

The Mass Media and Family Planning in Kenya

By Charles F. Westoff and Germán Rodríguez

Analyses of data from the 1989 Kenya Demographic and Health Survey demonstrate a strong statistical association between women's reports of having heard or seen messages about family planning through various media outlets and their use of contraceptives and their reproductive preferences. While 15% of women who say they have neither seen nor heard media messages on family planning are currently using a contraceptive method, this proportion rises to 25% among those who have heard radio messages, to 40% among those exposed to both radio and print messages and to 50% among those exposed to radio, print and television messages. These associations persist even when a variety of life-cycle, residential and socioeconomic controls are imposed, so that women exposed to no messages report an average of 5.5 children as their ideal family size, while those exposed to three types of messages report 4.7 children as ideal. Given the persistence of these strong relationships, the results suggest that the mass media can have an important effect on reproductive behavior.

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There is understandably a strong interest within population policy and family planning program circles in the potential impact on contraceptive behavior and reproductive preferences of mass media messages that try to inform and motivate people on the methods and advantages of regulating fertility. These messages can take (and have taken) many forms, ranging from soap operas on radio and television designed to persuade women of the personal and social advantages of smaller families to spot advertisements about methods and clinics. The appeal of such approaches to agencies committed to promoting family planning lies in their wide coverage and in their potential cost-effectiveness, especially in the developing countries.

What is the evidence that such media efforts actually influence individuals' reproductive attitudes and behavior? A library of literature on mass communications accumulated over the past half-century has reached disparate conclusions on the general question of whether the mass media can influence behavior. Such questions

have been posed about a wide range of behavior, including the effects of television on violence, on children's education, on consumers' choices of products and on voting behavior, among others. The evidence on the effectiveness of such communications is mixed,¹ but the belief that there is some effect has persisted and is reflected in the emergence of a whole industry devoted to such activities.

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

A 1986 summary² of radio coverage alone cited nearly 250 sources describing these efforts and some limited attempts at evaluation. For example, in Iran, a media campaign to increase contraceptive awareness and practice showed large increases in the number of both pill and condom users.³ In Egypt, a large-scale "before and after" experimental design that was implemented to evaluate a mass communications effort to promote family planning also showed positive results, once the effects of many of the variables that might jointly influence both awareness and use were controlled.⁴

In the early 1980s, several studies in Jamaica indicated widespread awareness of family planning resulting from soap operas, songs and other messages,⁵ but a significant proportion of women still had an unmet need for family planning. (The main conclusion in these studies was that awareness is not enough and that other considerations, such as fear of side effects, must be confronted.) Recent evaluations of mass media campaigns in three different areas of Nigeria indicated that there were large increases in the number of family planning clients at clinics following the implementation of different communication campaigns, with the authors concluding that "mass media interventions can play a major role in promoting family planning use in certain situations."⁶ Similar results have been reported in Indonesia and in Trinidad and Tobago.⁷

In Latin America, two studies illustrate some of the methodological difficulties involved in interpreting the association between awareness of media messages on family planning and the practice of contraception, an inherent problem that complicates the analysis of Demographic and Health Survey (DHS) data on this subject. One small village study in Mexico in 1978 examined the relationship between general exposure to radio and print media, as well as to family planning messages, and the practice of family planning, and found the expected positive results.⁸ However, the investigators emphasize the difficulty of inferring causality: "Yet whatever evidence we found does not allow us to exclude the possibility that those individuals who already use family planning, or know about it, are those likely...to be constant media consumers."⁹

The most relevant earlier study, and one that corresponds closely with our illustrative analysis and that also underscores these problems of causal inference, was based on an analysis of survey data from Guatemala, El Salvador and Panama.¹⁰ It focused on data about exposure to media messages and family planning that were derived from the Contraceptive Prevalence Surveys conducted in these three countries from 1979 to 1982.

