

ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

**THE RELATIONSHIP BETWEEN MASS MEDIA
EXPOSURE AND FAMILY PLANNING ATTITUDES**

BY

TAMIRU LEGESSE

AUGUST 2007

ADDIS ABABA

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LIST OF ABBREVIATIONS

BCC	Behavioral Change Communication
CBD	Community Based Distribution
CPR	Contraceptive Prevalence Rate
CSA	Central Statistics Authority
EDHS	Ethiopia Demographic and Health Survey
FP	Family Planning
FGAE	Family Guidance Association of Ethiopia
H₁	Research Hypothesis 1
H₂	Research Hypothesis 2
ICPD	International Conference on Population and Development
IEC	Information, Education, Communication
PMC	Population Media Center
RQ₁	Research Question 1
RQ₂	Research Question 2
RQ₃	Research Question 3
UNFPA	United Nations Population Fund

ABSTRACT

This study investigated the relationship between mass media exposure (particularly to messages about family planning) and family planning attitudes among married couples in two sub-cities of Addis Ababa.

As the population was very large, strata sampling was employed to select respondents and include gender disparity. From each stratum, 90 individuals were approached and interviewed with the help of 6 enumerators. It must be noticed that results obtained from this sample are specific to this particular case. A standardized face-to-face interview was used as a data collection instrument. It was designed to help gather information on demographic characteristics, family planning attitudes, media habits and family planning behaviors.

The collected data were entered into SPSS and analyzed for the prevalence of family planning attitudes, the respondents' media habits, and the correlation between media exposure and family planning attitudes. The results revealed that nearly 85% of the respondents believe spacing/limiting birth is appropriate to use to reduce maternal/child mortality and the present population growth rate. Each respondent reported exposure to the media an average of 3 hours per day, which identified them as midrange media consumers. H_1 , which states a positive relationship between media exposure and family planning attitudes, was also confirmed for both total media exposure [$r(180)=.410$, $p<0.001$] and exposure to media messages about family planning [$r(180) =.271$, $p<0.005$].

Moreover, demographic variables—sex, education, religion, and residence significantly affected the relationship between variables stated in hypothesis one [H_1] and hypothesis two [H_2]. These data also indicated the presence of resonance hypothesis—the relationship between mass media exposure and family planning attitude was stronger for those who practice family planning than for those who do not practice family planning, only in the case of exposure to media messages about family planning.

The positive relationship between media exposure and family planning may show a road sign that mass media could be useful in promoting family planning with the aim of influencing media consumers' attitudes. This may stand to offer new insights about mass media effects in the context of health communication where researches in this realm are based on non-media theories to explain media effects.

CHAPTER ONE

1. INTRODUCTION

This chapter presents what the study is all about, how family planning is a present problem, how the problem is significant, and ends up in highlighting directions for possible solutions. Research hypotheses to be tested, research objectives to be achieved and research questions to be answered are also part of this chapter.

1.1 Background and Problem Statement

Human reproduction is the key not only to human survival but also to the continuing health of billions of men and women and their present and future children. But human reproduction has always been among the most sensitive and challenging areas (Piotrow et al., 1997). Communication researches have shown that family planning programs have played a crucial role to approach this sensitive and challenging area. Family planning refers to limiting or spacing childbirth so you can enjoy a healthy family. The range of this concept includes things such as controlling births, bringing about wanted births, regulating the interval between births, ensuring that births occur at the best time in relation to the age of the mothers (preventing or reducing the number of pregnancies for women under 20 and over 35 years of age) and determining the number of children in the family (Wassihun, 2000).

Pertaining to this idea, Elder (2001) summarized key messages for family planning as pregnancy before 18 or after 35 increases health risks for both mother and children; birth

spacing of less than 2 years increases mortality risk for young children by 50%; having more than four children in total increases the health risk of pregnancy and childbirth.

Moreover, family planning is the best approach to ensuring that couples can choose when to begin having children, how many to have, how much to space birth, and when to stop having (Ibid). The assumption is that if mothers are aware of the appropriate age to start or stop birth, and able to practice it successfully, they would be able to take care of themselves and their children's health. What is more, couples are expected to limit their family size according to their income level. When couples can choose the number, timing and spacing of their children, they are better able to ensure there are enough resources for each family member to prosper and thrive (UNFPA, 2004). With this regard, Assefa (1995) argues that family planning not only provides solution for population growth rates, but also helps improve reproductive health of women by reducing the risk of maternal mortality.

However, low family planning practices remain a present problem in Ethiopia. In EDHS-2005 survey of over 20, 103 adults, CSA (2006) reported that family planning practice is very low, with nearly 15% of the respondents reported using family planning. The survey result also indicated that there is a wide gap between knowledge and practice of family planning, where nearly 88% of currently married women and 93% of currently married men know at least one family planning method.

Among the various reasons for low family planning practice in Ethiopia, Assefa (1995) called attention to traditional norms and values favoring high fertility and lack of appropriate and audience targeted family planning messages. For instance, the two major

religions (Orthodox Christianity and Islam) in Ethiopia both encourage large families. Couples believe children are the greatest gifts from God/Allah, and those with many children are considered as blessed by God/Allah (Ibid).

Of probably some surprises, discontinuing rate of family planning methods is high in Ethiopia, with about 40% of family planning users discontinue using family planning methods within 12 months of starting its use for the reasons of desire to become pregnant, husband/wife disapproval, method failure, inconvenient to use, side effects or other reasons unexplained by the respondents (CSA, 2006). To make things worse, nearly 44% of currently married women do not intend to use any family method in the future for the reasons of oppositions (husband/wife opposition and religious prohibition), lack of knowledge (method or source), and method-related problems (fear of side effects, health concerns, and family planning services not available).

Health Education Center (2004) clearly addressed the issue of low family planning in Ethiopia in its National Health Communication Strategy. The strategy puts forward barriers to family planning adoption as low awareness about the benefits of family planning methods, low awareness about the risk of too many and too close childbirth, low level of involvement of husbands in planning the family size, and rumors about the side effects of modern family planning methods.

If the present situation goes unchecked in Ethiopia, it would be reasonable to expect unfavorable consequences with regard to maternal or child health and population growth

rate. Health Education Center (2004) reported that complications related to pregnancy and childbirth which has been identified as the main cause of maternal deaths would continue claiming more lives. Another survey result revealed that risks of unwanted pregnancy which lead to illegal abortion for unwanted adolescent fertility will continue to be a contributing factor to maternal mortality and social crisis when young women drop out of school because of unwanted pregnancy (Assefa, 1995).

High fertility rate is another consequence of poor family planning behavior. CSA (2006) reported that total fertility rate in Ethiopia has reached 5.4%, where more than five children are born to each Ethiopian couple. And the current annual population growth rate of 2.7% is estimated to increase the present 81 million to 93 million in 2015 (Ibid). Moreover, scholars argue that as Ethiopia is a country with few natural resources, high fertility rates are unsustainable, where large family size impedes children education and hence slows down the formation of a skilled labor force that is critical for economic growth (Bhargava, 2006). It is also believed that this population pressure worsens the recurrent food shortage, increases depletion of natural resources and intensifies environmental degradation.

In this realm, the present status of family planning practices in Ethiopia needs to be changed to successfully deal with the ongoing problems caused by poor family planning behaviors. In order to affect family planning behaviors, attitude towards family planning should be changed first. Researches have shown that mass media exposures—mass media messages that people are involved in—can cultivate positive attitudes and beliefs.

Moreover, in the present Ethiopian context, there is a lack of empirical evidence to support the assumption that mass media messages about family planning influence family planning attitudes. And many governmental and non-governmental organizations working on media campaign of family planning have little or no empirical evidence to explain their family planning messages' influences on attitudes and behavior. Most of the survey researches focused on media preferences, and those researches on attitudes and behavior are based on theories of development communication and behavioral sciences, which has got none or little with mass media studies. Avoiding this gap certainly constitute a major reason to take up careful study on the relationship between media exposure to messages about family planning and family planning attitudes using a theoretical framework that explains how media messages cultivate attitudes and behaviors. To this end, this study calls upon the theory of media cultivation as a general theoretical approach.

1.2. Research Hypotheses and Questions

Considering media's role of cultivating positive attitudes, the present study would expect the following associations between variables.

H₁: Mass media exposure will be positively correlated with family planning attitudes.

H₁ assumes total media exposure. However, it is presupposed that media exposure to messages about family planning would come up with a different result:

H₂: The relationship between media exposure to messages about family planning and family planning attitudes would be stronger than that of stated in H₁.

If these correlations did emerge, it need not indicate the presence of a media effect. Instead, it might indicate that individuals who have positive attitude towards family planning may tend to seek out exposure to media programs with family planning themes.

Regarding the intensity of exposure, this study sought to test the correlations for heavy and light media habits. In view of this, it framed a research question:

RQ₁: Would any relationship between mass media exposure and family planning attitudes be stronger for heavy media consumers than light media consumers?

This research also wishes to establish evidence for the resonance hypothesis which media cultivation theory would predict. To this end, it posed a research question:

RQ₂: Would any relationship between mass media exposure and family planning attitude be stronger for individuals who report that they practice any family planning method?

Finally, the researcher is generally interested in the impact of demographic variables, if any, on the relationship between mass media exposure and family planning attitudes. This leads to the formulation of the third research question:

RQ₃: What impact do demographic variables like age, sex, education, income, residence and religious belief have on the relationship between mass media exposure and family planning attitude?

1.3. Objectives

The major purpose of this study is to examine the relationship between mass media exposure and family planning attitude among married couples in Addis Ababa. The study aims for the following specific objectives:

- To assess the prevalence of positive or negative attitude towards family planning.
- To identify media habits among the respondents selected for this study.
- To identify the nature of association between family planning attitude and mass media exposure.
- To explore the influence of demographic characteristics on the relationship between family planning attitudes and mass media exposure.
- To investigate the influence of using family planning on the relationship between family planning attitude and media exposure.

CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

Previous related studies which focus on details of problem statements will be reviewed in this chapter. Moreover, literature review identifies how media exposure can be a potential solution to the problem and discusses theoretical foundation for this study. Finally, it summarizes communication researches about family planning in Ethiopia.

2.1 Family Planning Problems, Challenging Humanity

Family planning plays a key role in reducing population growth rates and improving reproductive health of women (Assefa, 1995). Family Planning promotes the health and survival status of children, women and adolescents, and contributes towards improving family welfare so as to assist sustainable development. However, developing countries have faced limitations with family planning programs. For example, UNFPA (2004) reported that developing countries encountered constraints in the promotion of responsible reproductive health behaviors. Among the constraints, lack of political will, religious opposition, and unfavorable social and cultural attitudes account for 71%.

Studies have also shown that the situation is noticeable in Africa. Yaro and Tougouri (1997) reported that fertility rate is about 7.2. But there is a difference between urban women (4.7 children) and rural women (7.3 children).

