MASS MEDIA ADVERTISING AND ITS IMPACT ON BEHAVIOUR

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MASS MEDIA ADVERTISING AND ITS IMPACT ON BEHAVIOUR

A STUDY OF RAWALPINDI AND ISLAMABAD

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A thesis submitted in partial fulfillment of the requirement for the Degree of Master of Philosophy/ Science with specialization in Marketing at the faculty of Management Sciences

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Dedication

To my parents and my Kids Ahmad & Maryam

(Acceptance by the Viva Voce Committee)

Title of the Thesis: "MASS MEDIA ADVERTISING AND ITS IMPACT ON BEHAVIOUR -A STUDY OF RAWALPINDI AND ISLAMABAD"

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ABSTRACT

Family planning advertising campaigns has been shown to increase awareness and use of family planning products. One of the means of promoting family planning is use of television as a medium; this study investigated the impact of family planning advertising on contraceptive behavior in two cities of Pakistan. A field survey was conducted across various segments of the population to collect the data from nationally representative sample of both male and female ages between 15-45 years. Data was analyzed using SPSS to measure the impact of family planning adverting on contraceptive usage (product usage), communication with the partner and visit to place/ health facility to get advice or supplies of family planning.

Results of 244 respondents surveyed indicated that the respondents who were exposed to family planning messages on TV are more likely to using contraception, communicate family planning with their spouse and visiting health facilities / stores to get supplies or advice on family planning methods. This study had shown a positive and significant correlation between media exposure (TV) and contraceptive usage, spousal communication and visit to the store/ health facility from where one can get supplies or advice on family planning methods. Family planning information on TV enables the target audience to share information through Word-of-Mouth with each other and extends the reach of family planning campaign.

DECLARATION

It is hereby declared that this thesis neither as a whole or a part has been copied from any source. I have completed entire research work on the basis of personal efforts made under the support and guidance of my supervisor. No portion of the work presented in this thesis has been submitted in support of any application for any degree or qualification of this or any other University or institute of learning.

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Chapter 1

Introduction

In 2007, second largest household-based demographic and health survey (PDHS[1]) was conducted in Pakistan, which was funded by USAID and the research was conducted by National Institute of Population Studies (NIPS) with technical assistance from Macro International Inc. This survey highlighted that Pakistan had a very young population, In Pakistan 41 percent of total population is below age 15 and only 4 percent populations is over 65. Pakistan is sixth most populous country in the world. This survey also indicated that currently only 30 percent married women use any contraceptive method as compared to 32 percent in 2003 (PDHS 2007). In Pakistan Knowledge about at least one family planning method is almost universal, most commonly known contraceptive methods is pills (97 percent), in 2006 Total Fertility Rate was 3.9 births per woman and in 2004 it was 3.8 (PSLM[2] 2009). In Pakistan total fertility rate (TFR) is 4.1 (world population data sheet 2007), contraceptive prevalence rate (CPR) was 36 percent (world population data sheet 2004) and population growth rate is 1.8; Population growth rate varied from time to time, during decade 1951-1961 it was 2.45 percent, in 1961-1972 it was 3.66 percent,

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1PDHS: Pakistan Demographic and Health Survey 2007, this survey was conducted by National Institute of Population studies with technical assistance from Macro International Inc.

[2] PSLM: Pakistan social and living standard measurement survey.

during 1972-1981 it was 3.05 percent, during 1981-1998 it was 3.05 (Census report of Pakistan, 1998) and in 2009 it was 1.8 percent (Pakistan economic survey 2007-08).

Today, with a total population exceeding 169 million, population growth rate of 1.9%, total population is 2.38% of world population; making Pakistan 6th most populous country of the world (world population data sheet 2007). In 1960 GDP was Rs. 20 billion which has increased 386 times in 2009 and total amount of GDP in 2009 was 7713 billion whereas per capita income in 1960 was US Dollar 91 and in 2008-09 the per capita income was US dollar 1085 means that there is increase of 11.2 times in per capita income in 2009 as compared to 1960 (Pakistan Economic Survey 2007-08).

2007-08 Economic Survey of Pakistan also highlighted some important health indicators, according to this report in Pakistan infant mortality rate per 1000 birth is 76.6, maternal mortality ratio per 100,000 live births is 350-400 women, population per doctor is 1225 numbers, population per hospital bed 1531 number and percentage of deliveries at home is 76 percent which is very highest one. In Pakistan an estimated 980,000 abortion are carried out under dangerous conditions every year, with 90 percent involving married women. Pakistan gender profile study for 2007-08 published by sustainable development policy institute (SDPI) says that women take decision to terminate the pregnancy in order to

limit family size or for financial reasons (Daily Dawn Islamabad 2010)

Objective of the Research

The main purpose of this study is to find out the exposure to family planning communications (through TV) and its impact on family planning practices or the contraceptive behavior. This study is specifically conducted to assess family planning practices in Pakistan (only two cities i.e. Rawalpindi and Islamabad are under study due to time and budget factors). Although many such studies have been conducted in many developing countries but as far as Pakistan is concerned, no known study is conducted in this area so far.

Significance of the Study

There is need to identify the impact of mass media advertising through television on the behavior change on various target groups which is very essential for the key policy makers and for the practicing professionals. Advertising plays a pivotal role to disseminate the information related to specific social issues/ products to the various segments of the society or to the masses. In this regard, it would be studied what sort of role has been played by television advertising to disseminate the information related to family planning and how much changes occur in the behavior of the target segments. At the end this study would provide the platform for all the stakeholders including marketing professionals, media

experts, and advertising / communication professionals to make the decision on the basis of findings of this study. The data and evidence that would be presented in this study can be used by the various organizations working on reproductive health issues to develop and update their plans to achieve their goals and objectives. This study has provided some important information of television advertising on contraceptive behavior and such type of information have not been dig out by the research scholar in Pakistan so far.

CHAPTER 2

Literature Review

Advertising mean communication so advertising is communication tool which drive and influence the target market or potential buyers to purchase certain product or service. Advertising is key tool used by various organizations to achieve their financial and commercials goals. This current age challenges the marketers to use innovative ways to informing educating and facilitating to the buyers about their products and services (Khattak and Khan 2009). A study which was conducted in Taiwanese college by Chung-Chuan Yang (2000) indicating that college students were agree to the fact that advertising does helps in nation's economy and advertising create a good competition amongst the competitors and the end of the day benefit the customers and it helps to raise the living standard of the customers.

The influence of mass media on behavior has been the subject of much research over the last 50 years (Piotrow et al 1990). Television promotion played an important role to increase the size of new acceptors at family planning centers, people who had seen the advertising related to family planning having greater recall value than those who had not seen the messages related to family planning on TV (Piotrow et al 1990). The initial studies related to behavior change communication suggested that mass media had a bare minimum impact on behavior change, since people were more

influenced by the personal contacts (Lazarsfeld et al, 1948). Later researcher indicated that some sophisticated designed campaigns can also bring about positive changes in the behaviors, these campaigns primarily relied heavily on the findings of research done for target segments and thus these campaigns mobilized community interactions (Rogers and Storey, 1987, Rogers et al 1999). Rogers et al 1999 indicated that By 1992 in Tanzania, the national family planning program was expanded; contraceptive services were provided free of charge in 2,700 Ministry of Health (MOH) clinics (Tanzania Family Planning Unit 1992), so that 65 percent of women lived within four kilometers of a family planning service provider in that year.

