

Communication Laboratory
Community and Family Study Center
University of Chicago

Media Monograph

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audience research

**for improving family planning
communication programs**

by

JANE T. BERTRAND

Media Monograph 7

**Communication Laboratory
Community and Family Study Center
University of Chicago**

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Jane T. Bertrand

Chapter One

AUDIENCE RESEARCH AND THE SYSTEMATIC APPROACH TO I-E-C FOR FAMILY PLANNING

The family planning movement is well out of its infancy. Most countries in the developing world have had a family planning program for more than a decade,¹ and many are beginning to see the results of their efforts.² Indeed, much useful knowledge has been accumulated—often through trial and error—about the running of an effective family planning program. For example, the delivery of services through clinics is gradually being supplemented by more accessible commercial and community-based distribution systems.³ Cumber- some statistical record systems are being replaced by simplified means of data collection with emphasis on truly useful statistics.⁴ Techniques of voluntary surgical contraception for both men and women have been improved and simplified, making permanent solutions to fertility control more accessible to couples all over the world.

Just as there have been improvements in the delivery of services, so too has there been an evolution in information-education-communication (I-E-C) programs for family planning. In contrast to the early days when family planning communication was often an *ad hoc* process of hastily designing a pamphlet, poster, or radio spot, today there is a much greater tendency to develop an *I-E-C strategy* for reaching the target population.⁵ The audience is no longer considered as a homogeneous whole, but rather as a series of subgroups each requiring specialized messages directed to its specific interests. The endless repetition of the “small-family-happy-family” theme has been replaced by a much broader motivational appeal, based on such elements as family finances, women’s rights, infant health, environmental protection, and also specific motivational appeals regarding the convenience and safety of the methods themselves.

An integral part of this evolution in I-E-C for family planning has been the increased use of a *systematic* or *research-based approach to communication*. This approach, diagrammed in Figure 1-1, allows the communicator to design, implement, and evaluate an I-E-C program on the basis of concrete, objective information about the target population rather than on speculation and hunch. Three types of research useful to I-E-C programs include:

1. *Audience Research*--to be carried out before designing a new I-E-C program or a new round of communications. Its purpose (specified in greater detail in Chapter Two) is to define appropriate content, identify subaudiences, detect obstacles, and determine potentially effective channels of communication. (Audience research is sometimes referred to as "diagnostic research," in that it attempts to "diagnose" the current family planning situation, including existing obstacles, and to prescribe strategies for making I-E-C efforts more effective.)

2. *Pretesting**--to be performed *after* preliminary message design and *before* final production and diffusion. Its purpose is to determine the extent to which the intended audience understands and accepts the messages. Pretesting helps eliminate an ineffective communication *before* large amounts of money are invested in its production and diffusion.

3. *Evaluation*--to be conducted at a certain period after the communication is in the field. This period can range from a few weeks after the onset of the program (to obtain feedback on how it is being received) to a year or longer afterwards (to monitor its effect over time). Its purpose is to measure the effect of the I-E-C program on the target audience in terms of changes in knowledge, attitudes, and practice. It can also be used to obtain feedback on the program itself regarding the reach of distinct communications, the audience reaction to these messages, the relative impact of different messages or spots, or subgroups within the larger population who have been reached to a lesser extent than others.

The purpose of this manual is to describe how to carry out audience research, analyze the results, and incorporate them into an I-E-C program for family planning. Readers interested in knowing more about pretesting are re-

*This use of the word "pretesting" should not be confused with the "pretesting of a questionnaire," that is, the standard procedure of administering a questionnaire to a small number of respondents *prior* to the interviewing for the actual study, to determine if all the questions are readily understood; the questionnaire is then revised if necessary. Indeed, those who use the sample questionnaire included herein will want to "pretest" it to make sure that the wording and concepts are appropriate to local circumstances (as described in Chapter Four).

In contrast, *pretesting communications* refers to the process of assessing an audience's reaction to, and comprehension of, a given communication (radio or TV spot, pamphlet, poster, etc.) before it is produced in final form.