It is worse in sub-Saharan African countries, where CPR is very low. Consequently, most countries in this part of the world are characterized by rapid population growth and high rates of infant/child and maternal mortality rates (Assefa, 1995). It seems that misconceptions about family planning have been a factor among others. For example, Yaro and Tougouri (1997) cited a survey research on the knowledge of family planning in Burkina Faso. The National Health Policy and National Population Policy of Burkina promotes family planning as “birth spacing to improve mother and child health”, but many people, particularly rural communities, perceived family planning as the government’s plan to limit the number of children per couple. Survey conducted in rural communities to evaluate the knowledge on family planning generated varied responses:

- Practicing family planning has the aim of making the wives sterile.
- Family planning is another strategy of urban people to lessen rural communities.
- People in rural communities accuse urban people of destabilizing or trying to destroy their society by using pills and other modern contraceptive methods.

In reality, reproductive health problems concern the rural population more than the urban population. Rural people most often reject contraceptive methods as they feel it leads to immoral behavior and can even be the cause of prostitution.

Ethiopia is one of these countries, with the highest fertility rate (Sibanda et al, 2003). High birth rate, high maternal mortality rate and closely spaced pregnancy characterize

Ethiopia. The total fertility rate is 5.9 and the use of modern contraceptive is very low (8%) (Health Education Center, 2004).

Studies have documented various factors inhabiting family planning use: the absence of political will and commitment, traditional beliefs and values, lack of a defined population program and limited access to services have contributed to this state of affairs (Assefa 1995). Assefa commented that “through the introduction of appropriate culture specific IEC, the socio-cultural, psychological and religious factors inhibiting family planning use and factors encouraging large family size need to be addressed and change in attitude about family size has to be inculcated” (1995:31).

The decision to use contraception could also be influenced by religious leaders and male partners. According to Getnet (2000), people in the reproductive age group accept the objections made by religious leaders (mainly priests of the Orthodox Church). For example, survey results have shown that 22.7% of the respondents in Northern Ethiopia left the decision about the number of children they should have to God's will. His survey further points out that a significantly higher number of CBD workers from rural areas reported the presence of defaulters than those from urban areas. Getnet argues that the decision to use family planning requires appropriate support and encouragement from different groups, such as male/female partner, religious leaders, family, neighbors, elders, and health professionals.

A survey study on pregnancy outcome in Addis Ababa revealed that induced abortion was a leading cause of maternal mortality, accounting for close to one-half of maternal deaths among single women (Kwast et al., 1986 cited in Sibanda et al., 2003).

These aforementioned factors negatively affect family planning approval and practice. Although FGAE existed for a period of nearly 40 years, it was not able to bring significant increase in contraceptive prevalence or attitudinal change regarding family size. However, FGAE (2005) argues that unlike some years ago when family planning was thought to be a taboo, these days cultural and social prejudices against the services have reduced significantly, which results in an increase in family planning service demand. Nevertheless, there are myths and misconceptions heard about modern contraceptive methods even today. Misconceptions like contraceptive pills do not prevent pregnancy and result in impotency have been observed in Jimma, Western Ethiopia, quite recently (Ibid).

Family Planning, whether used by child and maternal health advocates or population policy developers, has remained challenging. Potts (1997) cited in Elder (2001:58) argues:

No societal issue, however, is as controversial as family planning. At community, regional, professional, and international levels, we remain sharply divided as to whether we should have population policies at all and, if so, how aggressively we should pursue them. Grounded in religious beliefs; sexual mores; suspicions about racism, gender, and socioeconomic inequalities; and the very definition of life itself, this debate has frozen policy makers and program developers domestically and abroad. The technology of behavior change applied to population control is especially loathsome to some religious and conservative political groups, who fear the public morality and freedom of choice will be severely compromised through formal population policies.

These situations are believed to change through communication interventions with the theme of promoting positive family planning attitudes, which can influence behavior change. Mass media can play an important role in cultivating favorable attitudes.

2.2 Media Exposure as a Potential Solution to the Problems

Family planning partly depends on communication. Family planning communications are capable of changing ideas, beliefs, or behavior associated with sexual relations or with relationship between sexes (Tilaye, 1997; Gilluly & Moore, 1986: J-877). With this regard, Tilaye (1997: 165) remarks:

For many couples, contraception requires a change in behavior. Such a change tends to grow out of new information, new opportunities and new awareness of what others think and do. Therefore, increase in contraceptive use or increase in CPR requires a lot of things to come together to bring about change in behavior.

According to Piotrow et al. (1997), communication is the key process underlying changes in knowledge of family planning methods, in attitudes towards fertility control and behavior and in norms regarding ideal family size. However, attitudes towards family planning need to be changed in order to influence behavior in this realm.

Family planning attitudes, as a cognition (form of thought), are formed through experiences in favorable or unfavorable social environment towards family planning. The fact that family planning attitudes are formed through experience means that we can, potentially, change them. This is possible by giving family planning messages to

audiences and making these messages part of the audiences' experience, which in turn affects their attitudes—improving beliefs and values about family planning. The fact that family planning attitudes influence our behavior means that we can use a persuasive family planning message as means to achieve the goal of increasing prevalence of family planning practices.

Studies have shown that mass media campaigns have successfully increased the knowledge level of and favorable attitudes towards family planning (Rogers, 1973 cited in Piotrow et al., 1997). For example, Schramm (1971) in Piotrow et al (1997: 22) argues “[t]en years of family planning experience...have led to the conclusion that public information can create a climate of knowledge and attitudes that will make it easier for the field and clinical staffs to recruit new acceptors.” Moreover, Jato et al. (1999) have observed that “nationally representative surveys confirm a strong association between exposure to family planning messages in the mass media and contraceptive use ...”

However, there are beliefs that mass media is effective not only at awareness and attitude level, but also triggers behavior change (Piotrow et al., 1997; FGAE, 2005). For instance, as Schramm (1971) cited in Piotrow (1997) noted, a “considerable” number of survey respondents said information from the mass media motivated their clinic visits (as high as 38 percent in Korea) or increased the number of couples adopting contraceptives (40 percent increase in Pakistan). Another survey study conducted to evaluate the effectiveness of a public health campaign aimed at encouraging the use of safe contraceptive in Bolivia revealed that “people who were exposed to the mass media campaign were more likely to adopt contraception into their sexual practices” (Sparks, 2002:146).

Although developing countries, including Ethiopia indicated that sexual behavior and reproductive health remain sensitive topics, particularly in relation to adolescents, many countries mentioned using IEC and advocacy strategies to reduce socio-cultural and religious barriers to addressing such issues. Developing countries have already shifted away from broad awareness campaigns and towards strategies directed at influencing attitudes and behavior change (UNFPA , 2004). For example, the 2003 Global Survey asked 142 developing countries to describe successful strategies in the area of family planning attitude and behavior change. Results have shown that 81% (115 of 142) of the countries reported using radio/television/ the internet and 59% (85 of 142) reported using print-media materials (newspapers, magazines, posters, fact sheets) to address reproductive health issues (Ibid).

Different governmental and non-governmental organizations have created opportunities for media exposure to messages about family planning in Ethiopia. A government-run Health Education Center produces and broadcasts family planning messages and other health issues on regular and non-regular programs on Ethiopian television and radio. The programs take the formats of drama, spots, and reality shows (talk shows, advocacy, education, etc). Health Education Center produced entertainment programs—*shishit*, *tsestet*, *giligel*, *fichina quatero* among others. FGAE, a non-governmental organization, works on reproductive health. FGAE disseminates family planning messages mainly through CBD workers, supplemented with some non-regular Entertainment-Education programs. FGAE also produced entertainment programs—*gimashua chereka*, and *yeawudamet chereka*. Other NGOs occasionally buy air time/space and disseminate/publish spots, dramas and information on Ethiopian television/radio or

newspapers. PMC produces and disseminates various health and development issues, including promotion of family planning in different languages. It produced radio dramas—*Yeken Kignit (Looking over One's Daily Life)* and *Menta Menged (Crossroads)* with themes of family planning and reproductive health among others. Many other organizations like DKT-Ethiopia, German International Population Policy occasionally use radio Ethiopia and FM radios to air spot messages about family planning. These institutions are hoped to create opportunities for media exposure to messages about family planning and media's role to cultivate beliefs and values in this realm.

2.3. Cultivation Hypothesis in the Context of Family Planning Attitudes and Behaviors

Family planning programs use mass media to disseminate messages about family planning so as to influence media consumers' family planning attitudes and behaviors. These programs assume that mass media messages about family planning can have impacts on family planning attitudes (beliefs and values) and family planning behavioral outcomes. The outcomes of media dissemination of ideas, images, themes, and stories are termed media effects (Piotrow et al., 1997). To understand this relationship, we need to examine a theoretical framework—called media cultivation theory.

Scholars argue that media messages have successfully influenced attitudes and behaviors. Sparks (2002) stated that media messages can have impacts on individual health behavior. "If the media are able to persuade people to buy products, laugh, adopt attitudes of fear toward their environment, and even take their own lives, they should be able to influence people to change their health habits."(Ibid.:146). For example, family planning

messages broadcast over radio have increased inquiries to youth guidance centers in Latin America, lengthened contraceptive use in Honduras, increased clinic attendance in Nigeria, improved attitudes towards condoms in Columbia, and brought clients to private sector services in Hong Kong and Egypt (Gilluly and Moore, 1986).

With this regard, media cultivation theory has been chosen to help explain media's role to cultivate favorable attitudes about family planning. Cultivation is a process which results from three important inputs: media exposure to messages about family planning, amount of exposure time to family planning messages and values/beliefs/ideas as outcomes of family planning. Dictionary of Media Studies (2006:57) defined cultivation theory as "[t]he theory that the mass media 'cultivates' ideas, attitudes, values, etc which are already present but have not been reinforced..." As noted earlier, EDHS reported that about 91% of Ethiopians in reproductive age group have the idea of family planning. This indicates that there is a great deal of opportunity for media messages about family planning to reinforce the existing knowledge about family planning, which probably leads to approval and adoption of family planning methods. To this end, it is believed that the present theme of media messages about family planning cultivates benefits of family planning (FGAE, 2005).

Cultivation theory of mass media was first proposed by George Gerbner. Citing Gerbner (1980), Piotrow et al. (1997:22) states that media cultivation hypothesis "specifies that repeated, intense exposure to deviant definitions of 'reality' in the mass media leads to perception of that 'reality' as normal." Regarding level of intensity, Gerbner labeled those who expose themselves to media messages two hours or more a day as midrange or

heavy media consumers and those who expose themselves two or less than two hours a day as light media consumers (Griffin, 2006). Accordingly, cultivation theory predicts that the relationship between media exposure and family planning attitudes would be stronger among respondents with heavy media habits than light media habits.

Cultivation analysis is a theory that predicts and explains the long-term formation and shaping of perceptions, understandings, and beliefs about the world as a result of consumption of media messages. Gerbner's line of thinking in cultivation analysis suggests that mass communication, especially television, cultivates certain beliefs about reality that are held in common by mass communication consumers.

According to this theory, media messages do not affect only behavior, but also beliefs and attitudes. Sparks (2002:134) remarks that “[w]hile the theory of media emphasizes gradual changes in beliefs and attitudes, some of the Gerbner's studies show behavior changes as well.” Sparks further states that “[e]ven though there is no particular intent on the part of the creators of the media messages to change attitudes or beliefs, over time, the heavy viewer will begin to believe that the real world resembles the world presented in the media” (2002:133). It seems that those messages deliberately created to influence attitudes might have stronger outcomes. Therefore, it is reasonable to assume that family planning messages which are designed to influence people in reproductive age group would influence their attitudes towards family planning.