Today television reaches an ever larger audience in Pakistan and the question is still relevant that how mass media (Television) contributes to family planning promotion? What types of behaviors are most vulnerable to change when exposed through TV? Mass media campaigns have been found to be an effective way to disseminate information related to family planning and to effect changes in attitude and behaviors toward practice and use of contraceptive in various populations (Rogers and Rogers, 1976; Rogers and Kincaid, 1981; Gallen and Rinehart, 1986; Bertrand et al., 1987; Hornik, 1989 and 1990; Piotrow et al., 1990 and 1992; Valente, 1994; Westoff et al., 1994a and 1994b; Guilkey et al., 1995; Westoff and Rodriguez, 1995, kane et al 1998).

The study conducted by kane et al in 1998 made assumption that sample design will produce similar results to the simple random sampling approach. This study was conducted in Mali which is one of the least developed countries of the world. This country is composed of diverse ethnic groups (Bambara, Peul, Soninke/Sarakole, Malinke, Songhai, Tuareg, Bozo, Dogon, and others). This study also indicated that efforts to bring FP services to Mali has increased through the work of Ministry of Health, the private family planning association, Association Malienne pour la Protection et la Promotion de la Famille (AMPPF); and the SOMARC contraceptive social marketing project, which promotes and sells contraceptives at subsidized prices through pharmacies and stores (SOMARC II, 1992)

Many research studies showed a correlation between communication related to family planning and contraceptive use; Kane also indicated that in traditional societies at the early stage of adoptions of modern contraceptive practice traditional norms, values and belief remained strong and in these cultural contexts the messages related to family planning may have to be presented in particularly acceptable way. In 1999, Jato et al found that family planning communication campaigns have shown to increase contraceptive use. This study was conducted in Tanzania which is the largest country of east Africa in term of its total area, has 29.1 million people with annual growth rate of 3%. Four in five of Tanzanian is living in rural areas and 3 in five are literate. The

Tanzania Government adopted population policy in 1992 and private sector condom marketing program was also begun in 1992. By 1994 the contraceptive prevalence among women ages among 15-49 was 11.3% which have risen from the level 5% from 1992-93. Kane also added that traditional media such as, music, songs, TV dramas and proverbs using local languages in familiar setting is one strategy to reach the various segments of the populations. A number of theoretical frameworks which are developed over the past two decades have clearly helped to explain the role that mass media messages play in influencing contraceptive knowledge, attitude, and contraceptive behavior (practice); including the health belief model (Becker, 1974), the theory of reasoned action (Fishbein and Ajzen, 1975; Fishbein, 1980; Fishbein et al., 1991), and social cognitive learning theory (Bandura, 1986; Nazeer, 1995).

Adopting a contraceptive method for family planning may come in the form of mass media messages or from interpersonal communication or may result from adverse personal experiences with an unplanned pregnancy or from any combination of these elements (Becker, 1974; Hornik, 1990).

There are number of theories developed over the past two decades Sood et al identify that the theories which researchers have used fall into seven broad categories: steps/stages models, social psychological theories, psychological models, drama theories, audience-centered theories, contextual theories and hybrid models

that merge components of different theories. Specifically, social psychological theories emphasize the fact that elements of the social environment impact individual behaviors. Included in this category are Bandura's social learning theory, Becker and Rosenstock's health belief model and Fishbein and Ajzen's theory of reasoned action.

In Fishbein's theory of reasoned action (Fishbein, 1980), two major contraceptive behavior influences are discussed. First one; the individual's attitude toward the use of contraception and second one; the individual's belief concerning what his or her spouse will think regarding the practice or non-practice of contraceptive method. Family planning communication can have a positive effect on both these influences, and thus may lead the decision making of using family planning products.

The social cognitive learning theory (Bandura, 1986) has also been a useful model for predicting contraceptive behavior, whereby the individual's or couple's concept of self-efficacy with regard to use of or practice of family planning products is considered. Mass media IEC interventions can include information or messages designed to increase the individual's (or couple's) self-confidence in his or her ability to practice contraception effectively and behave responsibly in sexual situations. Such messages can be presented in televised family planning plays or spots, through persuasion techniques as part of the IEC messages, and by enhancing negotiation skills.

Family planning campaigns help to decrease in total fertility rate (TFR); Montgomery and Casterline (1993 and 1996) have provided empirical evidence demonstrating the impact of social learning and social influence on the diffusion of fertility control behavior.

Some research studies showed that Mass media family planning IEC campaigns can influence men and women to use contraceptive methods to control their fertility by conveying family planning messages through television and radio that allow couples to consider the possibility of use of the contraception products. ; (2) legitimizing the practice of contraception as acceptable behavior; (3) pointing out some of the economic, social, and health advantages of smaller family size achieved through effective contraceptive practice and (4) providing information about the use of and sources for modern contraceptive methods and encouraging sexual responsibility and communication between partners on the subject of family planning. This approach has been shown to be an increasingly popular and effective strategy for this purpose (Lettenmaier et al., 1993; Valente, 1994; Yoder et al., 1996).

Hornik (1989 and 1990) has reviewed some of these alternative models of health-behavior change, many of which have been applied to public health and family planning. In the application of the health belief model to change in contraceptive behavior, an individual would be motivated to use a contraceptive method if he or she perceives (1) that he/she is susceptible to unplanned

pregnancies or at risk of having a larger family size than desired; (2) a high degree of negative consequences, in terms of health risks or economic or social costs resulting from having a family size larger than desired or from an unplanned pregnancy; (3) the potential benefits of practicing contraception; and (4) the barriers that must be overcome in order to practice contraception (Becker, 1974; Hornik, 1990).

Today mass media, especially television, reach an ever larger audience. There is need to identify that how mass media contribute to promotional campaigns? What uses of mass media are most effective in encouraging people to change their behaviour? What types of behaviour are most susceptible to change by media?

Theories of Behavioral Change

A number of theoretical frameworks have been developed over the past three decades which have helped to explain the role that mass media messages play in influencing contraceptive knowledge, attitude, and behavior, including the health belief model (Becker, 1974), the theory of reasoned action (Fishbein and Ajzen, 1975; Fishbein, 1980; Fishbein et al., 1991), and social cognitive learning theory (Bandura, 1986; Nazeer, 1995).

Social Learning Theory

Social learning theory by Bandura (1986) says that mass media advertising on different social issues may have indirect influence on the behavior. It further suggests that most of the people learn by observations and by using other people as a role model, so mass

media has strong influence on behavior change. The entertainment component of mass media specially TV dramas and songs grab the attention of the target segments of the society to create desired change in the behaviors as these hit target audience emotionally (Kincaid et al, 1988 and Sabido 1981)

Social cognitive (learning) Theory (Bandura 1977, 1986) explains that person's behaviour is influence by the environment, in this theory three factors were discussed namely environmental influences, personal characteristics and attributes of the behaviour. A person will do positive behaviour e.g. he or she will use family planning methods if he knows that these are acceptable in his society in which he is living, he feels need to use of family planning methods and convinced that using a family planning method would have positive impact or effect on his and partner's health. Self efficacy is very important dimension in this theory which says that a person will do certain action only if he or she has will power to perform that action or behaviour.

The Reasoned Action Theory

This theory is derived from the social psychology setting, the theory of reasoned action (TRA) was proposed by Ajzen and Fishbein (1975 & 1980). There are three general constructs of this theory. These are behavioral intention (BI), attitude (A), and subjective norm (SN). The theory of reasoned action by Fishbein and Ajzen 1975

describes that what we act is first thought of our brain and this can further be divided into two part, first is person's attitude to performing behaviour and second his or her belief that new behaviour that he or she going to perform it will be accepted by the social groups or society in which he or she is living (subjective norms).

The general equation of this theory is BI = A + SN, which suggests that a person's behavioral intention depends on the person's attitude about the behavior and subjective norms. According to Fishbein's theory of reasoned action (Fishbein, 1980), contraceptive behavior may be seen as subject to two major influences: (1) the attitude of the individual toward the practice of contraception and (2) the individual's "subjective norm" or belief concerning what his or her sexual partners will think regarding the practice or non-practice of contraception. Mass media family planning messages can have a positive effect on both of these influences, and thus may lead to the decision to use family planning products.

