiopian Demographic and Health Survey data. The study targeted currently married women in the reproductive age group (15-49 years). The dependent variables considered in the study were age at first marriage, age at first sex, desired number of children, use of contraceptives, number of births three years before the survey, ever termination of pregnancy, and correct knowledge of ovulatory period. The predictor variable was women's exposure to mass media. To show its net effect on the dependent variables, region, place of residence, age, number of living children, educational level, religion, and household's socio-economic status were controlled in the statistical analyses. Kaplan-Meier's life table analysis, Cox regression, ordinary least square regression, binary logistic regression, and ordered logit models) were used to analyse the survey data. In addition, qualitative data were collected from journalists, editors, managers of broadcast agencies on health communication activities as well as challenges and opportunities of addressing reproductive health problems through media. Women were also interviewed on their experiences of exposure to mass media. The qualitative data were analysed thematically.

Major findings

The likelihood of marrying at an early age was significantly lower for rural women who had frequent access to print media and a television than those with infrequent access. In urban areas, frequent access to a television had statistically significant effect on age at first marriage. The median age at first marriage was 20 and 22 years for women who had access to

television less than once a week and at least once a week, respectively. Rural women's frequent access to a radio, a television, and magazines/newspapers was associated with 37%, 1.6 times, and 1.2 times higher chances of ever-use of contraceptives than those with infrequent access, respectively. Similarly, frequent access to a radio, a television, and magazines/newspapers was associated with 26%, 97%, and 1.5 times higher chances of current use of contraception in rural areas, respectively. In urban areas, women with frequent access to a television had 38% higher chances of ever-use of contraceptives. However, urban women's current and future uses of contraceptives were explained by differences in region, age group, number of living children, and educational level.

In both rural and urban settings, the number of births in the three years before the survey and ever termination of pregnancy were not significantly affected by variation in women's exposure to mass media. Exposure to mass media did not also have statistically significant effect on the desire to stop child bearing in rural areas. In urban areas, however, exposure to radio has significant effect on the desire to stop childbearing. Mass media did not have significant role in rural areas in affecting the ideal number of children that currently married women wanted to have. In urban areas, currently married women who had frequent access to television, the preferred number of children was significantly smaller than those who had infrequent access to television. Rural women who had frequent access to radio had 31% higher chances of having correct knowledge of ovulatory period. In urban areas, none of the media variables had significant effect on their knowledge of ovulatory period.

There is noticeable difference between women in exposure to specific family planning messages. Nearly one-third (31%) of urban women reported that they had no exposure to family planning messages compared to 74% in rural areas. The size of women who had no exposure to family planning messages was higher among women with no education and from economically poor households. Exposure to multiple media sources of family planning is very limited in both rural and urban areas. One-fifth (20%), 5%, and 2% of currently married women in rural areas obtained family planning message from one source (radio), two sources (radio and television), and three media sources (radio, television, and print materials), respectively. The respective figures are 13%, 37%, and 19% for women in urban areas. Difference in cumulative media exposure is the function of variation in region, educational level, and socio-economic status.

In both rural and urban areas, increase in cumulative media exposure correspondingly increased the proportion of women currently using contraceptives. While only 16% of women who had no exposure to family planning messages reported to have used contraceptives, the percentage had increased to 25% among those who were exposed to family planning messages from radio. Exposure to family planning messages from two sources (radio and television) and three media sources (radio, television, and print materials) increased the percentage of contraceptive users to 34 and 45. In urban areas, too, the percentage of contraceptive users increased from 36% among women who had not been exposed to family planning messages to 42%, 55%, and 59% among women who received family planning messages from one, two, and three sources, respectively.

Regional health bureaus and mass media agencies prepare communication programs on different pressing reproductive health problems. However, the nature, prevalence, and variation of the problems, as well as personal and cultural values governing the existing reproductive health behaviours are not evidently identified for communication intervention. Furthermore, neither communication objectives are clearly set nor are behaviour change theories used to guide preparation of communication messages. Also, there is no clearly defined method of identifying target audiences. Reproductive health programs in all regions mainly focus on broadcast of best practices in different formats. Serial drama is not used due to lack of human resources, financial constraint, and short duration of transmission. There is neither well-established method of monitoring and evaluating health communication interventions nor audience/media research to document evidences associated with behavioural impacts of previous reproductive health communication programs. The existing media institutions have constraints of human resources equipped with adequate skill of preparing reproductive health communication programs.

In general, improvements in the reproductive health behaviour of the population in general and of currently married women in particular are mainly the function of socio-economic progresses. Although mass media programs play significant role in improving women's reproductive health behaviour, its effect on many reproductive health indicators is minimal. This is attributed to constraints associated with program design, implementation, and evaluation. This includes lack of clearly defined behavioural objectives and theories of change, absence of audience identification and segmentation, lack of tailored reproductive health communication messages, and lack of adequate knowledge and skill of preparing health communication messages.

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