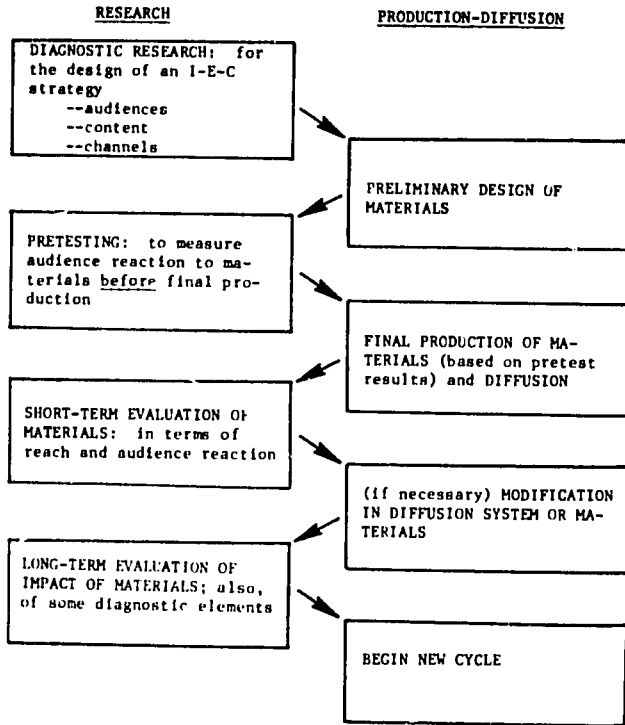


Figure 1-1. Research-Based Approach to I-E-C for Family Planning: Steps in the Process.

ferred to a similar manual written by this author, *Communications Pretesting* (Chicago: Community and Family Study Center, The University of Chicago, 1978). The third volume in this series on evaluation of communication programs is scheduled for publication at a later date.

Notes

¹Nortman, Dorothy L. and Ellen Hofstatter. *Population and Family Planning Programs* (New York: The Population Council, 1978).

²Tsui, Amy O. and Donald J. Bogue. "Declining World Fertility: Trends, Causes, Implications." *Population Bulletin* 33, Number 4, October, 1978.

³Foreit, James R., Martin E. Gorosh, Duff G. Gillespie, and C. Gary Merritt. "Community-Based and Commercial Contraceptive Distribution: An Inventory and Appraisal." *Population Reports*, Series J, Number 19 (1978).

⁴Elkins, Henry and Olivia Schieffelin Nordberg. "Service Statistics: Aid to More Effective Family Planning Program Management." *Population Reports*, Series J, Number 17 (1977).

⁵Rogers, Everett M. *Communication Strategies for Family Planning* (New York: Free Press, 1973), p. 94.

Chapter Two

THE PURPOSE OF AUDIENCE RESEARCH

The chief goal of family planning organizations is to improve the well-being of the family by providing a means to avoid unwanted pregnancies. It is well documented that excessive childbearing is detrimental to the health of the mother, especially in areas where nutritional standards are low. The birth of each additional child can further strain the limited resources of the family, with the result that the family has increasing difficulty providing the basic necessities for each child.

Whatever the type of family planning organization—governmental or private, “integrated” with other health services or “vertical” (in which the sole purpose is family planning)—the major objectives are first to inform and educate the population about family planning, and second, to make contraceptives readily available to as large a sector of the target population as possible. The result of the goals being reached is generally referred to as *increased contraceptive use*.

In countries where family planning programs are just starting, their efforts may be initially directed toward women with high-risk pregnancies only. However, in the majority of countries, family planning is promoted for the humanistic reason of improving the health and well-being of the family. In those countries where demographic pressures are exacerbated, family planning is advocated for nationalistic reasons as well. In short, one major objective of most family planning organizations is to increase the number of couples who use family planning.

Consequently, *the purpose of audience research is to aid in developing an I-E-C strategy for increasing voluntary contraceptive use*. Theoretically, “audience research” could be applied to any of the distinct *subaudiences* for family planning:

- (a) Active reproducers (generally considered to be men and women 15 to 45 years old)
- (b) Leadership “controllers” who set local policy and influence opinion
- (c) “On-coming reproducers” (young people in and out of schools)
- (d) Personnel responsible for providing family planning information and services
- (e) The public at large.

However, the major portion of I-E-C efforts in most family planning organizations is directed toward the audience of active reproducers; therefore, this manual deals with audience research in the context of active reproducers.* Specifically, it is important for audience research involving individuals of reproductive age to:

1. Assess the current family planning situation, not only in terms of use, but also in terms of knowledge and attitudes, beliefs, motives, values about family size and spacing, and the methods of contraceptives.

2. Identify factors that influence the acceptance or rejection of family planning within the given population, since these data will serve as a basis for the I-E-C strategy, especially in terms of content.

3. Identify the most effective channels of mass and interpersonal communication; determine the media habits and preferences of the target audience, as well as channels of interpersonal communication—information which will serve as a basis for logistic decisions regarding the diffusion of information.

Audience research combines elements from several different types of research, and yields a unique collection of information that is useful in designing an I-E-C strategy. Readers familiar with the World Fertility Study and contraceptive prevalence studies will recognize certain elements regarding reproductive behavior and contraceptive use. Those familiar with market research will note similarities in terms of detecting current use patterns as well as media habits and preferences. However, relatively little previous work has been done on combining these different approaches in order to provide a tool for improving family planning I-E-C.