Health Belief Model

The HBM is based on six main components: severity, susceptibility, benefits, barriers, cues to action, and self-efficacy (Janz & Becker, 1984; Mattson, 1999; Rosenstock, 1974). Here severity means to the individual's assessment of the outcomes attached with the preventive behavior, susceptibility focuses on the individual's assessment of the extent to which he or she is likely to succumb to the negative outcomes. Both elements mentioned above i.e.

susceptibility and severity needs to be high for the individual to consider altering his or her behavior. Benefits are the individual's beliefs regarding the effectiveness of the proposed preventive behavior in reducing the vulnerability to the negative outcomes (Mattson, 1999; Rosenstock, 1974). Barriers are those elements which decrease the individual's ability to engage in the preventive behavior and are described as the evaluation of potential negative consequences that might result from the performing of the support health behavior (Mattson, 1999; Rosenstock, 1974). Self-efficacy taps into the amount of confidence individuals have in their ability to perform the health behavior, and it positively predicts the adoption of the preventive behavior. Finally, cues to action are the specific stimuli that are needed to trigger the appropriate health behavior (Janz & Becker, 1984; Mattson, 1999).

In the application of the health belief model to change in contraceptive behavior, an individual would be motivated to use a contraceptive method if he or she perceives (1) that he/she is vulnerable to unplanned pregnancies or at risk of having a larger family size (2) a high degree of negative consequences, in terms of health risks or economic or social costs resulting from having a family size larger (3) the potential benefits of practicing use of family planning method; and (4) the barriers that must be overcome in order to practice contraception (Becker, 1974; Hornik, 1990). The "cues to action" for adopting a contraceptive method may come in the form of mass media messages or from

interpersonal communication, or may result from adverse personal experiences with an unplanned pregnancy, or from any combination of these elements (Becker, 1974; Hornik, 1990).

A number of research studies on health communication support this model (HBM).Clark and Becker (1998) argues that there are many factor which effect the health actions e.g. number of heath related measure are taken for those reasons which are not related to health at all e.g. dieting to get good appearance and similarly the environment and economic situation of any locality may prevent the individual to perform some desirable actions e.g. a factory worker working in an environment which is not good for his health; a resident living in a environment where the level of air pollution is very high

Social Learning/ Cognitive Theory:

The social learning/ cognitive theory (Bandura, 1986) says that an individual behaviors is the result of the interaction among cognitions, behavior, environment and physiology. The social cognitive learning theory approach (Bandura, 1986) has also been a useful model for predicting contraceptive behavior (kane et al 1998), whereby the individual's (or couple's) concept of self efficacy with regard to the practice of contraception is also taken into account. Mass media IEC interventions can include information or messages designed to increase the individual's (or couple's) self-confidence in her or his ability to practice contraception effectively and behave responsibly in sexual situations. Such messages can be

presented in televised family planning plays or spots, through persuasion techniques as part of the IEC messages, and by enhancing negotiation skills. Montgomery and Caster line (1993 and 1996) have provided empirical evidence demonstrating the impact of social learning and social influence on the diffusion of fertility-control behavior.

Social Marketing

Social marketing is one of the approaches that have carried forward the diffusion of innovation and behavior change models. Since the 1970s, social marketing plays pivotal role in the field of development communication. Goal of social marketing is to fulfill the covered demand like provision of information about the use of the condoms, It intends to "reduce the psychological, social, economic and practical distance between the consumer and the behavior" (Wallack et al, 1993, 21). The social marketing goal would be to provide information about the product (condoms) in such a way to make condom-use affordable, available (Steson & David 1999).

Media Advocacy

Media advocacy is another approach use to disseminate information related to various social/ political issues/ initiatives (Wallack et al 1993). Its goals are to stimulate debate about various health/ social/ public issues and obviously coverage of health issues. Examples of social mobilization interventions include World Bank

(1992) nutrition and family planning projects in Bangladesh that also used a social mobilization approach through media advocacy by assigned non-governmental organizations (NGOs) the role of mobilizing communities.

This paper uses the theory of reasoned action and social cognitive theory to evaluate the impact family planning advertising and its impact on contraceptive behavior.

Television today, as mass media is reaching to the masses and playing very important role to disseminate information about various brands and is creating awareness on various social issues. It is the need of time to identify that how mass media contributes to promotional campaigns specially to change the contraceptive behaviour of the masses in Pakistan? What uses of mass media are most effective in encouraging people to change their behaviour? What types of behaviors are most susceptible to change by media?

Chapter 3

Theoretical Frame Work

In this study it is hypothesized that media exposure will lead to three behavioral outcomes; more communication with the spouse, usage of contraceptive and visit/ knowledge of the health facility will be increased. The hypothesized relationship between media exposure (TV only) and contraceptive behavior is discussed in this study, there are three dimensions of contraceptive behavior which are used in this study, including; contraceptive use, communication with his/her spouse and visit to the health facility.

Variables under study:

The analysis presented in this dissertation uses three sets of variables. Background social and demographic situations/ characteristics serves as a control variable, exposure to media (TV only) serves as independent variable and third variable related to contraceptives behavior (contraceptive usage behaviour, communication with the partner and visit to the health facility to get information/ advice on family planning methods) serves as dependant variable.

Six social and demographic variables which are normally associated with the contraceptive usage and media habits were used in analysis, these six variables are; respondent's place of living(urban or rural), education level, respondent's age, their marital

status, number of living children and ownership of TV (Jato et al 1999).

Respondents were asked whether they had watched/ seen any advertisement/ message related to family planning during last eight months on Television.

The 9 family planning methods included in the questionnaires were the Pills; Injections; IUCD; Condom; Norplant; Female sterilization; Male sterilization; periodic abstinence and Withdrawal. Methods were described by simple statement and then the respondents were asked whether they know the method or not, the objective of these questionnaires were to measure the awareness level of the respondents. Respondents were asked whether they had seen family planning messages on TV during the period of last eight months. Contraceptive behavior was measured as use of contraceptive, inter spousal communication or communication with the partner about family planning and third dimension of the behavior was visit to health facility or those location from where one can get supplies of family planning. These variables represent important steps in behavior change process.