Sparks and Miller (2001:102) stated one of the criticisms of cultivation theory as “the particular mechanisms that might be responsible for the effect are not well specified or

understood.” It seems that the theory’s heuristic qualities provided other scholars to provide explanations that go beyond Gerbner’s original formulation, but might provide some plausible insights about how cultivation might work. For example, Ogles & Hoffner (1987) as cited by Sparks and Miller (2001) explained media cultivation based on the notion of “availability heuristic”. The essence is media consumers tend to depend on what is readily available in their memory to make judgments about real world. Heavy and recent exposure to media constitutes one likely source of information for media consumers to incorporate in their judgments. The repetitive pattern of mass media-produced messages and images forms the mainstream of the common symbolic environment that cultivates the most widely shared conceptions of reality (Gerbner, 1998 in West and Turner, 2000). Sparks et al. (1997) as cited in Sparks and Miller (2001) noted that people are more likely to accept something as true when they are exposed to the idea repeatedly. If this is the case it seems reasonable to expect that people who are repeatedly exposed to programs with family planning messages might be influenced by these messages in situations where they are called upon to express judgments about the reality of family planning.

Sparks (2002) says Gerbner and his colleagues have identified two processes that show evidence of media cultivation. The first process—mainstreaming occurs when, especially for heavy media consumers, media messages dominate other sources of information and ideas about the world. As a result of heavy exposure, people’s social realities move toward the mainstream—a culturally dominant reality that is more similar to media’s reality than to any measurable, objective external reality (West and Turner, 2000). Exposure to media messages about family planning is hoped create a dominant reality

about family planning among heavy media consumers. This reality is the reflection of depictions of messages about family planning in media programs.

Moreover, when people of different groups are exposed to the same media, the differences that might be expected on the basis of group membership become less pronounced because everyone is being similarly cultivated by media messages (Sparks, 2002). In the context of family planning, those people in the reproductive age group and exposed to media messages about family planning expected to be similarly influenced by the messages and will have similar attitudes towards family planning.

The second process, resonance, indicates when a person's real-life environment strongly resembles the environment depicted in the media, a "double dose" of the same messages is received, making the impact of media cultivation particularly likely (Sparks, 2002).

"According to the theory, resonance results when media consumers get a 'double dose' of the same message—media consumption and personal experience both communicate the same reality. In such a case, "the influence of the media message is thought to be even greater" (Sparks and Miller, 2001: 101). In accordance with the "resonance" hypothesis, the relationship between media exposure to messages about family planning and family planning attitudes should be more likely among respondents who already started practicing family planning. According to the theory, resonance results when media consumers get a "double-dose" of the same message—media consumption and using family planning both communicate the same reality. People's actual experience (using family planning) resonates with that of reality in the media. In such a case, the influence

of total media exposure or media exposure to messages about family planning is thought to be even greater.

Cultivation, either as mainstream or as resonance, produces effects on two levels (West and Turner, 2000). First order effects refer to the learning of facts—the number of children born to an average Ethiopian family, the benefits of using family planning. Second order effects involve “hypotheses about more general issues and assumptions” that people make about their environment (Gerbner, 1998 cited in West and Turner, 2000). Questions like “Do you think that the government should formulate a tough policy that limits the number of children couples have?” “Do you think that those who use family planning are promiscuous?”

2.4 Family Planning Communications and Researches in Ethiopia

The health problems of Ethiopia are easily preventable through effective behavioral change intervention (Tilaye, 1997). IEC/BCC has been given attention and taken as one of the components of the regional health problem. Each region has a team and experts at zonal levels to coordinate IEC/BCC activities. Health information and education is delivered in the health institution of the region as a routine task. There are also other governmental and non-governmental institutions, which perform IEC activities (Health Education Center, 2003).

FGAE is a non-profit, non-governmental organization (NGO) working on reproductive health and family planning. FGAE was established in 1966 and has been the leading NGO in the country in the promotion and provision of family planning services over the past 40 years. It has been disseminating family planning information and education to the

public, both in urban and rural areas. In most of the cases, the channel of communication used to disseminate family planning messages has been interpersonal (face-to-face) communication. Mass media are used to supplement interpersonal communications. In spite of the effort exerted in disseminating family planning messages for many years, the contraceptive prevalence rate is quite low (Tilaye, 1997). Given the number or size of the Ethiopian women in their reproductive age, the CPR is not encouraging; it is by far below average compared to East African countries (Ibid: 164).

FGAE has recently launched Learning Our Way Out (LOWO) project which is also termed as 'dialogue leading to solution'. This project tries to raise the community's interest through continuous conversation sessions that initiate the community members to discuss causes of poverty in their areas which will lead them to identify population issues and opt for small family size as one of the solutions (FGAE, 2005).

In a paper presented at conference, Amare Bedada (1997) presented a case study entitled 'Family Planning Communication at the Grassroots' in 1996 in the Dale district of the then Sidamo Administrative Zone. This study evaluates a family planning project aimed at promoting child spacing which increased knowledge of family planning from 32.8 % to 77% and contraceptive use from 4.1% to 13.7% among married couples within five years time. The project which mainly targets all married couples in the reproductive age group (15-49), mainly used interpersonal communication as the main medium to disseminate the concept. This was supported by project-developed print materials like posters, flip charts and imported films. Moreover, the project also exposed district government officials, peasant association chairpersons, religious leaders, community

leaders and health workers to family planning messages through information, education and communication (IEC) campaigns. Accordingly, Amare has come up with the following findings: The face-to-face communication with district authorities, health workers and religious leaders created a favorable situation to the project activities; the mothers readily agreed to use the contraceptive pills or injectables; as the project excludes husbands home visits created problems as many mothers were using contraceptive pills without the consent of their husbands therefore house to house mechanism was dropped and the program switched to IEC strategy; the participation of church leaders made it possible for the project to disseminate family planning information, show films and distribute leaflets and booklets during church meetings.

Tilaye (1997) conducted a survey study on the outcomes of 450 posters in Amhara, Oromia and Tigray regions. The posters depicted the consequences of unplanned births and benefits of family planning. These also showed different family planning methods and their mechanism of action. The project was run By FGAE and aimed at applying the experience of agricultural analogy to family planning. The researcher used the data from 300 questionnaires. He at last came up with the following findings: literate respondents were better able to correlate agricultural analogies to family planning; literate respondents were more attracted to see posters; substantial number of both literates and illiterates did not accept the representation of the analogies in relation to their communities; poster captions help viewers better understand messages; and there wasn't any observed impact of analogy on increasing CPR. The researcher underscores the importance of pre-testing messages, using posters as a teaching material along with interpersonal communication, and addressing posters in each specified community.

A survey study conducted by Health Education Center (2003) on media use and preference in Addis Ababa indicated that about three-fourths of the respondents mentioned radio as their common source of information for health issues followed by television. The study further shows that there is a limited access to print media and almost none stated traditional media as a source of health information. The research unit recommended the use of mass media in combination with interpersonal communication as means to disseminate health information. However, this study came up with this recommendation without measuring the actual impact of each source of information on the audience. These and other researches conducted with regard to media's role in family planning lack media and other theoretical explanations.

CHAPTER THREE

3. RESEARCH METHODOLOGY

The aim of this study is to investigate the relationship between media exposure (particularly to messages about family planning) and family planning attitudes among married couples in two sub-cities of Addis Ababa. Media cultivation theory has been used to explain media's role in the context of family planning communication. To this end, the researcher used a quantitative survey research method to gather the required data to test the cultivation hypothesis in this realm.

3.1 Study Setting, Population and Sampling

This study was conducted in Addis Ababa, the capital city of Ethiopia. Addis Ababa is categorized as one of the 14 regional states, where it shares a boundary with Oromya region. Geographically the city comprises 10 sub-cities where a population of 3.5 million resides. This study randomly selected two sub-cities—Bole and Lideta (Please see Appendix III for the city map).

Bole sub-city is composed of 11 *Kebeles* (the lowest administrative units) and inhabited by 298, 000 people. Lideta sub-city is divided into 9 *kebeles*. About 296,000 people live in this sub-city.

Three kebeles (11, 12/13, and 14/15) from Bole sub-city and two kebeles (1/18 and 2/18) from Lideta sub-city were selected based on cluster sampling as the population is very large (Please see Appendix IV for map of the *kebeles*).

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A stratified sampling was employed to consider gender disparities. From each sub-city, 90 respondents were randomly selected and interviewed. As family planning is mainly the issue of women today, five in six respondents were women.

In total 180 individuals [Females: n=150 (age 18-45); males: n=30 (age 18-59)] were selected and all of them participated in the survey (final response rate=100%). All the respondents were married and were at least 18 years of age.

3.2 Data Collection

The researcher employed standardized face-to-face interview as the main data collection instrument. The interview has four major parts. Prior to the first part, there is an introductory part that states objectives of the interview, requests for respondent's consent, and the phone number of the respondent. The phone number has been used to check whether the individual was actually interviewed and to call the interviewee to fill any missing information. The first part is about the respondent's demographic characteristics. The second part assesses the respondent's overall experience of media exposure. The third part aims at collecting data on the respondent's family planning knowledge and behaviors. The final part assesses the population's core attitudes on family planning.

The interview comprises a total of 106 questions. A few questions were adapted from Ethiopian Demographic and Health Survey—2005 and the rest of the questions were prepared by the researcher.

Six interviewers (3 males and 3 females) were selected from the *kebeles* where the data were gathered and trained in a two-hour session by the researcher where some ambiguities were also rectified. All the interviewers are school teachers who participated in the National Population and Housing Census of May 29—June 7, 2007. These interviewers were selected from the *kebeles* where the clusters were selected for the main reason that they know their locality very well. Moreover, each interviewer met those respondents who they interviewed during the National Population and Housing Census with the assumption that the interviewers could better get the respondents to cooperate. Each interviewer contacted and interviewed 30 respondents in two days (June 16—17, 2007).

3.3 Data Processing and Analysis

The quantitative data were first categorized into four groups: Demographic Characteristics, Level of Media Exposure/Media habit, Attitudes towards Family Planning, and Family Planning Behaviors.

These major variables were measured with different instruments:

Media habits. Respondents' media (Television, Radio and Newspaper/magazine) exposure habits were measured using the estimated amount of time each respondent spent viewing television, listening to radio and reading newspaper(s) during the average weekday and weekend day. The average weekday was multiplied by five for each media while the weekend was multiplied by two to form the average exposure time for the week in hours.

Respondents were also asked about their exposure to radio and television programs that regularly feature family planning themes—*Tenachen*, which means “Our Health”. This program is a weekly 20-minutes program, produced by Education Health Center and broadcast over Ethiopian television and radio. Respondents were asked to report how many times they watched/listened to these programs within four weeks preceding the survey. Each reported time was multiplied by 20 minutes for each media type and added to yield an average time for the preceding four weeks (which ranges between 0 and 2.40 hours).

With regard to intensity of media exposure, the hours in weekday and weekend days were added up and set a standard of 14 hours as the upper limit of light media habits and more than 14 hours as heavy media habits.