At the outset, the authors noted that

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Table 1. Percentage of married women aged 15–49 who had heard or read about family planning in the last six months, by source of information, Kenya Demographic and Health Survey, 1989

Source	%
Radio	65.9
Television	7.8
Newspapers/magazines	20.9
Posters	23.6
Friends/relatives	67.1

only an experimental design with measurements before and after exposure to the media messages would permit relatively unambiguous inferences about the causal process. (Because of the inherent difficulties in achieving pure randomization in a mass media study, the experimental design is far from a panacea.¹¹) That analysis shares the same limitations as most in this area: The media efforts preceded the survey in time, but evidence that women who reported having been exposed to such messages also practiced contraception in higher proportions or preferred fewer children than those women who did not report such exposure is subject to other interpretations. Even when an association persists after life-cycle and socioeconomic controls are imposed, the nagging possibility remains that women who practice contraception for reasons unconnected with media messages may simply be more likely to hear such messages and report having heard them when asked.

DHS Data and Kenya

Two-thirds of the surveys in the initial round of the DHS included one or more questions on whether the respondent had heard, read or seen messages about family planning on the radio, in newspapers, magazines or on posters, or on television.* The most common question asked whether the respondent had heard messages on the radio in the past month.

We selected Kenya to illustrate the procedures for analyzing such data for several reasons. Although Kenya clearly has begun the transition toward lower fertility, its level of fertility is still very high (a total fertility rate of 6.7 lifetime births per woman in the late 1980s¹²), and is therefore of great program and policy interest. Moreover, the questions asked in the 1989 Kenya DHS were among the most detailed, asking women if they had heard or

seen family planning–related messages in four different media.

There had been major efforts to use the media to promote family planning prior to the time of the Kenya DHS in 1988–1989. The Family Planning Association of Kenya has played an important role in such activities, producing many booklets, posters, films and videos as well as radio programs about family planning. In addition, a recent report noted that three regular radio programs on family planning and population issues were being broadcast in Kenya.¹³

Although radio is the most important vehicle in Kenya for communicating about family planning,¹⁴ a popular television soap opera also emphasized the problems of early pregnancy.¹⁵ In addition, the U.S. Agency for International Development office in Kenya has supported the production and dissemination of family planning calendars, posters and leaflets. Most of the messages are aimed at creating general support for small-family norms.

One of the radio programs was a soap opera aired twice weekly and listened to by 39% of the country. (Listenership was up to 60% by one account, which described the program as having “the highest rating of any radio program in the history of broadcasting in Kenya.”¹⁶) This program was subsequently evaluated in interviews with rural and lower-socioeconomic-status urban samples in an effort to gauge audience reactions.¹⁷ The messages communicated on the program emphasized monogamy, delayed marriage, small families, equal treatment of male and female children, and the problems engendered by rapid population growth. Although the study had serious design limitations, it concluded that nearly one-half of respondents claimed to have acquired their initial knowledge of family planning through the media.¹⁸

Anecdotal evidence for the impact of the program seems highly convincing. A survey of rural clinics is reported to have revealed the universal testimony of clinic personnel that “everyone says they have come because of the radio.”¹⁹ A sample

Table 2. Percentage distribution of married women aged 15–49 reporting exposure to media messages about family planning, by type of media (and score)

Media	%
No messages (0)	30.3
Radio only (1)	41.7
Radio and print media or poster (2)	21.0
All media, including television (3)	7.0
Total	100.0

*Such a question or questions were included in the surveys conducted in Bolivia, Colombia, the Dominican Republic, Ecuador, Egypt, Ghana, Guatemala, Indonesia, Kenya, Morocco, Peru, Sri Lanka, Thailand, Trinidad and Tobago, Tunisia and Zimbabwe.

survey conducted in 1988–1989 of 4,800 persons living in the provinces served by the Family Planning Association of Kenya determined that radio was the primary source of both women’s and men’s first information about family planning.²⁰