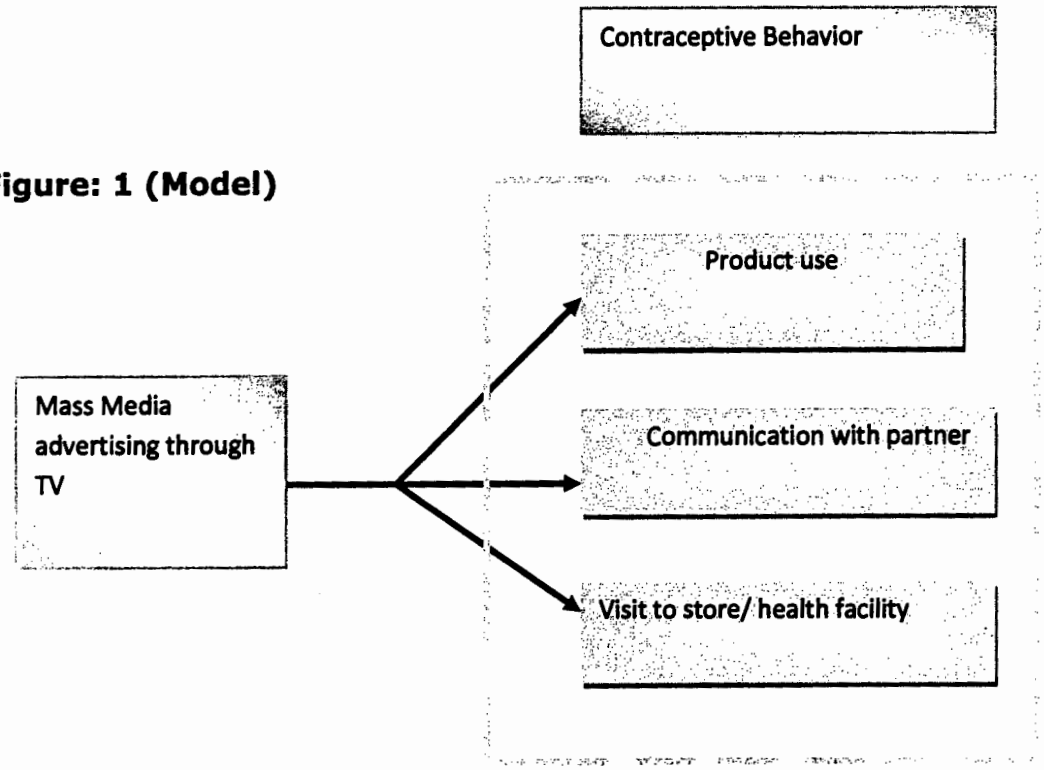

Figure: 1 (Model)

Hypothesis

On the basis of theoretical framework discussed above, three hypothesis were tested, these are as under

H1: There is a positive relationship between media exposure and contraceptive usage behavior

H2: There is a positive relationship between media exposure and communication with the spouse

H3: There is a positive relationship between media exposure and knowledge of the health facility &

Overall there is positive relationship between media exposure and contraceptive behaviour.

Chapter 4

Methodology of the Research

Population and Sample Size

In this study Contraceptive behavior was measured using three dimensions of contraceptive behavior i.e. contraceptive use, communication with the partner and visit to the health facility. The contraceptive usage was determined by asking three questions "current use of contraceptive", "the intention to use the product in future" and use of temporary or permanent method of family planning.

To conduct this study 270 questionnaire were distributed in various areas of two cities of Pakistan i.e. Rawalpindi and Islamabad. Primarily the survey was self administered. While collecting the data from the female segments there were some difficulties faced so the services of two female moderators were hired who helped to get the data from the female respondents. Due to the low literacy rate in Pakistan especially in the remote and rural areas of target cities of Pakistan, the instrument translated into Urdu using back to back translation techniques, which enable to get data from the illiterate and less educated respondents. The survey was started during the first week of December 2009 and ended during third week of February 2010; initially 270 questionnaires were distributed in various parts of two cities of Rawalpindi and in Islamabad. The response rate was 94.4% (two hundred fifty five questionnaires were received within the planned period of time). The responses/

data ware entered in SPSS for analysis purposes. There were some missing value in eleven questionnaire received from the field so these responses were dropped out while entering data into SPSS.

Methods:

Data Sources and collection procedure

Data were collected from various parts of the Rawalpindi and Islamabad including urban and rural areas ranging various aspects of the population like age, social status, gender, ownership of TV, female who were taken under consideration were in reproductive ages like 15-40 years of age and men from 20- 50 years. It was convenient/ randomly selected samples but focus was kept on both urban and rural areas, developed and less developed areas to get true data that is most relevant to the entire population of two cities.

32 percent respondents were in 26-30 years age bracket and 41percent respondents were in 31-40 years age bracket, 83 percent respondents attended the school and 17 % were not gone to school at all. 22 percent had master degrees and 16 percent had intermediate and matric respectively. 97 percent respondents had own the television and 19 percent had own the radio at their households. 93 percents had the sons or daughter who is living with them. Keeping in mind the sensitivity of the issue and cultural aspect in mind two female moderators were also brought on board who helped to get the data from illiterate and female belonging to remote and rural areas of two cities. These moderator were given brief about how to get the data.

Questionnaire Design / Pilot study:

The term 'pilot studies' refers specific pre-testing of a particular research instrument such as a questionnaire or interview schedule. Pilot studies are a crucial element of a good study design. Conducting a pilot study does not guarantee success in the main study, but it does increase the likelihood. Pilot studies fulfill a range of important functions and can provide valuable insights for other researchers. There is a need for more discussion amongst researchers of both the process and outcomes of pilot studies.

The initial questionnaire tested among 25 respondents; the objective of this was to get maximum clarity on the questions and also to check the reliability of the instrument. While checking the reliability of items of one dependent variable i.e. "communication with the partner" it was found that there was negative sign with the value of chronbach alpha, it happened due to negative variance amongst the items and the problem was with coding so the coding problem was removed and then again check the alpha value which was then satisfactory and having positive sign as well.

Survey Instrument

To conduct this study a tested instrument was used, this questionnaire was developed and used by Storey & Bulay in 1997 to conduct similar study in Nepal.

Assumptions and environmental conditions:

This study is based on following assumptions:-

1. It is assumed that the areas in which this study was conducted having access to family planning services.
2. It is also assumed that the respondents having electricity in their houses and terrestrial TV, cable or satellite transmissions are available there.
3. In the study area contraceptive products are easily available and store or health facilities are approachable

The environmental conditions in current environment of study:-

This study was conducted in Rawalpindi and Islamabad, located in Potowar region, in the north part of the Punjab province of Pakistan. This was a quantitative study which aimed to get impact of mass media advertising on contraceptive behaviour in Pakistan. The area which was targeted i.e. Rawalpindi and Islamabad composed of diverse ethnic groups and people belonging to Punjab, Sindh, Potowar, Khyber Pukhtoon Khaw (old NWFP), Baluchistan, AJK are residing in this area so this area having socio-economic similarities with other areas of Pakistan and it has overall good environment for reproductive health care as both media and reproductive healthcare providers are in range or accessible.

Due to the surrounding of the Federal capital this has access to almost all the communication mediums including electronic, print and outdoor mediums as well as various reproductive healthcare services are accessible and approachable.

Chapter 5

Results

Reliability Analysis

The inter item consistency reliability or cronbach's alpha reliability coefficients of the one independent and three dependent variable were obtained. Two alpha values for two variables were above .80 and the values for other two variables were above .64.

Reliability Analysis

Table 1

Variable explained	No. of items	Cronbach Alpha
Media Exposure	3	.930
Use of contraceptives	3	.640
Spousal communication	4	.677
Visit to health facility	3	.806

The result indicated in the table 1 showed that cronbach's alpha for three items exposure to media measure is .930, cronbach's alpha for three items use of contraceptive measure is .640, cronbach's alpha for four items spousal communication measure is .677 and cronbach's alpha for three items visit to health facility measure is .806. Reliabilities less than .60 are considered to be poor, those in .70 range, acceptable and those over .80 are considered good (Sekeran 2009) so overall, the internal consistency reliability of the

measure used in this study is considered good and acceptable. Items detail against each variable is given below.

Media Exposure:

This study uses a tested instrument; this questionnaire was developed and used by Storey & Bulay in 1997 to conduct similar study in Nepal. This instrument uses three questions rated to media exposure, which are:-

1. TV ownership
2. Watch TV
3. See any family planning related message on TV during period of 8 months

This study measures impact of TV advertising on behaviour not measuring the rating of terrestrial, cable of satellite television, so there was no need to get the answer of which TV i.e. Terrestrial, cable or satellite TV.

Contraceptive use:

This study uses three questions to measure contraceptive usage; which are:-

1. Have you ever used by family planning method
2. Are your currently using any family planning method
3. Do you intend to use family planning method in future

Inter-spousal communication:

This study uses four questions to measure inter-spousal communication; which are:-

1. Have you and your partner ever discussed the number of children you would like to have?
2. Did you more often talk to your partner about family planning in the last 8 months?
3. Do you think your spouse wants the same number of children or more or less than you want?
4. Do you think your partner approves or disapproves of couples using a method to avoid pregnancy?