The rationale for obtaining the three types of information is as follows.

1. Assess the current family planning situation

In this first aspect, audience research is similar to (though more sophisticated than) the knowledge-attitude-practice (K-A-P) surveys of the 1960s and early 1970s. Many of the items included in the questionnaire contained in this manual were originally used in K-A-P surveys in different parts of the world. The difference between K-A-P surveys and audience research is that

*Organizations interested in focusing on leaders, adolescents, or other special groups might use the methodology outlined in this manual for studying their target populations, but should modify the questions in the sample questionnaire to fit their own interests.

audience research goes far beyond K-A-P surveys in determining the reasons for lack of contraceptive use and in identifying effective means of reaching the target population in an attempt to counter these barriers.

In comparison to K-A-P research, which was often considered academic in nature, audience research is much more dynamic in that *it exists to be used*. The questions (variables) to be included are selected on the basis of their usefulness in developing an I-E-C strategy for increasing contraceptive use. (It should be emphasized that this practical approach also yields new insights on a number of theoretical, academic questions.)

2. Identify factors that influence acceptance of family planning

This second objective represents the most challenging aspect of audience research, since the situation is often complex. According to other literature on family planning, three sets of factors (see Figure 2-1) can be shown to explain attitudes and use of family planning, as follows:

A. *Sociodemographic variables*. It is widely documented that acceptance of family planning is greater among those with a higher standard of living. Indicators of socioeconomic status include educational achievement, family income, and occupational status, as well as type of housing, nutritional intake (in developing countries), and other indirect measures of income.

Certain demographic variables also predict family planning acceptance in some countries. For example, in most developing countries, contraceptive use

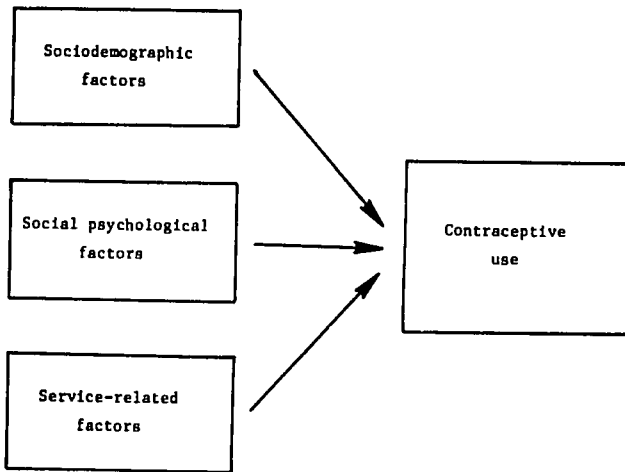


Figure 2-1. Three Major Factors Affecting the Acceptance of Family Planning.

is higher among women in their late 20s and 30s who have already had three or more children.

Finally, other social factors such as racial (or ethnic) group and religious sect have been documented as influencing this process in a number of different countries.

B. Social psychological variables. It is widely acknowledged that certain *attitudes* and *beliefs* of the target population (often based on supposition or rumor) are key to the acceptance of family planning. While the list of possible attitudes representing barriers to family planning is long (see Donald J. Bogue's *Twenty-five Communication Obstacles to the Success of Family Planning Programs*¹), not all attitudes exist with equal intensity in a given country. Indeed, *audience research attempts to identify those attitudes and beliefs which prevail among a given target group and the relative importance of each for family planning adoption.*

It should be stressed that audience research can be valuable in initially detecting and then countering particular rumors about family planning methods or services. Specific questions regarding methods and services can be included in the questionnaire (or in a highly condensed questionnaire if there is interest in performing a quick survey) that can indicate the nature of prevailing rumors or attitudes affecting family planning acceptance.

C. Factors related to service delivery. I-E-C programs are of little measurable practical value where family planning services are not available. Moreover the *type* of family planning service may also greatly influence its acceptability: clinical distribution versus commercial distribution (pharmacies) versus community-based distribution. Finally, the variety of available contraceptive methods must be considered. For example, voluntary surgical contraception is increasingly popular among women who reject the temporary methods as being ineffective or inconvenient. However, such acceptance is of little practical value if surgical services are not available.

3. Identify the most effective channels of mass and interpersonal communication

In developing an I-E-C strategy, it is crucial to know what types of media are readily available to the target population, what amount of contact the target population has with each, and what audience preferences are for programs, stations, and listening times (for radio and TV), or favorite titles and types of articles (for newspapers and magazines). Moreover, it is important to identify the interpersonal channels that could be useful in diffusing the message, such as home visits, group meetings, or informal communication with opinion leaders.