Media Exposure

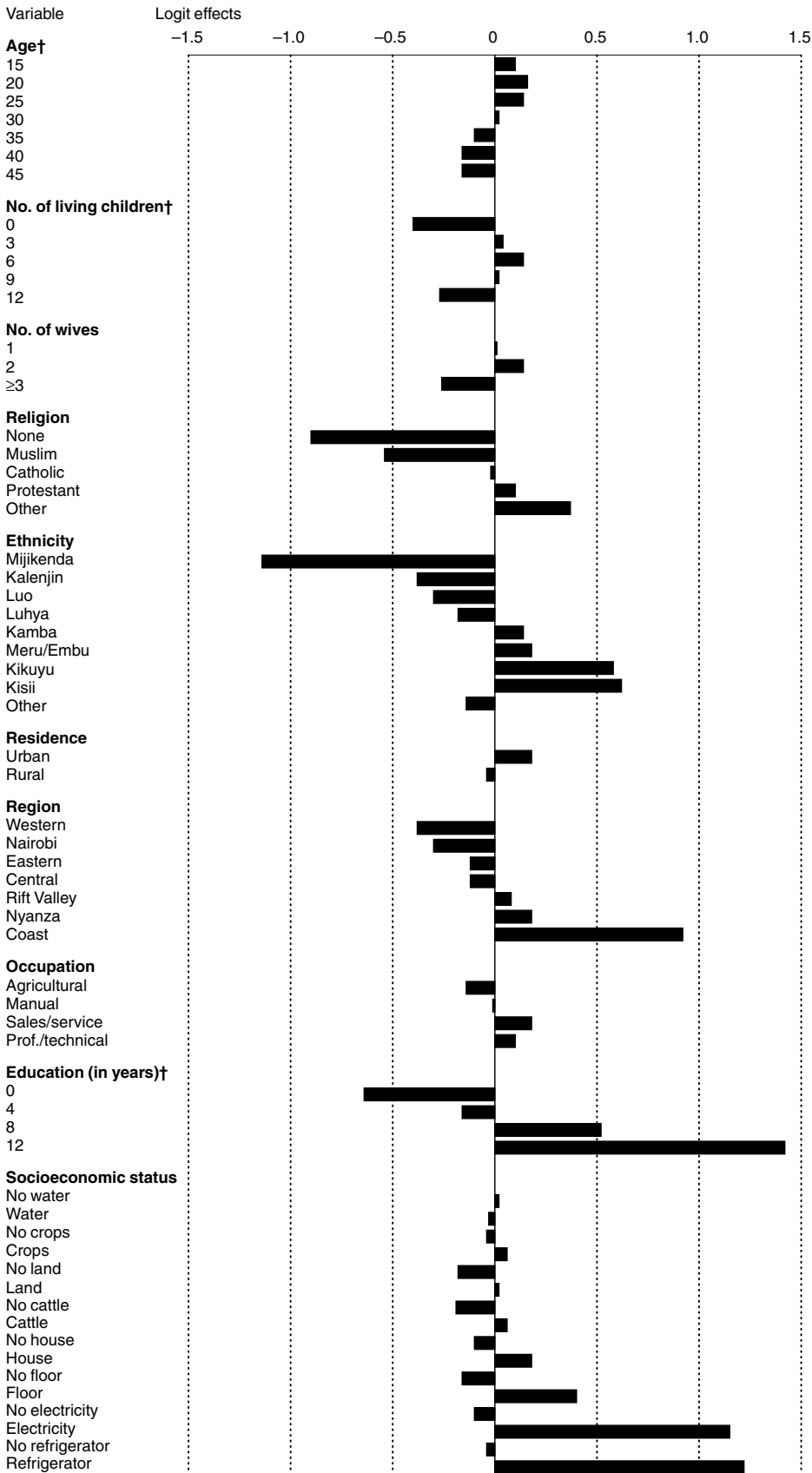
Many more Kenyans still listen to the radio than read the newspapers or watch television. A total of 68% of married Kenyan women report that they listen to the radio at least once a week. Radios are owned by 61%, while only 5% report owning a television set.

The focus of this article is to illustrate the analysis of the effects of mass media on reproductive behavior—and in particular, the impact of media messages on family planning. The Kenya DHS included a question about whether the woman had heard or read about family planning in the last six months. The question was repeated for the radio, television, newspapers or magazines, posters, and friends or relatives. (The category “friends and relatives” is included along with the mass media because it was part of the question and also probably serves frequently as a reinforcement and as a link between media messages and women who may not have been exposed to these media directly. This is part of the concept of “supplementation,” one of the necessary conditions for effective mass communication.²¹ Since “friends and relatives” are not in the category of the media, no further reference is made here to their role in the communications link.)

The importance of radio is clear from the data shown in Table 1. Sixty-six percent of respondents said they had heard some family planning message on the radio in the preceding six months. In comparison, just 24% said they had seen family planning–related posters, 21% had read a family planning–related message in newspapers or magazines and 8% had seen such a message on television.