Visit to health facility:

This study uses three questions to measure visit to health facility; which are:-

1. Do you know the place from where you can obtain a method of family planning?
2. Have you ever gone to a place from where you can get family planning supplies or service?
3. Have you visited any health facility in the recent past to get family planning supplies or advice on family planning?

Sample Characteristics:

Overall, 20.1% women and men in the sample had ages between 20-25, 29.9% between 26-30 years, 17.4% between 31-35 years, 16.3% between 36-40 years, 9.5% between 41-45 years and 6.8% were in ages above 46.

Table 2 Descriptive Statistics (Mean and S.D)

	N	Minimum	Maximum	Mean	Std. Deviation
Age	264	1	6	2.86	1.498
Gender	264	1	2	1.51	.501
What is your monthly average household expenditure?	264	1	6	1.90	.979
What's your profession?	264	1	4	2.32	1.341
Valid N (listwise)	264				

In total respondents 49.2% were male and 50.8% were female respondents, mean value was 1.51 (S.D .501). While giving coding to the ages 20-25 years was given "1", 26-30 years "2", 31-35 years "3", 36-40 years " 4", 41-45 years "5" and 46 and above was given code "6", so overall mean age of the respondents was 2.86 and S.D is 1.498. Overall almost 75% women were in reproductive age, 78.4% were belonging to urban area and rest 21.6% were belonging to rural areas, 95.5% of respondents had ever attended school and 4.5% respondents had never been to school. About 42.2% respondents reported private/ government jobs are their profession, 35% women were house wives, and overall 1.5% respondents were jobless, here code 1 given to private job 2 was given to government jobs, 3 code given to jobless and code 4 given to housework so overall mean values was 2.32 (S.D 1.341) . About 93.2% respondents reported that they had read newspaper or letter easily, 3.8% with difficulty and 3% were those who had not in a position who read letter or newspapers at all. Overall, 3.8% respondents had no education, 15.5% had got primary education, 25.8% had got matric, 32.2% had got intermediate, 9.8%

respondents were graduated and 10.7% got master degrees and 1.5% was those who got higher education. Overall, 69.3% respondents were those who had got married at the age between 15-20 years, 8.3% were those who got married at age between 21-25 and 20.8% were those who had married at the age between 26-30 years. So in this study overall early marriages tendencies were found with the surveyed sample.

Table 3 Demographic Data

Demographic	Frq.	%	Demographic	Frq.	%
Age			**Gone to School**		
20 - 25 Years	53	20.1	Yes	252	95.5
26 - 30 Years	79	29.9	No	12	4.5
31 - 35 Years	46	17.4	**Total**	**264**	**100.0**
36 - 40 Years	43	16.3	**Reading skill**		
41 - 45 Years	25	9.5	Easily	246	93.2
46 & Above	18	6.8	With difficulty	10	3.8
Total	**264**	**100.0**	Not at all	8	3.0
Area of Residence			**Total**	**264**	**100.0**
Urban	207	78.4	**Education level**		
Rural	57	21.6	No education	10	3.8
Total	**264**	**100.0**	Primary	41	15.5
Gender			Middle	3	1.1
Male	130	49.2	Matric	68	25.8
Female	134	50.8	Intermediate	85	32.2
Total	**264**	**100.0**	Graduation	26	9.8
Profession			Master	26	10.7
Private Job	112	42.4	M.Phil / Ph.D	4	1.5
Government Job	52	19.7	**Total**	**264**	**100.0**
Jobless	4	1.5	**Monthly Income**		
Household Work	96	36.4	Rs. 5000 – 10000	100	37.9
Total	**264**	**100.0**	Rs. 10001 – 15000	124	47.0
			Rs. 15001 – 20000	13	5.3
			Rs. 20001 – 25000	23	9.0
			Rs. 25001 – 30000	2	.8
			Rs, 30001 & Above	2	.8

Table showing demographic variables like age, area of residence, Attend school, level of education, reading skills and monthly income

	Total	264	100.0

Overall, 37.9% respondents had reported that monthly household expenditure ranging from PAKR 5,000-10,000, 47% reported between 10,000-15,000, 5.3% said between 15,000 – 20,000, 9% reported between 20,000 – 25,000 and 0.8% reported that they had spent PAKR 30,000 and above for their monthly household expenditures.

Use of the product:

To measure use of the product, the respondents were asked whether they had ever used any family planning method, are they currently using any method and whether they intend to use the family planning method in future as well.

Table 4 – Use of Products

Table 4 showing the Percentage of the respondents who were supporting and percentage of the respondents who not supporting family planning products or methods.

	Frequency	Percent	Cumulative Percent
Have you ever used any family planning methods?			
Yes	254	96.2	96.2
No	10	3.8	3.8
Total	264	100.0	100.0
Are you currently using any family planning methods?			
Yes	235	89.0	89.0

No	29	11.0	11.0
Total	264	100.0	100.0
Do you intend to use / continue family FP methods in future?			
Yes	216	81.8	81.8
No	48	18.2	18.2
Total	264	100.0	100.0

To get respondent's past experience to use family planning methods 96.2% said that they had used family planning method in the past while 3.8 were those who did not ever used any family planning method in the past. 89% respondents reported that they were currently using family planning methods while 11% were not used family planning methods currently. While getting insight about respondent's intentions to use the method in the future 81.8% reported that they had intentions to use the method in future as well while 18.2% were of the view that they would not use the family planning method in the future.

Tables 5

Table 5 Percentages of respondents aged 15-40 years who have ever used family planning method, currently using family planning method and intend to use family planning method in future as well

according to their exposure to media messages through TV about family planning:

Table 5

Use of product	**Total**	**Exposed to Media**	
		Yes	No
Ever use of FP Method	96.2% (254/264)	98% (242/247)	70.6% (12/17)
Currently users	98% (235/264)	96.6% (227/247)	47.1% (8/17)
Future intention to use FP	81.8% (216/264)	82.9% (205/247)	64.7% (11/17)

Table 5 depicts that overall 96.2% respondents were those who had ever used any family planning method in the past, this 96.2% consists both respondents who were exposed and who were not exposed through media. Out of the total 254 respondents who had ever used any family planning methods 242 were those were exposed through media so there percentage is 98% whereas 17 out of total respondents were those who were not exposed to media but 12 out of 17 were those who had also used method in the past so their percentage was 70.6%. it means who were exposed through media were more in percentages as compared to those who were

not exposed through media i.e. (97.8% Vs. 70.6%). Similarly current uses of contraceptive were also greater among respondents who were exposed to family planning messages through TV than those who were not exposed (96.6% vs. 47.1%). Also future intention to use contraceptive were also greater among those respondents who were exposed to family planning messages through TV than those who were not exposed through TV (82.9% vs. 64.7%).

So it is concluded that overall product usages were greater among those who were exposed to family planning messages through TV than those who were not exposed to.

The correlation matrix (table 8)

Contraceptive behaviour:

In this study contraceptive behaviour was measured using three sub-variables called outcomes or dimensions or proxy to the contraceptive behaviour, contraceptive behaviour cannot be measured independently so three sub-variables namely; use of the contraceptive products, communication with the partner to discus FP methods and visit to place to get advice or supplies of family planning. In this study first of all correlation between media exposure was measured with the proxy variable and then these proxy variables further computed to get a new variable i.e. contraceptive behaviour. Finally the correlation between media

exposure and contraceptive was measured. Table 8 represents that the media exposure is positively and significantly correlated with use of the product i.e. use of the contraceptive methods for family planning (.340 **, P<0.01), so our hypothesis H1: There will be a positive relationship between media exposure and contraceptive usage behavior is accepted.