Moreover, respondents were asked if they could remember among six television/radio dramas (*Flega*, *Gimash chereka*, *Shishit*, *Tsetset*, *Gilgil* and *Fichina quarto*), which were aired in the last five years. The dramas depicted family planning content. And the number

of dramas each respondent could remember was added to form a new additive variable. Each respondent in the data set will have a score ranging from “0” to “6”.

Family planning attitudes. A ten-item Likert-type scale was used to assess the respondents’ attitudes towards family planning. This measure was based on other measures that have appeared on other literature, but adapted for this study.

Interviewers asked respondents to listen to each attitude statement, and to respond by indicating that they agreed with the statement, disagreed with the statement, or were uncertain about the extent to which they either agreed or disagreed. Responses were coded for each item such that favorable attitude toward family planning was coded as “2”, uncertainty was coded as “1”, and negative attitude was coded as “0”. Consequently, scores on the measure could range from “0” to “20”, with higher scores indicating a more favorable attitude towards family planning. Lower values will indicate more unfavorable attitude towards family planning. Each person in the data set will have a score on this new variable---the additive score on the 10 item index. Seven of these items were worded to show “disagreement” as favorable attitude to family planning, and three items were worded to show that “agreement” as favorable attitude to family planning. The latter items were recoded so that high scores on the 10-item measure reflected the tendency to show favorable attitude towards family planning. The complete 10-item measures along with the percentage of respondents who either agreed or disagreed with the items appear in Table 1.

Family planning behaviors. Respondents were asked if they were practicing family planning during the survey time. The statement items asked about if the respondents were using any family planning method (natural/modern) or discussing family planning issues with their husbands or wives during the survey time. Responses of “yes” were coded as “1” and responses of “no” were coded as “0”.

Demographic variables. General demographic information like age, sex, education level, religious beliefs, monthly income and residence, was also provided by respondents.

All these measures were entered in the SPSS packages and analyzed for percentages, correlations and regressions.

CHAPTER FOUR

4. DATA PRESENTATION AND ANALYSIS

This Chapter presents results obtained from data analysis. The hypothesis stated and the research questions set in chapter one will be tested and answered in this chapter.

4.1 Prevalence of Family Planning Attitudes

Table 1 presents the percentages of respondents who either agreed, disagreed or were uncertain about each item. These data show that positive attitudes towards family planning are quite prevalent. For example, an average of 93% of the respondents indicated birth limiting or spacing are good as ways to improve maternal and child health as well as family living conditions. The respondents seem to be aware of not only the health benefits of using family planning but also the economic benefits it can bring them. More than three-fourth of the respondents reported that they do not believe using family planning is an immoral act. The results also revealed that more than 90% of the respondents seem to endorse family planning's role in maternal and child health, and open discussions of family planning topics.

TABLE 1

PERCENTAGE OF RESPONDENTS INDICATING AGREEMENT, DISAGREEMENT OR UNCERTAINTY ABOUT FAMILY PLANNING ATTITUDES ITEM

	Agree	Uncertain	Disagree
Family planning is a private issue, not a public issue.	10.0%	.6%	89.4%**
It is a taboo to talk about family planning issues openly.	7.2%	1.7%	91.1%**
I associate family planning with promiscuity.	5.6%	5.6%	88.9%**
I believe those who use family planning methods are selfish.	15.0%	5.6%	79.4%**
I believe that birth spacing is good as a way to improve maternal and child health as well as family living conditions.	95.0%	1.7%	3.3%
I believe the birth limiting is good as a way to improve maternal and child health as well as family living conditions.	92.8%	1.1%	6.1%
I believe only God/Allah decides the number of children I should have.	12.2%	1.7%	86.1%**
It is immoral for human being to make any effort to space birth or limit family size.	12.8%	2.8%	84.4%**
I believe the benefits of family planning exceed its health cost.	75.0%	.6%	24.4%
I DO NOT believe family planning is a solution to rapid population growth.	28.9%	4.4%	66.7%**

*Note: Percentages are based on 180 respondents for each item. Items marked with** indicate that disagreement implies positive attitudes toward family planning. For unmarked items, agreement implies positive attitude toward family planning.*

4.2 The Measures of Family Planning Attitudes and Media Exposure

After recoding the items that “agreements” show positive attitude towards family planning, scores across the 10 items of family planning attitudes were combined to form an additive index. This new variable index was used to measure the level of family planning attitudes.

With regard to media exposure, two measures were constructed from the responses. The first measure was a “total media exposure” in hours-per-week. Only one respondent in the sample (6%) reported no media exposure at all during a typical week. At the other

extreme, one respondent reported 41.50 hours of media exposure during a typical week (about 6+ hours per day). The mean number of hours exposed to media per week was 23.18 (each respondent was exposed to media about 3+ hours per day).

A second measure was designed to assess exposure to regular television or radio programs about family planning (media exposure to messages about family planning). The number of times that respondents indicated viewing or listening to each of the programs within four weeks preceding the survey was summed and multiplied by 0.20 hour which yields the number of hours each respondent spent with the programs. Thirty-six respondents reported no exposure to the programs within four weeks preceding the survey. At the other extreme, only one respondent reported viewing and listening to the programs 2.40 hours per week, or watching both programs 0.40 hour per week.

A third measure was intended to establish heavy media habits and light media habits. The results revealed that 164 of the respondents admitted an intake of more than 14 hours a week, and 16 of the respondents reported the upper limit of two hours a day. More than three-fourth of the respondents are midrange or heavy media consumers.

4.3 Testing the Hypotheses and Answering Research Questions

In order to test the first hypothesis—**H₁**, correlations between the measures of family planning attitudes and measures of total media exposure were computed. The measure of total media exposure was significantly correlated with attitudes towards family planning [$r(180) = .410, p < 0.001$].

Measures of family planning attitudes were also significantly correlated with measures of media exposure to messages about family planning [$r(180) = .271, p < 0.005$]. However, this correlation is inconsistent with H_{2s} 's prediction that this relationship should be stronger than that of total media exposure.

A first research question inquired about the respondents' profile with regard to intensity of exposure. Two correlations and two regression equations were computed for the relationship between total media exposure and family planning attitudes each for heavy and light media consumers. The results revealed that there were significant, moderate relationships [$r(164) = .39; p < 0.001$] for heavy consumers, but unrelated for light consumers. After controlling for demographic variables, total media exposure accounted for 50% of the total variance in family planning attitudes.

The third research question sought information about the impact of demographic variables on the relationship between media exposure and attitudes about family planning. Two regression equations were run to explore this issue—one for each of the two media exposure measures. The independent variables for each equation were identical. Age, sex, education, income, religious beliefs and residence (Bole or Lideta Sub-city) were entered in a single block. This was followed by entering, in respective equations, either the total media exposure, or the measure of exposure to media programs with family planning content. This yields a multiple R statistic that permitted the examination of how much variance these demographic variables account for in family planning attitudes. Table 2 displays the results of the equations using the total media

exposure as a predictor variable. Table 3 displays the results of the measure of exposure to media programs with family planning content.

TABLE 2
REGRESSION RESULTS FOR PREDICTING FP ATTITUDES FROM THE TOTAL MEDIA EXPOSURE

Variables Entered	Multiple R	R²	Beta
Step 1:			
Age			.046
Sex			.377 (p<0.001)
Education Level			.237 (p<0.005)
Monthly Income			-.014
Religion			-.495 (p<0.001)
Residence			.249 (p<0.002)
	.78	.61	
Step 2:			
Total Media Exposure	.79	.62	.114

As Table 2 reveals, the demographic variables accounted for 61% of the variance in family planning attitudes. Total media exposure accounted for an additional 1% of the variance. The entire regression model accounted for 62 percent of the variance in family planning attitudes.

The similar equation for media exposure to programs with family planning content (Table 3) shows that exposure to media programs with family planning content accounted for 66% of the variance in family planning attitudes.

TABLE 3

REGRESSION RESULTS FOR PREDICTING FAMILY PLANNING ATTITUDES FROM EXPOSURE TO MEDIA PROGRAMS WITH FAMILY PLANNING CONTENT

Variables Entered	Multiple R	R ²	Beta
Step 1:			
Age			.046
Sex			.377(p<0.001)
Education Level			.237(p<0.005)
Monthly Income			-.014
Religion			-.495(p<0.001)
Residence			.249(p<0.002)
	.78	.61	
Step 2:			
Exposure to media programs with FP content	.81	.66	.287

The equations in Tables 2 and 3 reveal information pertinent to **RQ₃**. Age and income proved to be unrelated to attitudes towards family planning. However, sex, education, religion and residence did predict attitudes towards family planning.

4.4 Testing Resonance Hypothesis

In order to investigate the resonance hypothesis implied in **RQ₂**, regression equations were run separately for respondents who reported practicing family planning (n=138; 77%) and for those who do not practice family planning (n=42; 23%). Measures of total media exposure (Table 4 & 5) and measures of exposure to media programs with family planning content (Table 6 & 7) were also used for both groups. A bivariate correlation for each group was computed separately.

TABLE 4

REGRESSION RESULTS FOR PREDICTING ATTITUDES TOWARDS FAMILY PLANNING FROM TOTAL MEDIA EXPOSURE AMONG RESPONDENTS WHO PRACTICE FAMILY PLANNING

Step 1:	Multiple R	R ²	Beta
Age			.076
Sex			.267(p<0.001)
Education Level			.193(p<0.001)
Monthly Income			-.033
Religion			-.267
Sub-city			.389(p<0.002)
	.53	.28	
Step 2:			
Total media exposure	.54	.29	.030

Table 4 displays the results for the group who practice family planning. The Table reveals that demographic variables accounted for 28 % of variance to the prediction of attitudes towards family planning. Total media exposure contributes one more percent to the variance to the prediction of attitudes towards family planning. Measures of total media exposure significantly correlated with family planning behaviors [$r(180)=.19$; $p<0.005$).

However, as Table 5 reveals, for those who do not practice family planning, demographic variables accounted for 85% of variance, and total media exposure accounted for an addition of 4%. The correlation between measures of family planning attitudes and measures of total media exposure is significant and moderate [$r(138)=.59$; $p<0.001$].

TABLE 5

REGRESSION RESULTS FOR PREDICTING ATTITUDES TOWARDS FAMILY PLANNING FROM TOTAL MEDIA EXPOSURE AMONG RESPONDENTS WHO DO NOT PRACTICE FAMILY PLANNING

Variables Entered	Multiple R	R ²	Beta
Step 1:			
Age			.256(p<0.025)
Sex			.492p<0.001)
Education Level			.220
Monthly Income			.031
Religion			-.560(p<0.004)
Sub-city			-.030
	.92	.85	
Step 2:			
Total media exposure	.94	.89	.217

With regard to measures of exposure to media programs with family planning content, like the results for total media exposure, different results emerged. Table 6 displays the results for the group who did report using family planning. Table 7 displays the results for the group who do not use family planning.