There is a strong cumulative association from having heard family planning messages in different media. If women report having seen television messages, they are very likely to report having seen messages in the print media or on posters and to have heard family planning messages on the radio. If they have not seen television messages but have seen such content in print, they are also very likely to have heard them on the radio. In view of this result, we created a cumulative scale of media exposure (a Guttman scale²²) for use in further analyses, in which a re-

Figure 1. Ordered logit effects of selected demographic and socioeconomic variables on cumulative media exposure to family planning messages among women aged 15–49



†The values given for this variable are selected "typical values."

spendent is assigned one point for having heard a message on the radio, another point for having seen a message in either papers or posters and one more for having seen a message on television.

The scale, which is shown in Table 2 (page 27), has a coefficient of reproducibility of 0.955 meaning that only 4.5% of women do not conform to the cumulative logic where a score of 1 means radio, 2 means radio and print, and 3 means radio, print and television. As can be seen, the large majority of Kenyan women either perceived no messages or heard them over the radio only (30% and 42%, respectively). The proportion exposed to all media, in contrast, is very small.

Women's Characteristics

Clearly, exposure to the mass media is not randomly distributed throughout the population: In all, we selected a set of 17 variables that may affect media exposure.* The print media, for example, are available only to women who can read; in 1989, 34.6% of married Kenyan women were illiterate. Likewise, listening to the radio or viewing television is associated (though not perfectly) with owning radios and television sets. These constraints imply socioeconomic connections with exposure to the media and thus to media messages about family planning. Residence in a city or region where such programs originate and where newspapers and magazines are more available is also expected to influ-

*The 17 variables were represented in our regression models by a total of 41 regressors. Age and the number of living children were modeled using regression splines; specifically, we used natural cubic splines with interior knots at the terciles. Because the distribution of the variable on number of wives had a rather long tail, we decided to group it into three categories (one, two and three or more) and represent these with two dummy variables. Religion was treated as a factor with five categories—no religion, Catholic, Protestant, Muslim and other. Ethnicity had nine categories, represented by eight dummy variables (after we combined a very small group of Somalis with the original "other" category). Region and type of place of residence were handled in terms of an urban-rural dichotomy and a set of seven regions—Central, Coast, Eastern, Nairobi, Nyanza, Rift Valley and Western. There is some evidence that the effect of urban residence may vary by region, but unfortunately the sample size did not allow reliable estimation of such interactions. Husband's occupation was coded using four categories: agricultural; manual; sales and services; and professional, technical and clerical. Wife's education was measured in years and modeled using a natural cubic spline with interior knots at the terciles. The final eight variables were a set of socioeconomic indicators—possession of a house, running water, floor covering, electricity, a refrigerator, land, cattle and crops. We considered combining these indicators in a socioeconomic index, but in the end preferred to maximize their potential explanatory power by using a separate dummy variable for each indicator.

ence media exposure. Religion and ethnicity may capture cultural dimensions related to media exposure. Life-cycle variables such as age and number of children also might be expected to influence interest in or receptivity to messages on fertility regulation.

To assess the importance of such variables on the media exposure score, we tried several modeling strategies. Multinomial and hierarchical models were found to fit the data better than ordered logit or ordered probit models, but the former required nearly three times as many parameters for the full model as the latter (126 instead of 44). In order to take parsimony as well as goodness of fit into account, we calculated an information criterion for each model.²³ On the basis of this criterion, the four models were practically indistinguishable, and we selected the ordered logit model because of its simplicity and to maintain consistency with the remaining analyses.*

Figure 1 demonstrates that exposure to media messages increases with age up to 22 and then declines, in what is probably a generational effect. Similarly, by the number of living children, exposure increases up to six but then declines, in an inverted U-shaped relationship. The increase is consistent with the notion that women with children are more likely to pay attention to messages dealing with family issues. (The decline at very high parities, even after we controlled for age, is puzzling.)

Polygamy is also associated with exposure to the media, with wives whose husbands had at least two other wives being least likely to have heard family planning messages, even after taking into account other demographic and social characteristics. We find large effects of religion and ethnicity on exposure to messages, with women who declared no religion and women from the Mijikenda ethnic group being those least exposed to family planning messages.