Spousal communication:

In response to question "Have you and your partner ever discussed the number of children you would like to have" 92% respondents said they had discussed with the partner while 8% respondents had said that they had never discussed.

Table 6

Spousal communication – Percentage of the respondents who were in support of and percentage of the respondents who were not supporting spousal communication.

	Frequency	**Percent**	**Cumulative Percent**
Partner approves of couples using a FP method.			
Yes	249	94.3	94.3
No	15	5.7	5.7
Total	264	100.0	100.0
Partner wants the same number of children as you want?			
Yes	210	79.5	79.5
No	54	20.5	20.5

Total	264	100.0	100.0
Partner more often discuss about FP in the last 8 months?			
Yes	220	83.3	83.3
No	44	16.7	16.7
Total	264	100.0	100.0
Discussing with the partner about the no. of children?			
Yes	243	92.0	92.0
No	21	8.0	8.0
Total	264	100.0	100.0

83.3% respondents reported that they had more often discussed with their partner about family planning in the last eight months while 16.7% respondents had not discussed family planning with their spouse more frequently. 79.5% respondents reported that their partners wants the same number of children as they want and 20.5% respondents said their partner wants more children. 94.3% respondents reported that their partner approves the couple using a contraceptive method for family planning and 5.7% were not favoring the couples using contraceptive methods to avoid pregnancy.

Table 7

Overall correlation Matrix

Correlations

		Exp to media	Use of the product	Comm. partener	Visit to place	Behavior conracept.
exp	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	264				
use	Pearson Correlation	.340**	1			
	Sig. (2-tailed)	.000				
	N	264	264			
Comm.	Pearson Correlation	.407**	.582**	1		
	Sig. (2-tailed)	.000	.000			
	N	264	264	264		
place	Pearson Correlation	.271**	.568**	.535**	1	
	Sig. (2-tailed)	.000	.000	.000		
	N	264	264	264	264	
behavior	Pearson Correlation	.384**	.858**	.850**	.804**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	264	264	264	264	264

**. Correlation is significant at the 0.01 level (2-tailed).

Table 8

Percentages of respondents aged 15-40 years who have ever disused the no. of children, more often discussed about family planning during last eight months with the partner, partner wants same children as you want, partner approves of the couple using

method to avoid pregnancy, according to their exposure to media messages through TV about family planning:

Spousal comm.	**Total**	**Mass Media messages**	
		Yes	No
Discuss with partner	92% (243/264)	93.9% (232/247)	64.7% (11/17)
More often discussed	83.3% (220/264)	86.6% (214/247)	35.3% (6/17)
Partner wants same kids	79.5% (210/264)	81.8% (202/247)	47.1% (8/17)
partner approves couple	94.3% (249/264)	95.2% (237/247)	70.6% (12/17)

Table 8 depicts that overall 92% respondents were those who had discussed family planning method with their partner in the past, this 92% consists both respondents who were exposed and who were not exposed through media. Out of the total 243 respondents who had discussed family planning methods 232 were those were exposed through media so there percentage is 93.9% whereas 17 out of total respondents were those who were not exposed to media but 11 out of 17 were those who had also discussed method with

their partner so their percentage was 64.7%. it means who were exposed through media were more in percentages as compared to those who were not exposed through media i.e. (93.4% Vs. 64.7%). Similarly who discussed more often method with partner also greater among those respondents who were exposed to family planning messages through TV than those who were not exposed (86.6% vs. 35.3%). Also partner wants the same kids were also greater among those respondents who were exposed to family planning messages through TV than those who were not exposed through TV (81.8% vs. 47.1%) and similarly partner approves the couple using family planning method to avoid pregnancy were also greater among those respondents who were exposed to family planning messages through TV than those who were not exposed through TV (95.2% vs. 70.6%) So it is concluded that overall spousal communication were greater among those respondents who were exposed to family planning messages through TV than those who were not exposed through TV.

The correlation matrix (table 7) represents that the media exposure is positively and significantly correlated with communication with the partner (.407 **, $P<0.01$), so our hypothesis H2: There will be a positive relationship between media exposure and communication with the spouse is accepted.

Visit to Health Facility:

To measure respondent's behavior "visit to health facility" respondents were asked whether they know the place from where they can get supplies of family planning method or advice on family planning, respondent's were also asked whether they had ever gone to health facility to get advice on or supplies of family planning method and whether they had visited health facility in the recent past. In response whether they had know the place from where they can obtain a method of family method 98% respondents reported that they had known the place while only 2% were those who did not know the place. 91% where those who had ever gone to health facility to get advice or supplies of family planning while 9% respondent's had never been to facility/ store.

Table 9

Visit to place – Percentage of the respondents who were in support of and percentage of the respondents who were not supporting to visit the store/ health facility.

	Frequency	**Percent**	**Cumulative Percent**
Do you know the place from where you can obtain a method of family planning?			
Yes	259	98.1	98.1
No	5	1.9	1.9
Total	264	100.0	100.0
Have you ever gone to a place from where you can get FP supplies or service?			
Yes	243	92.0	92.0
No	21	8.0	8.0

Total	264	100.0	100.0
Have you visited any health facility in the recent past to get FP supplies or advice.			
Yes	241	91.3	91.3
No	23	8.7	8.7
Total	264	100.0	100.0

In response to the question whether the respondents had recently visited any health facility to get supplies or advice on family planning methods, 91.3% were those respondents who had recently visited health facility or place to get supplies or advice on family planning while 8.7% were not visited the facility in the recent past.

Table 10

Percentages of respondents aged 15-40 years who know the place from where they can obtain methods of family planning, have ever gone to health facility to get family planning method, recently visit to place to obtain family planning method according to their exposure to media messages through TV about family planning:

Visit to place	**Total**	**Mass Media messages**	
		Yes	No
Knowledge of place	99.1% (259/264)	99.2% (245/247)	82.4% (12/17)

Gone to place	92% (243/264)	92.7% (229/247)	82.4% (14/17)
Recent visit to place	91.3% (241/264)	92.7% (229/247)	70.6% (12/17)

Table 10 depicts that overall 99.1% respondents were those who had know the place from where one can get advice or supplies of family planning method , this 99.1% consists both respondents who were exposed and who were not exposed through media. Out of the total 259 respondents who know the place 245 were those were exposed through media so there percentage is 99.2% whereas 17 out of total respondents were those who were not exposed to media but 12 out of 17 were those who had also having knowledge of store or facility but were not exposed to media so their percentage was 82.4%. it means who were exposed through media were more in percentages as compared to those who were not exposed through media i.e. (99.1% Vs. 82.4%). Similarly the percentage of those respondents who had gone to place were also greater among those respondents who were exposed to family planning messages through TV than those who were not exposed (92.7% vs. 82.4%). Also recent visit to store or facility were also greater among those respondents who were exposed to family planning messages through TV than those who were not exposed through TV (92.7% vs. 70.6%)

So it is concluded that overall visit to sore or health facility were greater among those respondents who were exposed to family planning messages through TV than those who were not exposed through TV

The correlation matrix (table 7) represents that the media exposure is positively and significantly correlated with visit to health facility or visit to place form where one can get supplies or advice on family planning method (.271 **, P<0.01), so our hypothesis H3: There is a positive relationship between media exposure and knowledge of the health facility is accepted.

The entire three sub variables were combined by computing contraceptive usage, communication with the partner and visit to store or health facility and created new variable "contraceptive behaviour" in SPSS data sheet. Finally correlation between media exposure and contraceptive behaviour was measured. The positive correlation was found between media exposure and contraceptive behaviour (.384**) so overall there is positive relationship between media exposure and contraceptive behaviour is accepted.