TABLE 6

REGRESSION RESULTS FOR PREDICTING ATTITUDES TOWARDS FAMILY PLANNING FROM EXPOSURE TO MEDIA PROGRAMS WITH FAMILY PLANNING CONTENT AMONG RESPONDENTS WHO PRACTICE FAMILY PLANNING

Variables Entered	Multiple R	R ²	Beta
Step 1:			
Age			.076
Sex			.267(p<0.001)
Education Level			.193
Monthly Income			-.033
Religion			-.267(p<0.001)
Sub-city			.389(p<0.002)
	.53	.28	
Step 2:			
Exposure to media programs with FP content	.60	.36	.377(p<0.004)

1.

As these tables reveal, exposure to media programs with family planning content was unrelated to attitudes toward family planning for those who do not use family planning. But for those who did report such a practice, exposure to media programs with family planning content contributed an additional 8% of significant variance to the prediction of attitude towards family planning. Bivariate correlations shows that attitude towards family planning was significantly correlated with exposure to media programs with family planning content for respondents who reported using family planning [$r(42)=0.20$; $p<0.005$]. However, exposure to media programs with family planning content was unrelated to family planning attitudes for those who do not practice family planning’

TABLE 7

REGRESSION RESULTS FOR PREDICTING ATTITUDES TOWARDS FAMILY PLANNING FROM EXPOSURE TO MEDIA PROGRAMS WITH FAMILY PLANNING CONTENT AMONG RESPONDENTS WHO DO NOT PRACTICE FAMILY PLANNING

Variables Entered	Multiple R	R ²	Beta
Step 1:			
Age			.256(p<0.025)
Sex			.492(p<0.001)
Education Level			.220
Monthly Income			.031
Religion			-.560(p<0.004)
Sub-city			-.030
	.92	.85	
Step 2:			
Exposure to media programs with family planning content	.93	.86	.061

Data analysis using Percentage, Pearson Correlation and Linear Regression, have emerged with different results. Results of percentage indicated a prevailing positive attitude toward family planning. Correlation results supported research hypothesis of positive relationship between media exposure and family planning behaviors. However, it failed to back the hypothesis that stated the expectation of stronger correlation between exposure to media programs with family planning content and family planning attitudes. Regression results have shown that sex, education, religious beliefs and residence significantly influence the relationship between family planning behaviors and media exposure. Results also supported resonance hypothesis—the relationship between family planning attitude and exposure to media programs with family planning content is stronger for those who practice family planning than those who do not practice family planning.

CHAPTER FIVE

5. Discussion and Conclusion

This chapter discusses major findings in accordance with the objectives of the study and research hypotheses. The focus of the discussion will be the association between attitudes about family planning and media exposure. The hope is that ideas arising from discussion will lead to final conclusion.

5.1 Discussion

The study formulated five specific objectives: to assess the prevalence of positive or negative attitudes towards family planning; to identify media habits of respondents; to identify association between family planning attitudes and media exposure; to explore the influence of demographic characteristics on the relationship between family planning attitudes and media exposure; and to investigate the influence of using family planning on the relationship between family planning attitudes and media exposure.

Prevalence of Family Planning Attitudes

Table 1 reveals that positive attitude towards family planning is prevalent in the sample drawn from the two sub-cities (Bole and Lideta) of Addis Ababa. Nearly 85% of the respondents tend to see limiting or spacing birth as an important intervention to improve child and maternal health, to improve family living conditions and to reduce the present fast population growth. For those respondents who indicated uncertainty towards family

planning, it is reasonable to assume that ‘in areas of uncertain belief, the mass media are potentially a more powerful source of influence’ (Sparks & Miller, 2001:109). The media would continue to reinforce or change these people’s beliefs and values about family planning in this environment where positive attitudes prevail.

Media Habits

Regarding the second objective, identifying respondents’ media habits, each of the respondents reported exposure to total media an average of about 3 hours per day. Each female respondent reported exposure to total media an average of 3.40 hours per day whereas each male respondent reported an average of 2.80 hours per day. Similarly, female respondents’ exposure to media programs with family planning content was an average of 0.17 hours per week, and that of male respondents’ was an average of 0.12 hours per week. This result is consistent with the findings from EDHS-2005, where an additional 3% of women reported viewing television and listening to radio programs about family planning more than men. The case might be that women tend to look for media messages about family planning, which probably supports men’s view of family planning as women’s business.

Correlations and Regressions

The first hypothesis—that total media exposure would be positively correlated with attitudes towards family planning—was confirmed. As the regression equation reported in Table 2 reveals, total media exposure accounts for 62% of the total variance even after controlling for demographic variables. With regard to demographic variables, sex, education, religious beliefs and residence significantly correlated with family planning

attitudes. Male respondents' response to total media exposure tends to be stronger than female respondents'. However, female respondents tend to respond to media programs with family planning content better than male respondents.

The second hypothesis was that positive correlations between media exposure to messages about family planning would be stronger than exposures to total media. The data show that these two variables significantly correlated, but fails to support the hypothesis—the correlation coefficient for these variables is weaker [$r(180) = .271$, $p < 0.005$] than the correlation coefficient for that of total media exposure [$r(180) = .410$, $p < 0.001$]. But, as Table 3 reveals, even after controlling for demographic variables, exposure to media programs with family planning content accounts for 66% of the variance in family planning attitudes. This probably shows other fictional (television/radio dramas) and reality programs (news, talk shows, and other non-regular programs) with family planning content, could be the sources of family planning information. However, this needs to be supported by content analysis of these programs. This study confirms that the relationship between media exposure and family planning attitudes is stronger for heavy media consumers than light media consumers. Media effect should be more likely in this kind of relationship.

These significant, positive correlations cannot be interpreted unmistakably as evidence for the impact of total media exposure or exposure media programs with family planning content. Surveys of this type simply do not allow conclusions that establish causal direction. It is also possible that the relationship indicates that those who have positive attitudes towards family planning are more likely to expose themselves to media

programs with family planning content. However, it is important to note that researches have shown that mass media campaigns have successfully influenced reproductive health beliefs and practices (Sparks, 2002). This possibility of bi-directional relationship needs to be tested with the selective exposure hypothesis that those who have positive attitude towards family planning seek out media programs with family planning content.

RQ₂ asked about the evidence regarding cultivation's resonance hypothesis. To test this hypothesis two bivariate correlations were computed—one for those who practice family planning and another for those who do not practice family planning. Two different results emerged for each group. Regarding total media exposure, no resonance hypothesis did emerge. It even encounters with the result that those who do not practice family planning tend to show more favorable attitudes towards family planning. This probably shows that those who practice family planning might have more exposure to non-regular family planning programs other than the regular program used for this research.

On the other hand, resonance hypothesis did emerge for exposure to media messages with family planning content. The relationship between exposure to media programs with family planning content and favorable attitude towards family planning was present only for those respondents who reported practicing family planning.

RQ₃, which asked about the impact of demographic variables on family planning attitudes, was evaluated in two regression equations—one for total media exposure and the other for exposure to media programs with family planning content. In both cases, there is no evidence that age and monthly income are related to family planning attitudes.

Though it varies from culture to culture, one would expect that as age gets higher and higher there would be a tendency to decrease in the desire to have more children. In this case, it is reasonable to assume that the CPR would be higher for relatively older people. Likewise, as one would earn higher and higher, he/she would tend to have more children, or just the opposite. However, neither of the measures relating to sex and income has proved any relationship.

There are evidences for the relationship sex, education level, religious beliefs and residence have with family panning attitudes. A slightly weak relationship between total media exposure and family planning attitudes indicated males [$r(30)=.68$; $p<0.001$] tend to show more favorable attitude towards family planning than females [$r(150)=.29$; $p<0.001$].

Regarding education level there is no evidence showing a significant relationship between exposure to programs with family planning content and family planning attitudes for those who did not attend formal education. But for those who attended formal education, there seem to be a slightly weak but significant relationship between family planning attitudes and media exposure. This shows the importance of formal education in promoting favorable attitude about family planning, so as to reduce fertility rate (Bhargava, 2006).

The present data show relationship between media exposure and family planning attitudes, which suggest there may be an important media effect in the area of health communication in general and family planning communications in particular. Future

studies may replicate the findings of this research, supported with results of content analysis that this research lacks. Surveys which use random samples of larger population, unlike this type, would enable generalizations and continue to advance our knowledge about media's role in family planning communications.

5.2 Conclusion

Health communication has emerged recently and much of the research has been correlational (Sparks, 2002). With this regard, mass media messages have proven to be capable of improving people's family planning attitudes and behaviors in the context of general health habits. Surveys of this type would be able to document media's influence on health attitudes and behaviors. This was conducted in an attempt to see if there were positive correlations between media exposure and family planning attitudes.

The researcher employed media cultivation theory as a framework of the study. There is a probability that mass media can cultivate favorable or unfavorable attitude towards family planning. Five specific research objectives were framed: the prevalence of positive or negative attitudes towards family planning; media habits of respondents; association between family planning attitudes and media exposure; the influence of demographic characteristics on the relationship between family planning attitudes and media exposure; and the impact of using family planning on the relationship between family planning attitudes and media exposure.

Data were collected from randomly selected 180 residents of Addis Ababa. The results have been specified after data analysis using Percentage, Pearson Correlation and Linear Regression:

- There is a positive attitude prevailing among respondents as indicated in family planning additive index.
- Each of the respondents was exposed to media an average of 3 hours per day.
- Correlation results indicated there is a significant positive relationship between media exposure and family planning attitudes.
- Demographics like sex, education, religious beliefs and residence were found affecting significantly the relationship between media exposure and family planning attitudes.
- Evidences have shown the presence of resonance hypothesis—that there is a stronger relationship between family planning attitudes and exposure to media programs with family planning content for those who reported using family planning.

These findings have led to the following conclusions:

- From the prevailing positive attitude towards family planning and the existence of significant, positive correlation between media exposure and family planning attitudes, it seems that there is a probability of mass media cultivating positive attitude.

- The assumption of expecting stronger correlation between family planning attitudes and media exposure failed to meet the assumption. However, systematic content analysis of media for their content of family planning is required to explain how really family planning messages prevail in the media.
- Family planning communication programs need to reconsider the media's power to cultivate positive attitude towards family planning so as to start or continue using mass media to disseminate family planning messages instead of prioritizing interpersonal communications in this realm.

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Appendices

Appendix I: Structured Interview —English Version

INTRODUCTION

Hello. My name is _____. I am collecting data on family planning communications. I would very much appreciate your participation in this survey. Your genuine information is very important. This survey interview usually takes about 15 minutes to complete.

Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Thank you

Interviewee's Phone number: _____

Code: _____

Date: ____/____/____

CIRCLE THE ONES WITH CHOICES

I. DEMOGRAPHICS

Let me begin with demographic characteristics.

101. Name of respondent's sub-city _____

102. Name of respondent's *Kebele* _____

103. Age _____

104. Sex 1. Male 2. Female

105. Ethnic Background

1. Amhara

3. Tigray

2. Oromo

4. Other, specify _____

106. Religion

1. Orthodox Christian

2. Catholic Christian

3. Protestant Christian

4. Muslim

5. Other, specify _____

107. Education Level

1. None

and not able to read but able to read

2. Primary Education

3. Secondary Education

4. Beyond Secondary, specify qualification_____

108. Language Proficiency (write 1 for YES and 2 for NO)

		Able to		
	Speak	Write	Understand from reading	Understand from listening
1. Amharic				
2. Oromiffa				
3. Tigrigna				
4. English				
5. Other, specify				

109. Occupation, specify_____

110. Which of the following do you own? 1. Radio 2. TV 3. Internet

111. Income (Per month)_____

II. EXPOSURE TO FAMILY PLANNING MESSAGES

Now I would like to talk about your experiences with different channels of communication.