As shown in Figure 1, these cultural effects are substantially larger than the demographic effects of age and number of living children. Place of residence has a modest effect in the expected direction, with urban residents more likely to have heard messages from more sources. There are fairly large regional differences, with Nairobi surprisingly at the extreme of least exposure (after adjustment for urban-rural and socioeconomic effects) and the Coast at the extreme of most exposure to messages about family planning. Exposure also increases with husband's occupation

Table 3. Percentage distribution of married women aged 15–49, by contraceptive knowledge and use, according to exposure to media messages on family planning

Knowledge and use status	Total	No message	Radio only	Radio and print or poster	All media, including television
Unweighted N	4,778	1,441	1,948	1,014	375
Knows no method	7.6	19.1	3.6	1.0	0.7
Knows method, has never used one, does not intend to use one	22.1	28.8	23.9	13.8	7.9
Never used method, intends to do so	25.3	26.0	28.6	21.6	14.6
Used method in past, does not intend to use again	6.0	5.6	5.9	6.5	6.9
Used method in past, intends to use again	12.0	6.3	12.0	17.7	20.2
Currently using a method	26.9	14.3	26.0	39.4	49.7
Total	100.0	100.0	100.0	100.0	100.0

as one moves from agricultural to manual to white-collar occupations.

Wife's education has the largest effect of all variables studied. The contrast between women with eight years of education and those with no schooling, for example, is 1.15 in the scale of log-odds (an odds ratio of 3.16). This means that eight years of education are associated with a three-fold increase in the odds of having heard a message on some medium (either paper or electronic). Since the model restricts the odds ratio to be constant along the media scale, it is also true that for women with eight years of education, the odds of having heard a message on television are three times as high as those for a woman with no education.

Finally, we note that some of the socioeconomic indicators are strong predictors of high exposure to media messages—particularly having a covered floor, having electricity and owning a refrigerator. Note, however, that these large effects apply to rather small minorities; for example, only 3% of women in our sample had a refrigerator.

The basic message of this analysis is that, as expected, exposure to media messages about family planning is affected very much by the usual roster of demographic, socioeconomic and cultural characteristics of the respondents. We therefore need to control for these attributes in our analysis of the association between media exposure and reproductive behavior.

Media Messages and Behavior

Our main analytical focus from here on is the association between mass media messages about family planning and contraceptive practice and reproductive preferences. We explore this association through several indicators of reproductive behavior.

Adoption of Contraceptive Use

The contraceptive variable can be con-

ceived as a continuum ranging from women who have never heard of any method to those currently using some method, with intermediate gradations in terms of intentions to use and use in the past. The relationship between the media scale and a more or less ordered progression of contraceptive practice is shown in Table 3.†

Women's knowledge of family planning methods, intention to use contraceptives and history of contraceptive practice were all related to media exposure in the expected ways: Those who knew no method were more likely to have heard no family planning messages and were progressively less likely to have heard or seen messages in several media. (The apparent anomaly of small numbers of women who never heard of particular contraceptive methods but report receiving family planning messages through the media could arise from the content of some messages about the general advantages of smaller families.) Current contraceptive users were much more likely to have perceived messages in several media than they were to have seen or heard none at all. Of course, as the earlier analysis of the characteristics of women reporting these messages indicated, the association may be simply a reflection of the joint connections of media exposure and contraceptive behavior with the family life-cycle or with socioeconomic factors.

*Just as in an ordinary logit model, the coefficients in an ordered logit model measure the effect of each variable on the log-odds, except that the log-odds pertain to the cumulative distribution of the response. The ordered logit effects shown in Figure 1 have been standardized so that each variable has a weighted sample average of zero, thereby making the appearance of the graph independent of the choice of reference cell. (We are grateful to Thomas Espenshade for the suggestion.)

†This analysis was suggested by a similar typology used in J. T. Bertrand et al., 1982 (see reference 10).