Chapter 6

Discussion

Exposure to family planning messages through mass media (TV), product usage (contraceptive usage) behavior, spousal communication and visit to health facility or place from where one can get advice or supplies of family planning were positively correlated in this study. Exposure to family planning is clearly associated with product usage, spousal communication and visit to the health facility.

It is also found in the study that the current usage of the family planning product were 96.6% among those respondents who were exposed to family planning messages through TV than those who were not exposed to which was 47.1%. Also future intention to use contraceptive were greater among those respondents who were exposed to family planning messages through TV than those who were not exposed through TV (82.9% vs. 64.7%), overall product usage was greater among those respondents who were exposed to family planning messages on TV as compared to those who were not exposed to media messages of family planning messages on TV. So overall, product usage was greater among those respondents who were exposed to family planning messages through TV than those who were not exposed to. While using person's correlation it was also found that there are positive and significant correlation between media exposure and usage of family planning products.

The results also suggest that the Couples who view family planning campaigns on TV are favorably tend to communicate about the number and spacing of their children with their partner and partners approves of family planning which leads towards adoptions of family planning. Communication campaigns are useful for those individuals who are influenced by these campaigns in a way that they provide information that can promote further informed discussion and choices. The results also shown that the respondents who are exposed to family planning through TV had most often discussed family planning issues with their partner than those who are had not seen family planning campaigns (86.6% vs. 35.3%). The respondents who exposed to media through TV wants the same number of children as their partner wants and this percentage was greater among those respondents who exposed to family planning messages through media than those who were not exposed to media (81.8% vs. 47.1%). Media exposure is positively and significantly correlated with communication with the partner (.407 **, $P<0.01$), so our hypothesis H2: There will be a positive relationship between media exposure and communication with the spouse is accepted.

The results also suggest that the respondents who were exposed to family planning messages were well aware of the places or health facilities form where they could get advice or supplies of family planning. Overall, 99.2% respondents were those who know the places from where could get supplies or advice on family planning.

The visit to health facility in the past or recent past was also greater among those respondents who were exposed to family planning messages as compared to those who were not exposed to family planning messages through mass media i.e. TV.

Table 11

Level of Education and Knowledge of family planning methods

Level Education	**Knowledge of the FP Methods Middle**		
	Yes	No	Total
No Education	6	4	10
%	60%	40%	100%
Primary	41	0	41
%	100%	0%	100%
Middle	3	0	3
%	100%	0%	100%
Matric	68	0	68
%	100%	0%	100%
Intermediate	85	0	85
%	100%	0%	100%
Graduation	26	0	26
%	100%	0%	100%
Master	27	0	27
%	100%	0%	100%
M.Phil/ Ph.D	4	0	4
%	100%	0%	100%
Total	260	4	264
%	98.5%	1.5%	100%

There is also positive and significant correlation between exposure to family planning messages and visit to health facility, so 3rd hypothesis H3: There is a positive relationship between media exposure and knowledge of the health facility is also accepted.

The awareness level of family planning is almost universal, table 11 Showed that all the respondents who have attained education level either primary education or higher level of education, they all had heard of family planning methods, only those who had no education at all their awareness level about family planning were 60% Vs. 40%

Table No. 12 depicted that the respondents who were between 20-25 years of ages their percentages of current usage of contraceptive was only 22.6% , where as the respondents who were in age bracket between 26-30, their current usage of the contraceptive method was 30.2%. The respondents who were between 31-35 years of ages their current usage of the contraceptive were 16.6% and whereas the respondents who were in age bracket between 36-40 years the percentage of their current usage of contraceptive was 15.3%.

Keeping in mind the above facts it is strongly recommended that airing of TVC on television should continue.

Table 12

Current usage of family planning methods with respect to age

Age	Are you currently using any family planning methods		Total
	Yes	No	
20 – 25 years %	22.6%	0%	20.01%
26-30 years	30.2%	27.6%	29.9%
31-35 years	16.6%	24.1%	17.4%
36-40 years	15.3%	24.1%	16.3%

Table 13 shows the relationship between household expenditure and family size. This table depicted that the respondents whose expenditures were in bracket of Rs. 5000-Rs 10000 their total number of child were 100; in this expenditure group 1 respondent had 19 children, 2 had 17 children, 6 had 17 children, 2 had 7, 17 had 6 children while 24 had 1 0r 2 children.

The respondents whose falls in expenditure bracket 10001-15000 their total number of children were 124, who falls in bracket 15001-20000 their total number of children were 13, who falls in 20001-25000 their total children were 23, respondents who falls under

25001-30000 had 2 children and the respondents who falls under category of expenditure 30001 & above having 2 children.

Table 13 shows that the respondents with expenditure on lower side having larger family size as compared to those who had expenditure on higher side. It means that respondents who had higher income having less children as compared to those who have lesser income.

Table 13

Income Vs Family Size

What is your monthly average household expenditure?	How many sons and daughters do you have?										
	0	1	2	3	4	5	6	7	8	9	Total
Rs. 5000 – 10000	0	19	17	23	19	2	17	2	1	0	100
Rs. 10001 – 15000	0	2	20	65	19	2	1	0	0	15	124
Rs. 15001 – 20000	1	2	4	2	3	1	0	0	0	0	13
Rs. 20001 – 25000	0	2	4	16	1	0	0	0	0	0	23
Rs. 25001 – 30000	0	0	1	1	0	0	0	0	0	0	2
Rs, 30001 & Above	1	0	1	0	0	0	0	0	0	0	2
Total	2	25	47	107	42	5	18	2	1	15	264

Table 14 depicted the relationship between family size and use of contraceptives. 25 respondents had one child and in this category 20 were current user, 47 had 2 children and 45 were current user, 107 had 3 children and 99 were current user, 42 had 4 children and 37 were current user, 5 had 5 children and 3 were current user. Table 14 shows that use of contraceptive increases when family size increases.

Table 14

Family size and current use of contraceptive

How many sons and daughters do you have?	Are you currently using any family planning methods?		Total
	Yes	No	
0	0	2	2
1	20	5	25
2	45	2	47
3	99	8	107
4	37	5	42
5	3	2	5
6	16	2	18
7	0	2	2
8	0	1	1
9	15	0	15
Total	235	29	264

Limitations and Future Research

There were some limitation in this research have also been identified. The focus of this study was limited to family planning advertising through TV only, the consequences of print, outdoor, personal contacts were ignored and outcomes for those mediums may differ with current findings, however, the result of this study has highlighted some important consequences. This study has provided some important information of television advertising on contraceptive behavior and such type of information have not been dig out by the research scholar in Pakistan so far.

Recommendation / Suggestions

Future scholars need to theorize and empirically test the roles of culture, structure, media, familial, and interpersonal contexts in the land of family planning communication campaigns. Beyond the inter-spousal discussion now our objective should be that man should take the lead in discussing the benefits of birth spacing with his partner. Husband's role should be more proactive, he should talk to his wife about benefits attached with birth spacing. He should take lead to take his wife to the nearest health facility to get more knowledge about the available options for family planning so there is strong need to bring this approach into the family planning communication campaigns.

There are need that all the stakeholder must continue the efforts to achieve the common goals and must follow the strategy which should have uniformity i.e. there is strong need that uniform messages should be developed for all the target segments as a guideline and while developing the messages / TVCs these guideline must be followed so that the target market is not confused. Currently there is mismatch between the approaches of Federal Government and Provincial Governments. Federal Government is focusing on birth spacing aspects of family planning while on other side provincial government still focusing on "Limiting Family size". Birth Spacing approach is widely accepted by all the stakeholder holders, community influencers, religious leaders and Media,

because this approach has very strong and emotional appeal attached to it i.e. birth spacing for better health of mother and child. So while communicating the family planning messages all the partners should follow the approaches which are more acceptable to the masses. It is also recommended that all the stakeholders including policy makers should also bring entertainment element to the family planning campaign like production of drama serials, songs to address the unmet need of family planning, birth spacing, inter spousal communication, and there is strong need to break the unmet need through production of drama serials, songs which should address the benefits of birth spacing.