201. Where do you mainly get information about what is happening around the country?

	Always	Sometimes	Never
1. TV	1	2	3
2. Radio	1	2	3
3. Newspaper/Magazine	1	2	3
4. Internet	1	2	3
5. Other people	1	2	3
6. Other, specify			

202. What media do you readily have access to?

	Unrestricted access	Restricted access
1. Television	1	2
2. Radio	1	2
3. Newspaper/Magazines	1	2
4. Internet	1	2
5. None		

203. Of the following media, which do you prefer? Rank from 1-3 (from the most preferred to least preferred).

1. Television_____ 2. Radio_____ 3. Newspaper/Magazines_____ 4. None

204. Which of these media do you trust? List from most trusted to least trusted.

1. Television_____ 2. Radio_____ 3. Newspaper/Magazines_____ 4. None

205. Which of the following media do prefer as a source of family planning messages? Rank from 1-3 (from the most preferred to least preferred).

1. Television_____ 2. Radio _____ 3. Newspaper/Magazines_____ 4. None

206. On average, how regularly do you:

	Everyday	At least twice a week	Once a week	Never
1. View TV	1	2	3	4
2. Listen to radio	1	2	3	4
3. Read Newspaper/Magazine	1	2	3	4

207. How much time (in minutes) do you spend with the following media in a typical weekday?

1. Radio _____
 2. Television _____
 3. Newspapers/Magazines _____
 4. None

208. How much time (in minutes) do you spend with the following media in a typical weekend day?

1. Radio _____
2. Television _____
3. Newspapers/Magazines _____
4. None

209. How many times did you watch/listen to/read the following programs/pages in broadcast or print media in the last four months?

1. Television (*tenachen*) _____
2. Radio (*tenaches*) _____
3. Newspaper/Magazine (*doctor, lant na lanchi*) _____
4. None

210. The following dramas were broadcast on ETV/Radio Ethiopia between 2000 to June 2007. Which of them do you remember?

1. *Filega* _____
2. *Gimashua chereka* _____
3. *Shishit* _____
4. *Tsetset* _____
5. *Gilegel* _____
6. *Fichina quatero* _____

211. Where did you first hear about modern family planning methods?

1. Radio 2. Television 3. Newspapers/Magazines
4. Other, specify _____

212. What did you do after hearing/viewing/reading the message(s) from the sources under 211?

1. Visited a family planning clinic or other health centers
2. Talked about the message with my husband or my wife
3. Discuss the message with other people
4. Decided to use family planning methods
5. Started to use family planning methods
6. Nothing
7. Other,

specify _____

213. Think of the last 12 months. Have you

1. heard any family planning message? 1. Yes 2. No.

- _____
2. viewed any family planning message? 1. Yes 2.No.

- _____
3. read any family planning message? 1. Yes 2. No.
- _____

214. If your response is yes to 213.1/213.2/213.3, from which media source(s) under 211?

215. Think of the last 2 months. Have you

- 1. Talked about family planning with your husband/wife? 1. Yes 2. No.
- 2. Talked about family planning with health workers? 1. Yes 2. No.
- 3. Talked about family planning with other people? 1. Yes 2. No.

216. How many family planning messages do you remember from each of the following channels of communication for the last two months?

- 1. Radio _____
- 2. TV _____
- 3. Newspaper/Magazine _____
- 4. None

217. If you have heard, read or viewed family planning messages from the media (TV, Radio or Newspaper), do you remember any specific messages?

Yes No.

If yes, in what format?

- 1. Spots 2. Health programs 3. Dramas 4. News 5. Interview
- 6. Other, specify _____

218. How much confidence do you have in the following as a family planning information source?

	Quite a lot	Not very much	Not at all
1. Television	1	2	3
2. Radio	1	2	3
3. Newspaper/Magazine	1	2	3

219. Now, I would like to talk about family planning messages.

	Agree	Uncertain	Disagree
1. I'm happy with family planning messages	1	2	3
2. Family planning messages are easy to understand.	1	2	3
3. Family planning messages are persuasive.	1	2	3
4. Family planning messages promise personal benefits.	1	2	3

220. How do you evaluate the way actual reality of family planning practice is represented in the media?

- 1. Truly represented
- 2. Exaggerated
- 3. Undermined
- 4. Uncertain

III. FAMILY PLANNING KNOWLEDGE AND BEHAVIORS

Now, I would like to talk about your knowledge and behaviors of family planning methods.

301. What does family planning mean?

302. What ways or methods (that a couple can use to delay or avoid a pregnancy) have you heard about? (Write NONE if the interviewee doesn't remember anything)

1. Natural family planning methods

2. Modern family planning methods

3. None

303. Which of these methods (if any) have you ever used to delay or avoid getting pregnant?

1. Natural family planning methods

2. Modern family planning methods

3. None

304. Which of these methods are you currently using to delay or avoid pregnancy?

1. Natural family planning methods

2. Modern family planning methods

-
-
305. If you don't use the family planning methods, what is your reason?
1. Lack of knowledge 2. Fear of side effects 3. Lack of quality health services
4. They are immoral 5. My husband's/wife's disapproval 6. I CANNOT afford them
7. Other, specify_____
306. Will you use any family planning in the future? 1. Yes 2. No
307. Have you discontinued using any one of these contraceptive methods? 1. Yes 2. No.
308. Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any?
1. None 2. One 3. Two 4. 3-4 5. More than four
309. Now, how many children do you have?
1. None 2. 1-2 3. 3-4 4. More than four
310. How many children do want to have?
1. None 2. 1-2 3. 3-4 4. More than four
311. How many children do you think an average Ethiopian family should have? (your ideal family size?)
1. None 2. 1-2 3. 3-4 4. More than four
312. Do you use modern contraceptives without your spouse's consent? 1. Yes 2. No.
313. Who decides family planning use in your family?
1. My husband/wife 2. Both of us 3. Other, specify_____
314. What do you do when you are casually exposed to family planning messages?
1. Listen attentively 2. Avoid
315. Which of the following people do you know that they use family planning methods?
1. Neighbors 2. Colleagues 3. Friends 4. Religious leaders
316. Do you discuss family size with your husband or wife? 1. Yes 2. No

IV. FAMILY PLANNING BELIEFS, ATTITUDES AND PERCEPTIONS

Now I would like to talk about your beliefs and perceptions of family planning methods.

	Agree	Uncertain	Disagree
401. Family planning is a private issue, not a public issue.	1	2	3
402. It is a taboo to talk about family planning issues openly.	1	2	3
403. Family planning is nobody's business, but my own.	1	2	3
404. Family planning methods cause health side effects.	1	2	3
405. I associate family planning with promiscuity.	1	2	3
406. I believe those who use family planning methods are selfish.	1	2	3
407. I believe that birth spacing both is good as a way to improve maternal and child health as well as family living conditions.	1	2	3
408. I believe the birth limiting is good as a way to improve maternal and child health as well as family living conditions.	1	2	3
409. I believe only God/Allah decides the number of children I should have.	1	2	3
410. Therefore, it is immoral for human being to make any effort to space or limit family size.	1	2	3
411. I believe that family planning methods shouldn't be advertised on media.	1	2	3
412. Population growth is NOT a problem in Ethiopia.	1	2	3
413. Large family size is NOT a problem in the majority Ethiopian family.	1	2	3
414. My religious belief doesn't allow me practice family planning methods.	1	2	3
415. Maternal and child health is a problem in Ethiopia.	1	2	3
416. I DO NOT believe family planning is a solution to rapid population growth.	1	2	3
417. I DO NOT believe family planning can be a solution to maternal and child health.	1	2	3
418. I believe I can practice family planning methods.	1	2	3
419. I believe that the benefit of family planning exceed its health cost.	1	2	3
420. I believe poor communication between my spouse has become a barrier to use modern contraceptives.	1	2	3
421. I think the government should formulate a tough policy that limits the number of children a couple should have.	1	2	3
422. I believe that a household with larger family size tend to lead less quality life than a household with smaller family size.	1	2	3

423. How many children do you think an average Ethiopian family has?

1. less than 4
2. 4-6
3. more than 6

424. How many married couples in ten do you think know about modern family planning methods?

1. less than 4
2. 4-6

3. more than 6

425. How many married couples in ten do you think practice modern family planning methods?

1. less than 4

2. 4-6

3. more than 6

426. What would you expect if the current population growth is unchecked?

Appendix II: Structured Interview—Amharic Version

SÓu=Á

Ö?" ÅeØM˘:: -----[LKG<:: u>G<'< Ñ>?? uu?}cw Ux'@ ²<]Á S[Í [¼cucwÿ< '˘<:: K²=I

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nKSÖÄI" SËS` [LKG<::

>ScÓ"KG<::

¾SÖÄI ÇÉ -----

¾)ÖÄm˘< eMj lØ -----

K" ----- / ----- / -----

jöM >"É :- ¾)ÖÄm˘< SKÁ

uSKÁ ØÁo-< MËU

1®1. ¾)ÖÄm˘< S•JÁ jöM Ý}T -----

1®2. ¾)ÖÄm˘< S•JÁ kuK? -----

1®3. ¾)ÖÄm˘< °ÉT@ -----

1®4. i[1. "É 2. c?f

1®5. ¾)ÖÄm˘< wN?[cw 1. >T^ 3. fÓ^Ã
2. *aV 4. K?L ÝJ'< ÅÑKî -----

1®6. [ÁT•f 1. *„Éje j`e+Á" 3. -a,e[ʼf j`e+Á"
2. „K=j j`e+Á" 4. S<eK=U
5. . K?L ÝJ'< ÅÑKî -----

1®7. ¾fUIʼf Å[Í 1. ÁM}T[T"uw ¾TÄ<M T"uw ¾T><M

2. 1— - 8— jöM

3. 9— - 12— jöM

4. Ý12— jöM uLÃ ÝJ' ÅÑKî

1®8. Ý²=I ulk K}²[ʼf ¾s"s ˘ Å'< <KAL" ÅÑKî (SMe- [LKG< ÝJ' 1 Åÿuw >M<MU ÝJ' 2 Åÿuw)::

S"Ñ` Síö T"uw cU, S[Çf

1 >T— 1/2 1/2 1/2 1/2

2. *aU— 1/2 1/2 1/2 1/2

3. fÓ]— 1/2 1/2 1/2 1/2

4. [ʼÓK=´— 1/2 1/2 1/2 1/2

5. K?L "K ĀÑKî -----
109. Y^ /"K ĀÑKî/ -----
110. ÝT>Ý}K<f ¾f™‡"/¾f— " <"/ >K-f?
1. _Ç=Ā ,Ky=¶" 3. >="}'@f
111. "H© Ñu= -----

jõM G<Kf:- Ýu?}cw Ux'@ SM°j„< Ò` ÁK" < l~f
 >G<" ÁÓV eu?}cw Ux'@ ÁKAf" MUÊ< MÖÃqf
 201. u"vu=- cKT>Ý"" < Ñ<Ç¿< S[Í Ý¾f ĀÑ—K<?