The use of data in developing an I-E-C strategy

Chapter Three contains a sample questionnaire, designed to provide data

on these different aspects of family planning for a specific target population. How can these data be used to develop an I-E-C strategy? Although this question is answered in more detailed terms in Chapter Six, the following overview of the different uses for these data suggests their value in the planning of future I-E-C efforts.

Assessment of the current situation. These data enable the communicator to abide by a basic rule of communication theory: *know the audience*. In this case, "knowing the audience" refers to assessing the current level of acceptance for family planning so that the communications program can be designed accordingly. The messages appropriate for a population with almost complete acceptance and high levels of use are far different from those needed in an area where family planning is not readily accepted and/or its acceptance faces serious obstacles. While persons with years of experience in a family planning program may be able to speculate on levels of knowledge and use, the results of audience research provide a concrete basis for communication design.

Moreover, these data may provide unexpected insight into the dynamics of a family planning program that might otherwise be neglected. For example, the data could reveal a relative lack of knowledge about a particular method which program planners had thought was well publicized. Similarly, some of the less widely promoted methods (such as the injection) may prove to have great popular appeal among the target group, a factor which should not be overlooked by the local family planning association.

Finally, the data regarding attitudes and use of specific methods can be valuable in revealing sources of resistance and/or motives for discontinuance of a method. While communications should not dwell on the negative aspects of the given product, a counter-campaign—especially as part of person-to-person activities—can be indispensable in dispelling unfounded rumors.

As such, the data on the current family planning situation serve as a means of determining the potential receptivity of the audience to family planning messages and the degree of knowledge/use among the target population; in addition, they suggest *content* of the messages aimed at dispelling rumors and reducing discontinuance.

Sociodemographic factors. This information is very useful in identifying subgroups or segments of the target population who are potentially most receptive to family planning, as well as those most resistant to the concept.

There may be great disparities from one ethnic or regional group to another. Indeed, according to a study conducted in Guatemala, the differences between the Spanish-speaking "ladinos" and the Indian groups were so great that a single "blanket" campaign was ruled out as inappropriate.² Rather, it was found that the ladinos were ready for straightforward messages about methods and sources of contraceptives, whereas the Indian groups needed more basic messages about the existence of family planning and its benefits.

Finally, these data on socioeconomic factors relating to family planning may suggest motivational appeals that could be incorporated into messages. For example, if the data reveal that contraceptive use is higher among working women than among those with no paying job, this would indicate a felt need on the part of some women to avoid a pregnancy that might interfere with their jobs. If some women demonstrate this tendency, it is likely that similar motivations exist among other working women who may not as yet be contracepting. In short, one can capitalize on a phenomenon which is already apparent and which can be extended with a positive result.

Social psychological factors. This section of the analysis, while most difficult, is also the most useful in providing meaningful *content* for family planning messages. Indeed, since there is increasing criticism of "small-family-happy-family" propaganda, many communicators are asking themselves what should be used in its place.

The inventory of social psychological obstacles to family planning, provided by audience research, indicates the problem areas to be tackled through a communicator's program. While the research may reveal some topics too sensitive to attack (such as religious and moral beliefs), it shows that most topics do lend themselves to messages via one medium or more. In fact, the creative department of an organization, or even an outside advertising agency contracted to do a family planning campaign, may indeed welcome the new approaches provided by audience research.

In short, the main use for this information on social psychological obstacles to family planning is *content* of the communication program. It especially helps a communicator to determine the relative importance of different obstacles (as well as to identify those factors which apparently do *not* represent obstacles) so that appropriate attention can be given to the different topics.

Service-related variables. These data provide valuable feedback on previous family planning program activities, and suggest the reach and effectiveness of distinct activities. For example, if few people have received a home visit, but those who have are far more likely to be contracepting, then this activity could be given higher priority in planning the overall communication program. By contrast, if a relatively large percentage of respondents have received a visit, but they are no more likely than others to be using contraceptives, then the program director might want to consider making such visits more effective or investing those funds in other activities. Responses to the open-ended questions on the different activities may provide suggestions.

This section of the diagnostic study also provides information on the all-important question of *perceived availability of contraceptives*. If the target population does not know local sources for obtaining contraceptives, then the effect of a motivational campaign will be small indeed. In such a case, the communication program should focus heavily on sources of contraceptives. On the other hand, if most respondents could name one or more sources of contraceptives but are not using them, then it becomes necessary to identify

the reasons for this nonuse. Many of these reasons will be apparent in other sections of the questionnaire.

Mass and interpersonal channels of communication. This final aspect of the study is invaluable in making decisions regarding the use of the media. For example, the findings indicate the frequency with which the target population is exposed to the various media and thus would be potential recipients of family planning messages. For organizations with limited budgets, the findings suggest media that could be eliminated from the media mix to be used in the campaign, and indicate priorities to be given to one over another.