Recently five federal ministries including Ministry of Population welfare quit as ministry and all their budgets, program, resources etc has been shifted to provinces, it is highly recommended that it is very essential that ministry or population commission should present at Federal level. It will give a positive gesture to internal donors and NGOs who are working in the area of reproductive health and secondly it will show political commitment as well towards the issue.

Overall, 70% respondents were those who had got married at the age between 15-20 years, 9% were those who got married at age between 21-25 and 21% were those who had married at the age between 26-30 years. Overall there found early marriages tendency with the sample, So the policy maker, Government and all other

NGOs working on population issues must addressed this issues in their communication campaigns. It is very essential for the advertiser to communicate the danger attached with early marriages like the bad effects on maternal and on child health. It is strongly recommended that early marriages should be discouraged with strong supporting facts like bad impact and effect on maternal and child healt. All the campaigns related to early marriages should be addressed to decision makers like parents, opinion leaders and key influences like religious scholars, family elders and political personality. It is also recommend that messages in regional languages like Punjabi, Pushto, Balochi, Sindhi, Saraiki, Brahvi should also be developed to reach the lower end and illiterate segments of the population.

Some studies have concluded that entertainment-education strategies are successful in attracting and to change behavior and support changes among their peers. Rogers et al. (1999) concluded that a soap-opera radio broadcast in Tanzania played an important role in fertility changes. So policy maker should also consider developing entertainment-education strategies as well. So TV plays, songs, radio dramas can attract the target audiences and grab their attentions more effectively.

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Appendices

Appendix A : QUESTIONNAIRES

Dear Respondent:

The information being sought through this questionnaire is required as a part of research thesis for my M. Phil degree from International Islamic University, Islamabad. I hereby undertake that the information so collected will be used for research purposes only and in no way it will be declared as coming from you. If you are interested to know the final research findings and recommendations, you are requested to mention your email address or postal address so that the results may be mailed to you. For more detailed information you are also welcome to contact me through email at farooqahmad@gmail.com, looking forward your favorable response please.

Time Interview Started: Hour: _____Minute: _____ Date: _____

Time Interview Ended: Hour: _____Minute: _____

Place Name: _____

Respondent's Email Address: _____

Q. #	Question	Codes	Response
01	How old are you? (Put 00 if don't know)	1 2	Age in completed years Don't know.....
02	In which area are you living?	1 2	Urban Rural

03	Gender	1	Male
		2	Female
04	What's your profession?	1	Private Job
		2	Govt. Job
		3	Job Less
		4	Housework
05	Have you ever attended school?	1	Yes
		2	No
07	Can you read a letter or newspaper easily, with difficulty, or not at all?	1	Easily
		2	With difficulty
		3	Not at all
06	What is the highest level of your education?	1	Primary
		2	Middle
		3	Matric
		4	Intermediate
		5	Graduation
		6	Master
		7	M. Phil/ PhD
08	How old you were at time of your marriage?		Age in years
09	What is monthly average household expenditures?		Rs. ----------
10	How many sons and daughters do you have? (IF NONE ENTER "00")	1	Sons
		2	Daughter
		3	None
11	How many living sons and daughters do you have? (IF NONE ENTER "00")	1	Sons
		2	Daughter
		3	None

12	How many children you have who are six years of age and over?	1 2 3	Sons Daughter None
13	How many sons and daughters are in school / college now? (If none put 00 here)	1 2	Sons Daughter
14	Have you ever heard of family planning?	1 2	Yes No
15	Is there a TV in your house?	1 2	Yes No
16	Do you usually watch TV?	1 2	Yes No
17	Where do you watch the TV most often?	1 2 3 4	Own home Tea Shop Someone else's house Other (specify) ----------
18	Which time of the day do you mostly watch TV? (More than one response may be mentioned)	1 2 3 4	Morning ..... O clock Afternoon ..... O clock Evening .... O clock At night .....O clock
19	Have you heard anything/ message on TV about family planning in the past eight months?	1 2	Yes No
20	Have you ever heard of following family planning methods?		
20.1	Pill: Woman Can Take A Pill Every Day. Have You Ever Heard Of Pill?	1 2	Yes No
20.2	IUCD: women can have a loop or coil placed inside them by a doctor or a	1	Yes

	nurse. have you ever heard of IUCD?	2	No
20.3	Injection: women can have an injection by a doctor or a nurse which stops them from becoming pregnant for several months. have you ever heard of injection?	1 2	Yes No
20.4	Condom: men can use a rubber sheath during sexual intercourse. have you ever heard of condom?	1 2	Yes No
20.5	Norplant: capsule to be inserted into women's arm. it prevents pregnancy for five years. have you ever heard of Norplant?	1 2	Yes No
20.6	Female Sterilization: women can have an operation to avoid having any more children. have you ever heard of female sterilization?	1 2	Yes No
20.7	Male Sterilization: men can have an operation to avoid having any more children. have you ever heard of male sterilization?	1 2	Yes No
20.8	Periodic Abstinence: couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant. have you ever heard of periodic abstinence?	1 2	Yes No
20.9	Withdrawal: men can be careful and pull out before climax. have you ever heard of withdrawal?	1 2	Yes No
21	Have you ever used any family planning methods?	1 2	Yes No
22	Are you currently using any family planning method?	1 2	Yes No

23	Are you currently using permanent family planning method?	1 2	Yes No
24	Do you intend to use/ continue family planning methods in future?	1 2	Yes No
25	Which of the family planning methods you or by your partner have ever used or currently using to avoid pregnancy?		
25.1	Pill:	1 2	Yes No
25.2	IUCD:	1 2	Yes No
25.3	Injection:	1 2	Yes No
25.4	Condom:	1 2	Yes No
25.5	Norplant	1 2	Yes No
25.6	Female Sterilization:	1 2	Yes No
25.7	Male Sterilization:	1 2	Yes No
25.8	Periodic Abstinence:	1 2	Yes No
25.9	Withdrawal:	1 2	Yes No
26	When was the first time you used the contraceptive method? was it	1	before birth of 1st child?

	.....	2 3	after birth of 1st child ? after birth of 2nd, 3rd ..child?
27	Have you and your partner ever discussed the number of children you would like to have?	1 2	Yes No
28	How often have you talked to your partner about family planning in the last 8 months?	1 2 3	Never Once or twice More often
29	Do you think your spouse wants the same number of children or more or less than you want?	1 2 3 4	Same number More children Fewer children Don't know
30	Do you think your partner approves or disapproves of couples using a method to avoid pregnancy?	1 2 3	Approves Disapproves Don't know
31	In general, do you approve or disapprove of couples using a method to avoid pregnancy?	1 2	Approves Disapproves
32	Besides you or your partner who helps to make a decision of choosing an appropriate contraceptive method?	1 2 3 4 5 6 7	Father Mother Father-in-law Mother-in-law Health worker Community influencers Others Specify ----------
33	Between you and your partner who decides whether to use contraception or not?	1 2 3	Self Spouse Jointly

		4	Don't know
34	Do you know the place from where you can obtain a method of family planning?	1 2	Yes No
35	Have you ever gone to a place from where you can get family planning supplies or service?	1 2	Yes No
36	Have you visited any health facility in the recent past to get family planning supplies or advice on family planning?	1 2	Yes No

Thank you for your valuable contribution to complete this research survey.

This ends this questionnaire

Appendix B : Membership with PAP