		<u>G<MÑ>2?</u>	<u>>Mö >Mö</u>	<u>uôi<U</u>
1. ,K?y=»"	1		2	3
2. _Ç=Ā		1	2	3
3. Ò2?x/SiN?f/	1		2	3
4. >="}'@f	1		2	3
5. K?KA< c-<	1		2	3

6. K?L "K ĀÑKî -----

202. ÝT>Ý}K<f ¾w2<H" SÑ"— S"ÓÊ< ¾f™‡" TÓ-f Ā<LK<?

		<u>ĀKÑĀw >Ñ—KG<</u>	<u>u}c' ÑĀw >Ñ—KG<?</u>
1. ,K?w»"		1	2
2. _Ç=Ā		1	2
3. Ò2?x /SiN?f/		1	2
4. >="}'@f		1	2
5. >"Æ"U >LÑ"			

203. ÝT>Ý}K<f ¾SÑ"— S"ÓÊ< ¾f— " <"/ ¾f™‡"/ ĀS`xK?? /uĀ[Í
 ÁekUxDt" <: / 1— ' 2—' 3—/

1. _Ç=¿ ----- 2. ,K?y=»" -----
 3. Ò2?x /SiN?f/----- 4. ¾f— " <"U >MS`ØU

204. ÝT>Ý}K<f ¾SÑ"— S"ÑÊ< KĪ e- >c}TT` ¾S[Í U"B "ĀU U"à< ¾f— " < "ĀU ¾f™‡ " < "ĀU "†" <: :
 uĀ[Í ÁekUxDt" < / 1— ' 2—' 3—/

1. _Ç=¿ ----- 2. ,K?y=»" -----
 3. Ò2?x /SiN?f/----- 4. ¾f— " <"U >MS`ØU

205. ÝT>Ý}K<f ¾SÑ"— S"ÑÊ< ¾f™‡"/ ¾f— " <"/ Ku?}cw Ux'@ S[Í

ÅS`xK<; uÅ[Í >ckUxD†`<:: 1— ' 2—' 3—/

- 1. _Ç=¿ -----
- 2. ,K?y=»" -----
- 3. Ò²?x /SiN?f/-----
- 4. ¾f—`<"U >MS`ØU

2®6. u>T"Ã udU"f U" ¾IM

u¾°K~ u=Á"e uXU"f udU"f uôi<U

G<Kf Ñ>²?

- | | | | | |
|----------------------|---|---|---|---|
| 1. ,K?y=»" ÅSKÿK<; | 1 | 2 | 3 | 4 |
| 2. _Ç=Ã ÁÇU×K<; | 1 | 2 | 3 | 4 |
| 3. Ò²?x/SiN?f Á'vK<; | 1 | 2 | 3 | 4 |

2®7. u>T"Ã udU"f k"/ uÅmn' c` f/ U" ÁIM

- 1. _Ç=¿ ÁÇU×K<?-----
- 2. ,K?y=»" ÅSKÿK<? _____
- 3. Ò²?x /SiN?f/ Á'vK<? _____
- 4. >"Æ"U >Mÿ]MU

2®8. u>É ¾dU"f SÚ[h k" /uÅmn c` f/ U" ÁIM

- 1. _Ç=Ã ÁÇU×K<; -----
- 2. ,K?y=»" ÅSKÿK<; -----
- 3. Ò²?x /SiN?f/ Á'vK<; -----
- 4. >"Æ"U >Mÿ]MU

2®9. vKóf >^f dU"lf `<eØ e"f Ñ>²? ¾T>ÿ}K<f" ¾_É¿ / ,K?y=»"

-aÓ^V<" }SMij}ªM [Ç=G<U ¾Ò²?x/ SèN?f èG<ò<" >"wuªM?

- 1. Ò²?<" / u,K?{»"/ -----
- 2. Ò²?<" 'L'" L"/ u_Ç=¿/ -----
- 3. Êj}' L'" L"/ uÒ²?x/ -----
- 4. >"Æ"U >M}ÿ]Mÿ<U

21®. Ÿ²=I ulk ¾j}²f É^T-< u,K?y=»" "ÃU u_Ç=¿ u1992 [r 1999

vK<f Ñ>²?Áf }LLðªM:: ¾f™†" Áe[<dK<?

>e[<dKG< >Le[<eU

- | | | |
|------------|---|---|
| 1. øKØ | 1 | 2 |
| 2. ÓTi Ú[n | 1 | 2 |
| 3. iif | 1 | 2 |

- | | | |
|-----------|---|---|
| 4. ìif | 1 | 2 |
| 5. ÓMÓM | 1 | 2 |
| 6. õ" sÖa | 1 | 2 |

211. KSĚS]Á Ñ>? cKu?}cw U×'@ Ý¾f " < ¾cS<f<?

1. _Ç=Ä2. ,K?y=»" 3. Ò?×/ SiN?f 4. K?L "K ÄÑKi -----

212. SM° j,†" ÝcS< uLL U" >Ä[Ñ<;

1. ¾u?}cw SU]Á "ÄU K?KA< jK=>ç< H@Í= S[Í Ö¾Ý<~
2. ÝvKu?/ ÖÄ—Ä Ò` eKSM° j~ }"Ä¾"
3. Ýc< Ò` eKu?}cw U×'@ }"Ä¾G<
4. ¾u?}cw U×'@ >ÑMÓKAf KSÖKU "c"Ý<
5. ¾u?}cw U×'@ SÖKU ÈU`Ý<
6. U"U "Ñ" >LÄ[Ý<U
7. K?L "K ÄÓKi< -----

213. vKö< >"É "Sf " <eØ u?}cw U×'@ ' j ¾J'< SMj,ç" }ÝfKªM;

1. >- 2. >M}ÝfMÝ<U

214. KØAo IØ` 213 SMe-f >" ÝJ" u¾f— < S"ÑÉ }ÝfLD†"<;

1. _Ç=Ä 2. ,K?y=»" 3. Ò?× "ÄU SèN?f
4. K?L "K ÄÓKè

215. vKóf G<Kf " ^f " <eØ

1. ÝvKu?f- Ò` eKu?}cw U×'@ }"ÄÄªM; 1. >- 2. >M} "Ä¾G<U
2. ÝÖ?" vKS<ÄÖ` eKu?}cw U×'@ }"ÄÄªM; 1. >- 2.>M} "Ä¾G<U
3. ÝK?KA< c-<Ò` eKu?}cw U×'@ }"ÄÄªM; 1. >- 2.>M} "Ä¾G<U

216. vKóf G<Kf " ^f " <eØ ÝT>Ý}K<f SÑ"— S"ÑÊ< U" ÁIM ¾u?}cw

U×'@ SM° j,ç" >ÇUÖªM/ }SMjªM "ÄU >"wuªM?/ uIØ` ÄÑKi<::

1. _Ç=Ä -----
2. ,Ky=»" -----
3. Ò?×" /SèN?f/ -----
4. >"Æ"U >M}ÝfMÝ<U

217. u216 Y "K<f /U`Ý- IØ` 4 "MJ' ¾u?}cw U×'@ SM° j,ç

uU">Ä'f SM° jf ¾k[u< 'u'?

1. uÝB` Tel'mÁ SMj 2. uÖ?" -aÓ^V<

3. uÉ^T-<

4. u²?"

5. unK SÖÃp

6. K?L "K ÃÓKè -----

218. ÝT>ÿ}K<f ¾SÑ" — S"ÑÊ< Ku?}cw Ux'@ S[Í U"B'f U" ÁIM

U'f >K-f;

	<u>u×U w²<</u>	<u>¾'c' ÁÍ</u>	<u>uõi<U</u>	
1. ,K?y==»"	1		2	3
2. _Ç=Â	1	2		3
3. Ò²?×/SèN?f/	1	2		3

219. >G<" ÁÓV eKu?}cw Ux'@ SM°j, < Ømf ØÁo-<" MÖÃqf::

leTTKG< ÍÑÖ— >ÃMTT`U

1. uSÑ" — w²<H" uT>}LKó ¾u?}cw Ux'@ SM°j, < Áe}— "':		<u>>ÃÁKG<U</u>			
	1	2			3
2. uSÑ" — w²<H" ¾T>}LKó ¾u?}cw Ux'@ SM°j, < ÓMî" KS[Çf ¾TÁetÓ\					
"t'<::		1	2		3
3. uSÑ" — w²<H" ¾T>Ñ\ ¾u?}cw Ux'@ SM°j, < ukLK< ¾T>ÁdU'< "t'<::		1	2		3
4. uSÑ" — w²<H" ¾T>Ñ\ ¾u?}cw Ux'@ SM°j, < Ýu?}cw Ux'@ >ÑMÓKaf ¾T>Ñ-< ØpV<" ¾T>Áe}U' "':		1	2		3

220. uw²<H" SÑ" — ¾T>}LKó ¾u?}cw Ux'@ SM°j, < Ý'v^© Í'<Í-<

Ò` c=Á'íébt'< Í'Ëf ÃSKÿ...†ªM?

1. 'v^© Í'<Í SÑ" — w²<H" " <eØ ufijM }"iv` sM::

2. 'v^© °'<Í'< uSÑ" — w²<H" " <eØ }Ò"EM::

3. 'v^© Í'<Í'< uSÑ" — w²<H" " <eØ ÝT>Ñv" < ulk }"iv` sM::

4. S"c" >MkMU::

jõM Zef:- ¾u?}cw Ux'@ Í'<kf >SK"Ýf" v]Áf

3ª1. ¾u?}cw Ux'@ TKf U" TKf "'<? -----

302. U" >Ä'f ¾u?}cw Ux'@ ΠÓ" SÝLYÁ S"ÑÉ< Á" <nK<;

1. }ðØa>© S"ÑÉ -----

2. ²S"© S"ÑÉ -----

3. U"U >L" <pU

303. ÝT>Ý)K<f ¾u?}cw Ux'@ ²?È-< S"ÝM Ý²=I uòf ¾f—<" }ÖKSªM;

1. }ðØa>© S"ÑÉ -----

2. ²S"© S"ÑÉ -----

3. G<K~"U }ÖpT@ >L" <pU

304. ÝΠG²=I (303 Y` ÝT>Ñ-<f) S"ÝM ¾f™‡" u>G<'< c~f ÄÖTK<;

1. }ðØa>© S"ÑÉ -----

2. ²S"© S"ÑÉ -----

3. G<K~"U >MÖKU -----

305. ¾u?}cw Ux'@ ¾TÄÖKS< ÝJ" U; >Á~ U"É" <;

1. ¾)TEL Π<p f ¾K~U 2. }ÖÇ~ <Óa< DªKG<

3. Ø^f ÁK" < ¾u?}cw Ux'@ >ÑMÓKAf vKS·\

4. ¾DÄT·f D U', >ÄöpÉM~U

5. vKu?, cKTÄöpÉ "ÄU cKTföpÉ

6. ¾Ñ"²w >pU ¾K~U

7. K?L "K ÄÑKi< -----

306. K"Äòf (u12 " ^f " <eØ) u¾u?}ew Ux'@ S"ÑÉ<" KSÖKU

>pªªM;

1. >pªKG<

2. >LkÉY<U

307. ¾u?}cw Ux'@" Ý²=I uòf c=ÖKS< ·[< vKñf G<Kf "S]f " <eØ

Ás[Ö<uf >ØxT> >K;

1. >-

2. ¾KU

308. ¾u?}cw Ux'@" ÄÖKS< ÝJ' #SÉS]Á SÖKU c=ÉU\ Y"f

MĐ< 'u\~f;

1. >M'u\~U

2. 1-2

3. 3-4

4. Ý>^f uLÄ

309. >G<" e"f MĐ< >KAf?