Once the overall priorities are determined, these data will provide guidelines for the placement of family planning messages. For example, if radio proves to be one of the most important media to be used, then the communicator will need to know the peak listening times, popular stations, and favorite programs, in order to capture as large an audience as possible for the messages.

The sample questionnaire also provides feedback on existing media efforts that may aid in planning for future campaigns. For example, an organization with a limited budget may only be able to afford four messages a day on the leading radio station. The I-E-C chief may worry that this is not enough to have an impact, and that other activities should be neglected so that radio coverage can be improved. However, if the research reveals that the vast majority of respondents report having heard a family planning message at least once a day, then the I-E-C chief might want to reconsider and (for example) invest the additional funds in more person-to-person activities.

Finally, it is important to identify patterns in interpersonal communication. If a given family member or community figure emerges as a key link in informal communication on family planning, then future program activities—especially those involving person-to-person communication—could try to capitalize on this individual's natural role in the communication process.

The questionnaire that provides information on these different aspects of family planning among the target audience is presented in the following chapter.

Notes

¹ Bogue, Donald J. *Twenty-five Communication Obstacles to the Success of Family Planning Programs* (Chicago: Community and Family Study Center, The University of Chicago, 1975).

² APROFAM and C^FSC. *Perspectivas para la Planificación Familiar en Areas Rurales de Guatemala* (Chicago: Community and Family Study Center, The University of Chicago, 1978).

Chapter Three

SAMPLE QUESTIONNAIRE

The purpose of this sample questionnaire is to indicate the range of possible items that can be included in an interview. The actual amount and type of information to be collected will depend on three factors: available resources, local circumstances, and other sources of information.

Available resources. Before undertaking this type of study, the researcher should assess the available resources in terms of personnel, time, and funds. If the personnel to be involved in conducting the field work and analyzing the data have had only limited experience in this area, it might be advisable to shorten the interview by omitting certain questions or sections, and thus simplify their task. If time is a factor, it might be necessary to shorten the questionnaire in an effort to cut down on the time required not only for interviewing, but also for coding and tabulating. Shortening the required time would also reduce the overall cost of the study, and should be considered if there are financial constraints to carrying out the research.

It should also be mentioned that one relatively inexpensive means of obtaining data is to "piggy-back" (add on) family planning questions to a questionnaire used for research on a related topic such as health, nutrition, or agriculture. While this method can yield a large savings, it has the disadvantage of limiting the number of questions that can be included; it also makes it difficult to control the research process.

Local circumstances. In the following questionnaire, an attempt has been made to include as many items as possible in order to give an idea of the large range of available topics. However, not all will apply to every country or every situation. For example, if there is only one existing religion in an area, questions about religious sects would be meaningless since everyone

would be expected to answer in the same way (no variance in response). Likewise, if television has not yet come to the area, it would be useless to include items on this topic; even if a handful of respondents have seen television elsewhere, it does not represent a potential channel of communication for the target population.

Other sources of information. It is possible that some of the information which the researcher wishes to obtain has already been collected and reported in connection with other studies of the target population. Thus, it may not be necessary to devote as much attention to these items; instead, the researcher can concentrate on other "unexplored" areas.

The items included in the sample questionnaire represent *possible* questions to be included in a diagnostic interview. *Each individual researcher should be selective in choosing what to include in any particular study.*

The questions in the following questionnaire are arranged in an appropriate order for actual interviewing, rather than the exact order in which these topics were presented in Chapter Two. However, the items are reorganized by topic in Chapter Five in discussing procedures for analysis.

SAMPLE QUESTIONNAIRE

		Code	
		No. of cols.	
A. <u>Control Data (to be completed by the interviewer)*</u>			
1.	Case Number: _____	4	_____
2.	Name of interviewer: _____	2	_____
3.	Month of interview: _____	2	_____
4.	Year of interview: _____	2	_____
5.	Name of town or city: _____	2	_____
6.	Name of state (or department, etc.): _____ _____	2	_____
B. <u>Reproductive Ideals</u>			
1.	What is the best age for a girl to marry? _____ 99. Don't know (DK)	2	_____
2.	What is the best age for a boy to marry? _____ 99. _____ DK	2	_____
3.	How long should a couple wait after getting married to have their first child? (code in months): _____	2	_____
4.	What is the ideal number of children that a couple in this community should have during their lifetime? _____ children 77. _____ Number that come, that God sends 99. _____ DK	2	_____
5.	Before my visit (this interview) today, have you ever thought about the number of children you want to have? 1. _____ yes 2. _____ no	1	_____
6.	(ONLY FOR WOMEN) Before this interview (visit), had you ever worried about an accidental pregnancy (getting pregnant when you didn't want another child)? 1. _____ yes 2. _____ no 8. _____ not applicable (male respondent)	1	_____

*Usually the name and address of the respondent is also obtained, but not coded.