Table 4. Unadjusted and adjusted percentages or means among women aged 15–49, by measures of reproductive behavior, according to family planning message score

Measure	All	Score 0	1	2	3	χ^2 (or F†)
% ever using a method						
Unadjusted	44.9	26.2	43.9	63.5	76.7	499.1**
Adjusted	44.9	30.3	45.8	58.4	62.9	147.0**
% of users ever using a modern method						
Unadjusted	64.3	53.1	61.2	68.4	81.7	64.4**
Adjusted	64.3	57.0	64.4	66.1	70.6	7.3
% currently using a method						
Unadjusted	26.9	14.3	26.0	39.4	49.7	284.4**
Adjusted	26.9	18.1	27.8	35.7	33.4	66.5**
% of current users using a modern method						
Unadjusted	66.4	53.2	62.9	71.8	81.2	39.4**
Adjusted	66.4	52.6	67.2	67.6	78.5	13.6*
% intending to use a method in the future						
Unadjusted	53.2	40.4	56.9	65.7	69.5	150.4**
Adjusted	53.2	44.5	56.4	60.3	63.6	41.2**
% wanting no more births						
Unadjusted	49.4	46.8	49.6	51.6	52.5	7.3
Adjusted	49.4	44.9	48.9	52.5	61.5	14.1*
Among women wanting a birth, % who are spacing						
Unadjusted	54.9	49.7	52.5	65.4	63.5	36.9**
Adjusted	54.9	54.2	51.1	61.5	62.1	11.6*
Mean ideal no. of children						
Unadjusted	5.11	5.97	4.98	4.55	3.82	121.8**
Adjusted	5.11	5.50	4.96	4.98	4.69	20.4**

*p<.01. **p<.001 †For mean ideal number of children only. Note: For ideal number of children, adjusted data are from a linear regression; for all other measures, adjusted data are from nested logit regressions and have been scaled to reproduce exactly the sample total. The following variables were included in the regression analyses as control variables: age, number of living children, number of wives, region of residence, type of place of residence, wife's education, husband's occupation, indicators of household possessions, ethnicity and religion. All analyses had three degrees of freedom.

To explore this issue, we now use a series of multivariate models of indicators of reproductive behavior to introduce controls for observed demographic and socioeconomic characteristics of respondents. The models used include ordinary linear regression, logit regression and hierarchical logit regression.

Ever-Use of Contraceptives

The results, in terms of the effects of media exposure on selected indicators of contraceptive use and reproductive intentions, are given in Table 4, both before and after adjustment for demographic and socioeconomic characteristics. Ever-use of contraceptives had three categories: never used a method, used traditional methods and used modern methods. In our analysis, we relied on hierarchical logit models, first contrasting ever-use vs. never-use and then exploring the choice of modern or traditional method among users. (An advantage of this model is that it can be fit simply as a series of two ordinary logistic regression analyses.)

Current Use of Contraceptives

Three categories of current contraceptive use—not now using a method, currently using a traditional method and currently using a modern method—were modeled using hierarchical logits, with the same contrast as for ever-use. Table 4 and Figure 2 show that the contraceptive prevalence rate increased from 14% among women who had not heard media messages about family planning to nearly 50% among those who had heard and seen messages in all three types of media. The differential was attenuated after we introduced the standard set of controls, but remained large and statistically significant.

Unlike the situation with ever-use, media exposure appears to have an effect on method choice with current use: Nearly eight of 10 users who had heard a family planning message in all three media chose a modern method, as opposed to just over one-half of those who had perceived no messages at all. This effect remained significant after we adjusted for all other variables.

We found that the proportion of women who had ever used a contraceptive method rose monotonically up the media scale, from having heard no messages to having heard messages on the radio only, both in print and on the radio, and on television, in print and on the radio. The differential was slightly attenuated after we adjusted for the effects of all other variables in the model (which involved 41 additional terms), but remained highly significant.

The same was not true, however, for method choice. Exposure to family planning messages apparently increased the likelihood that a user would choose a modern method as opposed to a traditional method, but this effect fell just below statistical significance after we introduced demographic and socioeconomic controls.

Intention to Use Contraceptives

For an analysis of women who were not practicing contraception (a substantial majority of the sample), following exploratory analyses where we used different categorizations of the variable, we settled on a simple contrast between those who intended to use a method in the future and the remainder (including those who were undecided). The logistic regression analysis summarized in Table 4 shows a strong association between exposure to family planning messages and a declared intention to practice contraception in the future, even after we considered the confounding influences of all other variables.

Desire for Future Births

To examine fertility preferences, we distinguished three types of women: those who would like to have a birth as soon as possible, those who would prefer to wait two years (hereafter called spacers), and those who would like to have no more children (hereafter called limiters). After exploring different ways of setting up the two contrasts required for a variable with three categories, we decided first to compare limiters with the rest and then look at spacing among women who wanted more children.