1. ¾K~U 2. 1-2 3. 3-4 4. Ý>^f uLÃ
310. >G<" e" f MĐ< [Ç=•af ÃðMÖK<;
1. U"U 2. 1-2 3. 3-4 4. Ý>^f uLÃ
311. >"É u>T"Ã ¾'<a Á[Í LÃ ÁK >fjđÁ© e" f MĐ< u=•[< >]Ñu=
" < wK" < ÁU"K<?
1. U"U 2. 1-2 3. 3-4 4. Ý>^f uLÃ
312. ÁKvKu?f- ònÉ ¾u?)cw U×'@" ÃÖkTK<;
1. >- 2. >MÖkUU
313. uu?)cw- " <eØ ¾u?)cw U×'@" SÖkU" ¾T>"e" < T" <;
1. vKu?, 2. G<Klk"U 3. K?L "K ÃÑKi-----
314. ¾u?)cw U×'@" SM°; < c=ÁØØU-f U" ÁÄ[ÖK<;
1. ueV" >ÇU×KG< / [SKÿTKG</ >vKG<
2. fÿ<[f >Mc×t" <U
315. Ý²=I ulk Ý}²f ¾f™ ‡ ¾u?)cw U×'@" [ÁT>ÖkS< Á" <nK<;
1. Ô[u?f (, <) 2. ¾Y^ vMÃ[x< (uMÃ[v
3. ÔÁ™ </ ÔÁ— 4. ¾HÁT•f S]-<
316. ÝuKu?f- Ò " Æðf cKT>•^<G< ¾MĐ< IØ` f" ÁÁL<G<;
1. >- 2. >" ÁÄU
- jöM >^f:- ¾u?)cw U×'@" [U'f ' >SK"ÿf" KÓ"³u?-<
>G<" eKu?)cw U×'@" ÁK-f" [U'f" Ó"³u? MÖÃqf

	<u>TTKG<</u>	<u>OO—</u> <u>>ÄKG<U</u>	<u>MeTTU</u>
4®1. u?)cw U×'@" ¾ÓM Ñ<ÇÃ eKJ' u>ÁwÃ S'Ñ` ¾KufU::	1	2	3
4®2. eKu?)cw U×'@" u>ÁwÃ T" <^f wMÓ" SeKA ÄcT—M::	1	2	3
4®3. u?)cw U×'@" ¾ÓM Ñ<ÇÃ uSJ' < K?KA" >ÄSKÿfU::	1	2	3
4®4. ¾u?)cw U×'@" ²?Ë-< ¾Ö?" [;M ÁeÿfLK<::	1	2	3
4®5. u?)cw U×'@" ÝMp ¾' c=w ul] Ò` >ÄÄ³KG<::	1	2	3

406. uŕ@ [U'f u?}cw Ux'@" ¾T>ÖKS< ^e "ÇÊ< "†"<::	1	2	3
407. uŕ@ [U'f >^ q S"<KÉ ¾ŕ,"" ¾lÍ"f" Ö?" ÁhiLM::	1	2	3
408. uŕ@ [U'f u?}cw SSÖ" /S"<KÉ TqU/ ¾ŕ,"" ¾lÍ"f" Ö?"f ÁhiLM::	1	2	3
409. uŕ@ [U'f ¾u?}cw w³f" S"c" ¾ŕÓ²=ÁwN? "ÁU ¾>LIY^ " "<::	1	2	3
410. uŕ@ [U'f ¾u?}cw w³f" S"c" ¾ŕÓ²=ÁwN? "ÁU ¾>LIY^ " "<:: eK²=I >^ q uS"<KÉU J' u?}cw uSSÖ" c"< uŕÓ²=ÁwN? "ÁU u>LI e^ SÓvf ¾KufU::	1	2	3
411. uŕ@ [U'f u?}cw Ux'@ uw²<H" SÑ"— S'Ñ" ¾KufU::	1	2	3
412. ¾l'w w³f ¾>=fçđÁ <Ö' >ÄÄKU::	1	2	3
413. ¾MĐ< w³f ¾>"É >=fçđÁ© u?}cw <Ö' >ÄÄKU::	1	2	3
414. ¾ÄT·f °U', ¾u?}cw Ux'@" ÝSÖKU ÁÓÄ—M::	1	2	3
415. ¾ŕ,"" ¾MĐ< Ö?"f ¾>=fçđÁ <Ö' >ÄÄKU::	1	2	3
416. ¾l'w w³f" KSq×Ö' u?}cw Ux'@" SÖKU >Óvw >ÄSceK"U::	1	2	3
417. >^ q S"<KÉU J' ¾u?}cw IØ" S"c" ¾u?}cw" ' <a >ÁhgMU::	1	2	3
418. ¾u?}cw Ux'@/ [Ö" SYLYÁ/uÉōf ¾UÖKU SeKA ÄcT—M::	1	2	3
419. ¾u?}cw Ux'@ ÝØpS< ÄMp Ñ<Ç~ ÁS "M::	1	2	3
420. [@" vKu?, eKu?}cw Ux'@ ¾U"Ä"Ñ"< " <ÄÄf Ä" T eKJ' u?}cw Ux'@" 'í J-@ [ÇMÖKU >ÓÊ—M::	1	2	3
421. ¾>=fÄÄ S"Óef ¾>"É >=fÄÄ© ¾u?}cw w³f S"c" >Kuf wÄ >U"KHG<::	1	2	3
422. T"—<U >e)— ¾u?}cw IØ' ÁK"< u?}cw Ýō)— ¾u?}cw IØ' "K"< ¾}hK ' <a ¾T>· ÄSeK—M::	1	2	3

423. >Ç=f >=fÄÄ©f vKfÇ` e"f MĐ< ¾Uf" MÉ ÄSeK-ŒM;

1. Ý>^f Á'c< 2. 4-6 3. ÝeÉef ¾uKÖ<

424. Ý>e >=fÄÄ© vKfÇa< e"~ ²S"© ¾u?}cw Ux'@" ¾T>Ä" <p

ÄSeK-ŒM;

1. Ý>^f Á'c< 2. 4-6 3. ÝeÉef ¾uKÖ<

425. Ÿ>e` >=fÄäÁ© vKfÇa< U" ÁIK< ²S"© ¾u?}cw Ux'@" ÄÖkTK<

wK" < ÄÑU⊠K<;

1. Ÿ>^f Á'c<

2. 4-6

3. ŸeÉef ¾uKÖ<

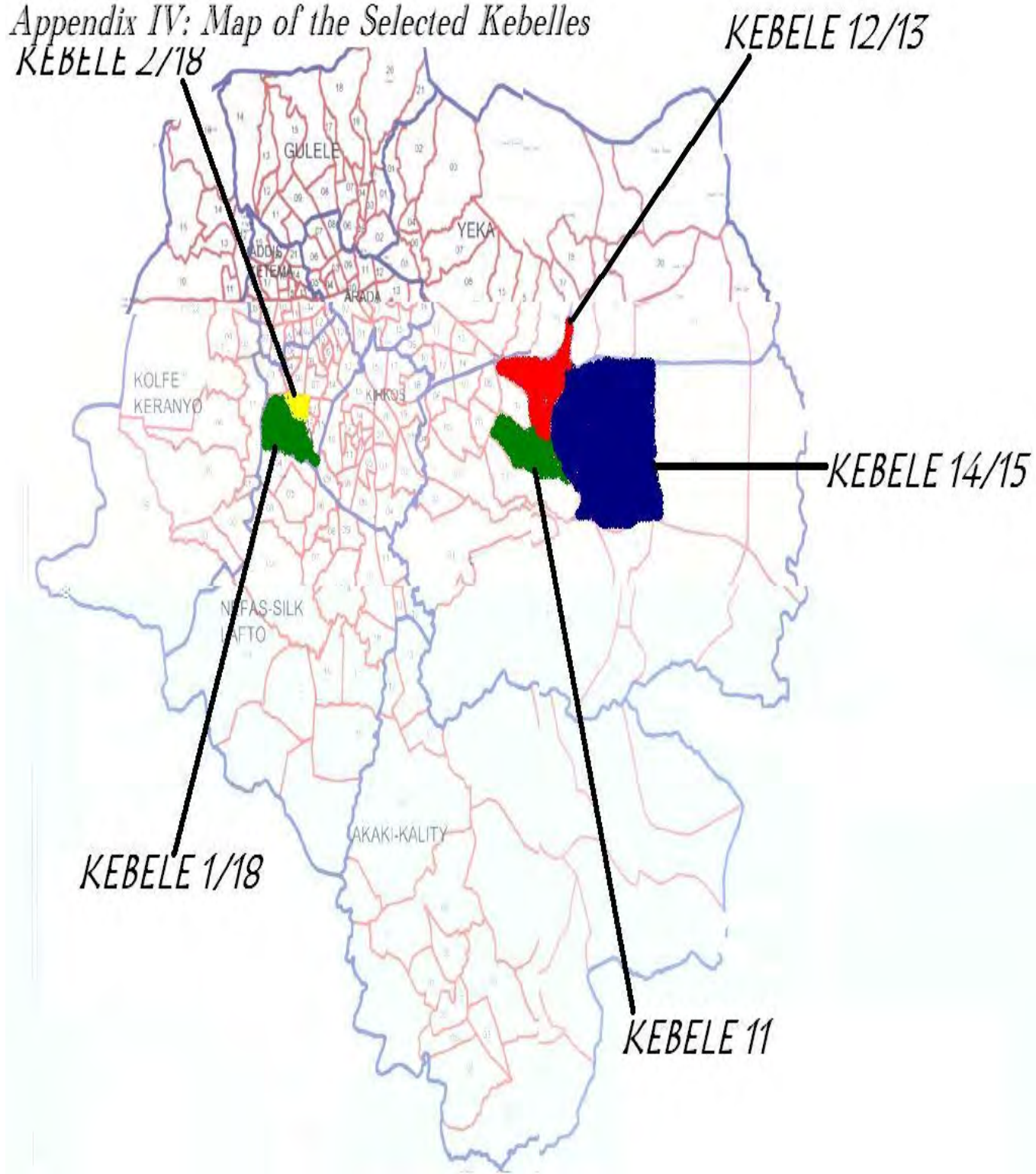
426. >G<" u>=fÄäÁ ÁK" < ¾Q`w w³w SÚS` "M}Ñ⊠`Ä òf U"

K=ÁeŸfM Ä<LM wK" < ÄÑU⊠K<; -----

Appendix III: Map of Addis Ababa City



Appendix IV: Map of the Selected Kebeles



DECLARATION

I, the undersigned, declare that this is my original work and all the sources of materials used for the thesis have been acknowledged.

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Signature:

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