	Code	
	No. of cols.	
7. (IF YES) How often have you worried about this?		
1. _____ often	1	_____
2. _____ once in a while		
3. _____ almost never		
4. _____ not applicable (NA)		
9. _____ DK		
8. If you were recently married and could have just the number of children you wanted, how many would you want to have?		
_____ children	2	_____
77. _____ Number that come, that God sends		
99. _____ DK		
(9-10) Of the total number (of desired children), how many boys and how many girls would you want?		
9. <u>Boys:</u> _____ children	2	_____
77. _____ Number that come, that God sends		
99. _____ DK		
10. <u>Girls:</u> _____ children	2	_____
77. _____ Number that come, that God sends		
99. _____ DK		
(11-12) Some people talk about families with "too many children" or "too few children." For you, how many is:		
11. "Too many children": _____	2	_____
99. _____ DK		
12. "Too few children": _____	2	_____
99. _____ DK		
13. Some people say it is best to have a large family with at least 4 children, while others think a small family of only 2 or 3 children is better. Which do you think is best:		
1. _____ a large family	1	_____
2. _____ a small family		
3. _____ indifferent, it's the same		
9. _____ DK		
14. (IF "LARGE" ASK) Why?		
_____	2	_____
88. _____ NA		
99. _____ DK		

		Code	
		No. of cols.	
15.	(IF "SMALL" ASK) Why? _____	2	___
88.	_____ NA		
99.	_____ DK		
16.	How long should a couple wait between the birth of one child and the next? (CODE IN MONTHS): _____ months	2	___
77.	_____ What God wishes		
99.	_____ DK		
C. <u>Marital Status</u>			
1.	Marital Status: Are you:		
1.	_____ Single	1	___
2.	_____ Married		
3.	_____ Living in consensual union		
4.	_____ Separated		
5.	_____ Divorced		
6.	_____ Widowed		
D. <u>Pregnancy History (FOR WOMEN ONLY)</u>			
1.	How many children have you had that are currently living? _____ children	2	___
(2-3) Of these, how many are:			
2.	Male: _____	2	___
3.	Female: _____	2	___
4.	How many children have you had who were born alive but have died since then? _____ children who have died	2	___
5.	How old is the last child you had (or how old would he have been)? (CODE IN MONTHS) _____ months	3	___
6.	How many miscarriages have you had? _____ miscarriages	1	___
7.	How many times have you had an abortion (induced)? _____ abortions	1	___

		Code	
		No. of cols.	
8.	Are you currently pregnant?	1	---
1.	_____ yes		
2.	_____ no		
3.	_____ maybe, unsure		
9.	(IF UNCERTAIN) When was your last menstrual period?	2	---
	_____ weeks ago		
	88. _____ NA		
BASED ON THIS INFORMATION, THE INTERVIEWER RE-CHECKS WITH THE RESPONDENT ON THE FOLLOWING TOTALS:			
10.	Total Number of Live Births (Items 1 + 4)	2	---

11.	Total Number of Pregnancy Losses (Items 6 + 7)	2	---

12.	Total Number of Pregnancies (Items 1 + 4 + 6 + 7) (NOTE: UNLESS THERE HAVE BEEN MULTIPLE BIRTHS OR THE RESPONDENT IS CURRENTLY PREGNANT):	2	---

13.	So you think you could become pregnant now if you wanted to?	1	---
1.	_____ yes (fertile)		
2.	_____ no (sterile)		
3.	_____ uncertain (possible sterile)		
14.	(IF "NO" OR "UNCERTAIN") Why?	2	---

	88. _____ NA		
	99. _____ DK		
E.	<u>Number of Children (FOR MEN ONLY)</u>		
1.	How many children do you have (in your current marriage)?	2	---
	_____ children		
2.	How many children have you had (in this marriage) that have died?	2	---
	_____ children have died		
F.	<u>Desire for More Children</u>		
1.	Do you want to have another child (or to have children, IF NEVER PREGNANT) some day, or do you have all you want?	1	---
1.	_____ Wants at least one more		
2.	_____ Doesn't want any more		
3.	_____ Whatever God sends		
9.	_____ DK		