Figure 2. Unadjusted and adjusted proportions of women currently using a contraceptive method, by exposure to media messages about family planning

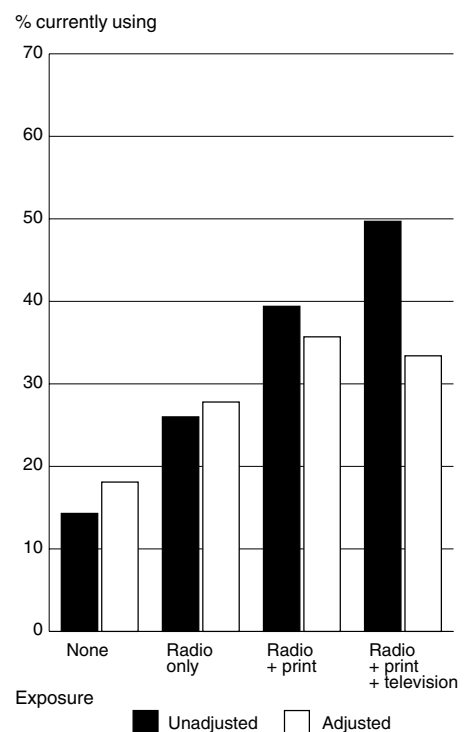
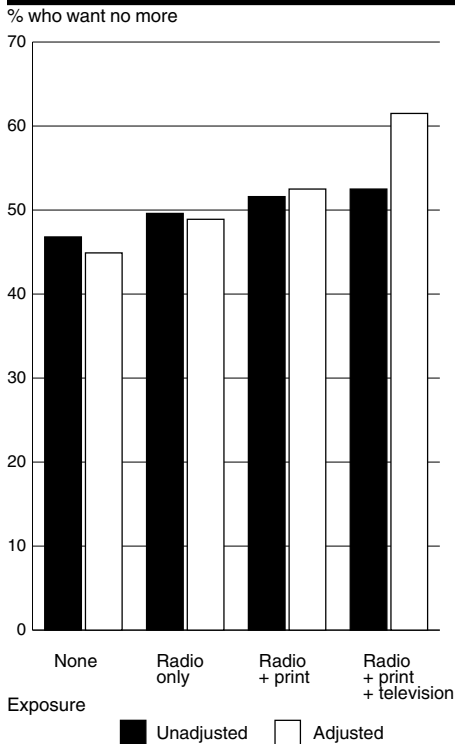


Figure 3. Unadjusted and adjusted proportions of women who want no more children, by exposure to media messages about family planning



An interesting feature of our results is that the effect of exposure to media messages on the desire to limit fertility does not become evident until demographic and socioeconomic controls are introduced (see Figure 3). The explanation is that women who have been exposed to family planning messages in more media are disproportionately young and of low parity, and hence are unlikely to have reached a stage in their reproductive careers where they would want to limit births. After we controlled for the number of living children, the effect became immediately obvious (albeit not of a magnitude comparable to the effect of media on ever-use of contraceptives).

A second result indicates that even among women who do not want to limit their fertility, exposure to media messages is associated with an increased desire to space births (Table 4).

Ideal Number of Children

The final indicator of reproductive behavior is the women's declared ideal number of children, which was analyzed using ordinary linear models.* The ideal num-

*Values in excess of 12 and nonnumeric responses such as "it's up to God" were assigned a value of 12 (5.5% of all responses).

ber of children declines monotonically as one moves up the media scale. Table 4 shows that nearly a one-child difference remained between the extremes after we controlled for all available observed characteristics (5.5 children vs. 4.7 children).

Discussion

In this analysis, we have attempted to determine whether a case can be made for the proposition that mass media efforts influence reproductive behavior. Using data from Kenya collected in 1989 as part of the DHS project, we have demonstrated the presence of a strong statistical association between women's reports of having heard or seen messages about family planning on radio, in newspapers, magazines or posters, or on television and measures of reproductive behavior such as contraceptive use and reproductive preferences. These associations persist even when a variety of life-cycle, residential and socioeconomic controls are imposed.