		Code	
		No. of cols.	
2.	Why do you want (or not want) more children? _____ _____	2	___
	88. _____ NA		
	99. _____ DK		
3.	(IF WANTS "NO MORE") After the birth of which child did you feel you had enough?	2	___
	1. _____ after 1st child		
	2. _____ after 2nd child		
	3. _____ after 3rd child		
	etc.		
	88. _____ NA		
	99. _____ DK, don't remember		
4.	(IF WANTS MORE CHILDREN) How many more children do you want? _____ child(ren)	2	___
	77. _____ Whatever God wishes		
	88. _____ NA		
	99. _____ DK		
5.	Does your spouse want to have more children or not?	1	___
	1. _____ yes		
	2. _____ no		
	8. _____ NA (not married or in union)		
	9. _____ DK		
6.	(IF YES) How many more children does he (she) want to have? _____ children more	2	___
	88. _____ NA		
	99. _____ DK		
G.	<u>Importance of Having One or More Sons</u>		
1.	How important is it for a family to have at least one son? Would you say it is:	1	___
	1. _____ very important		
	2. _____ somewhat important		
	3. _____ not very important		
	9. _____ DK		

		Code	
		No. of cols.	
2.	Suppose that you had four daughters, but no sons. Would you try to have a fifth child in hopes of having a son or not?		
1.	_____ yes	1	_____
2.	_____ no		
9.	_____ DK		
3.	Suppose you had a family with three daughters and one son. Would you try to have a fifth child in hopes of having another son, or not?		
1.	_____ yes	1	_____
2.	_____ no		
9.	_____ DK		
H. <u>Awareness of the Demographic Problem</u>			
1.	Do you believe that the number of people in this country is increasing, staying about the same, or decreasing?		
1.	_____ increasing	1	_____
2.	_____ same		
3.	_____ decreasing		
9.	_____ DK		
2.	Do you feel that in this country there are:		
1.	_____ too many people	1	_____
2.	_____ just the right number of people		
3.	_____ too few people		
9.	_____ DK		
3.	Do you feel the number of people in this country is increasing:		
1.	_____ too slowly (GO TO QUESTION I-1)	1	_____
2.	_____ at the right rate (GO TO QUESTION I-1)		
3.	_____ too rapidly		
9.	_____ DK		
4.	(IF "TOO RAPIDLY" ASK) Do you believe that anything should be done to avoid this rapid increase in the number of people in this country?		
1.	_____ yes	1	_____
2.	_____ no		
8.	_____ NA (didn't answer "too rapidly")		
9.	_____ DK		

		Code	
		No. of cols.	
5. (IF "YES") What do you believe should be done?		2	___
88. _____ NA (didn't answer "yes")			
99. _____ DK			
I. Knowledge of Family Planning			
1. Some couples today take measures to avoid pregnancy, when they don't want to have a child. This is called "family planning." Have you heard of this?		1	___
1. _____ yes			
2. _____ no			
2. (IF NO) There are medicines and other products that can be used to avoid pregnancy. Have you heard of this?		1	___
1. _____ yes			
2. _____ no			
8. _____ NA (answered "yes" above)			
J. Husband-Wife Communication (ASK SECTION J ONLY OF PEOPLE WHO ARE CURRENTLY MARRIED OR IN UNION)			
1. In general, do you talk to your spouse about family-related problems?		1	___
1. _____ yes			
2. _____ no			
8. _____ NA (no spouse)			
9. _____ DK			
2. Have you and your spouse ever talked about the ideal number of children to have?		1	___
1. _____ yes			
2. _____ no			
8. _____ NA (no spouse)			
9. _____ DK			
3. Have you and your spouse ever talked about using some method of family planning?		1	___
1. _____ yes			
2. _____ no			
8. _____ NA (no spouse)			
9. _____ DK			

		Code	
		No. of cols.	
4.	(IF YES) When was the last time you discussed family planning? (CODE IN MONTHS)		
	_____ months ago	3	_____
	888. _____ NA		
	999. _____ DK, don't remember		
5.	(IF "YES" TO Q. 3) How many children did you already have when you talked about family planning for the first time?		
	_____ children	2	_____
	88. _____ NA (never discussed FP or no spouse)		
	99. _____ DK		
K. Attitude toward Family Planning			
1.	In general do you approve or do you disapprove of couples using family planning (or "something to avoid pregnancy")?		
	1. _____ approve	1	_____
	2. _____ disapprove		
	3. _____ neutral		
2.	(IF "APPROVE") Would you say that you		
	1. _____ strongly approve	1	_____
	2. _____ somewhat approve		
	8. _____ NA (doesn't approve)		
	9. _____ DK		
3.	(IF "DISAPPROVE") Would you say that you		
	1. _____ strongly disapprove	1	_____
	2. _____ somewhat disapprove		
	8. _____ NA (doesn't disapprove)		
	9. _____ DK		
4.	(IF "DISAPPROVE") Why do you disapprove of family planning?		
	_____	2	_____