We have repeatedly called attention to the issue of the direction of causation between exposure to mass media and reproductive behavior. The only information we have on the time sequences of exposure and use (at least for Kenya) is the general information that one of the main radio efforts occurred in the year prior to the survey. It remains entirely possible, however, that women who have already used contraceptives might simply be more sensitive to media messages on the subject than women who have not used a method.

All that we can establish empirically in this analysis is that there is a strong correlation between reports of having heard or seen messages on family planning and, for example, contraceptive use. We have been able to exclude the possibility that this relationship is related to a joint association with life-cycle, residential or socioeconomic variables. The strong association that persists does not prove that these information and motivational efforts have had their intended effects on reproductive behavior, although such a presumption would certainly have been seriously undermined had the expected association been absent.

Anecdotal evidence from clinics and from some evaluation surveys strongly supports the inference that media messages have a significant impact both on the motivation to limit fertility and on information about the availability of supplies. It would be reassuring, however, if there were internal evidence from the survey that would increase our confidence in the direction of the association.

One approach is to classify the sample by characteristics that are functionally related to contraceptive behavior and compare the groups on exposure to the media. For example, married and unmarried women or sexually active or sexually inactive women should be equally exposed to media messages (at the same age). If married or sexually active women (with the appropriate age controls) report such messages more frequently than unmarried or sexually inactive women, one would be concerned about the force of selectivity. Of course, if there are no differences between these groups, we still cannot definitively conclude that selectivity is absent; it may simply be an inadequate test. For what it is worth, such an analysis failed to reveal any significant or even patterned differences.

Although internal probes for selectivity do not support this concern, only a "before and after" experimental design will satisfactorily resolve this concern. Nevertheless, based on the persistence of such strong relationships and in the light of anecdotal and other evidence from Kenya and elsewhere, we believe that the mass media can have an important effect on reproductive behavior.

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Resumen

El análisis de los datos de la Encuesta Demográfica y de Salud de Kenya, de 1989, revela que hay una estrecha relación estadística entre las declaraciones de las mujeres que indican haber oído o visto mensajes sobre planificación familiar en los medios de difusión (radio, periódicos, revistas, afiches o televisión) y su práctica de uso de anticonceptivos y preferencias reproductivas. En tanto que el 15% de las mujeres que indican que nunca han oído o visto mensajes publicitarios sobre planificación familiar actualmente usan anticonceptivos, esta proporción aumenta al 25% entre las que han oído mensajes radiales, al 40% entre las que han percibido mensajes por radio y escritos y al 50% entre las que han visto u oído mensajes por radio, escritos y por televisión. Estas relaciones persisten aun cuando se imponen una variedad de controles—de edad, de lugar de residencia o de nivel socioeconómico—de manera que las mujeres que no han recibido ningún tipo de información sobre planificación familiar consideran que el número ideal de hijos es de 5,5, en tanto que las expuestas a los tres tipos de mensajes indican que su tamaño ideal de familia es de 4,7 hijos. Dada la persistencia de estas sólidas correlaciones, los resultados indican que los medios de difusión surten un importante efecto en la conducta reproductiva.

Résumé

L'analyse des données de l'Enquête démographique et de santé menée au Kenya en 1989 révèle une forte association statistique entre les déclarations des femmes concernant leur exposition aux messages de planification familiale (à la radio, dans les journaux et les magazines, sur les affiches de publicité ou à la télévision) et leurs pratiques contraceptives et préférences en matière de procréation. Parmi les femmes qui ont déclaré n'avoir ni vu, ni entendu de messages médiatiques sur la planification familiale, 15% seulement pratiquent actuellement la contraception. Cette proportion passe à 25% parmi les femmes qui ont entendu de tels messages à la radio, à 40% parmi celles exposées à des messages radiophoniques et imprimés et à 50% parmi celles exposées aux messages de la radio, de la presse écrite et de la télévision. Ces associations se maintiennent même après l'application d'une variété de contrôles liés au cycle de la vie, de résidence et d'appartenance socio-économique. Il en ressort que les femmes qui n'ont été exposées à aucun message estiment, en moyenne, à 5,5 le nombre d'enfants de la famille idéale, par rapport à 4,7 parmi les femmes exposées à trois types de messages. Etant donné la persistance des fortes associations observées, les résultats indiquent que les médias peuvent produire un effet considérable sur les comportements procréateurs.