	88. _____ NA		
	99. _____ DK		
5.	(IF R. HAS SPOUSE) What does your spouse think about the use of family planning? Does he (she):		
	1. _____ approve	1	_____
	2. _____ disapprove		
	3. _____ is neutral		
	8. _____ NA (no spouse)		
	9. _____ DK		

L. <u>Social Acceptability of Family Planning</u>	Code	
	No. of cols.	
1. Of the women who live in this town (city), how many approve of family planning? Would you say:		
1. _____ none	1	---
2. _____ some		
3. _____ many		
4. _____ all		
9. _____ DK		
(2-17) I am going to read a list of persons whose opinions you may respect. Please tell me if you think that each person would approve or would disapprove of your using family planning:		
(NOTE: CODE EACH AS:		
1. would approve		
2. would disapprove		
3. indifferent		
8. NA (R. doesn't have an aunt, uncle, etc., or no longer has contact with this person)		
9. DK)		
2. _____ Aunt	1	---
3. _____ Uncle	1	---
4. _____ Mother-in-law	1	---
5. _____ Father-in-law	1	---
6. _____ Sister	1	---
7. _____ Brother	1	---
8. _____ Mother	1	---
9. _____ Father	1	---
10. _____ Grandmother	1	---
11. _____ Grandfather	1	---
12. _____ Best friend	1	---
13. _____ Doctor (nurse)	1	---
14. _____ Teacher at nearby school	1	---
15. _____ Priest	1	---
16. _____ President of the country	1	---
17. _____ Your closest neighbor	1	---

		Code	
		No. of cols.	
M. <u>Popular Beliefs about Family Planning</u>			
. Do you believe that family planning goes against God's will?			
1. _____	yes	1	—
2. _____	no		
9. _____	DK		
2. Do you believe that family planning encourages couples to be unfaithful to each other?			
1. _____	yes	1	—
2. _____	no		
9. _____	DK		
3. Do you believe that teenagers learn about family planning, more of them will have premarital relations?			
1. _____	yes	1	—
2. _____	no		
9. _____	DK		
4. Do you believe that teenagers who want to have premarital relations will do so, whether or not they know about family planning?			
1. _____	yes	1	—
2. _____	no		
9. _____	DK		
N. <u>Knowledge and Previous Use of Contraceptive Methods</u>			
(NOTE: FOR EACH OF 12 CONTRACEPTIVE METHODS, IT IS OF INTEREST TO DETERMINE:			
a) KNOWLEDGE:			
i) R. SPONTANEOUSLY MENTIONS IT			
ii) R. REMEMBERS HEARING ABOUT IT WHEN INTERVIEWER MENTIONS IT			
iii) R. HAS NEVER HEARD OF IT (EVEN WHEN INTERVIEWER MENTIONS IT)			
b) USE:			
i) R. HAS (EVER) USED THE METHOD			
ii) R. HAS NEVER USED THE METHOD			
THIS INFORMATION CAN BE OBTAINED BY ASKING THE FOLLOWING QUESTIONS AND CIRCLING THE NUMBERS IN THE APPROPRIATE COLUMN IN THE TABLE BELOW.)			
a) What family planning methods do you know? (PROBE: Do you know of any other things which people take or do to keep from getting pregnant?)			

	Code	
	No. of cols.	
(NOTE: INTERVIEWER CONTINUES TO PROBE UNTIL R. IS UNABLE TO NAME ANY OTHER METHOD. AT THIS POINT THE INTERVIEWER THEN PROCEEDS TO NAME EACH OF THE METHODS NOT MENTIONED BY THE RESPONDENT, ASKING IN RELATION TO EACH:)		
b) Have you ever heard of _____ (method)?		
(WHEN THE LIST HAS BEEN COMPLETED, THE INTERVIEWER PROCEEDS TO "PREVIOUS USE.")		
c) I am going to read this list of family planning methods again and I would like you to tell me if you or your spouse has ever used the method.		
Have you (or your spouse) ever used the _____ (method)?		
(IN THE CASE OF STERILIZATION ASK:)		
Have you (or your husband) had a vasectomy?		
Have you (or your wife) had the female sterilization operation?		
(NOTE: IF R. CLAIMS TO HAVE USED A METHOD HE/SHE HAS NEVER HEARD OF, CLARIFY THE CONTRADICTION.)		

	KNOWLEDGE			PREVIOUS USE*	
	mentions spontaneously	has heard of the method	has not heard of the method	has used	has not used
1) Pill	1	2	3	1	2
2) IUD	1	2	3	1	2
3) Female Sterilization	1	2	3	1	2
4) Male Sterilization	1	2	3	1	2
5) Injections	1	2	3	1	2
6) Condom	1	2	3	1	2
7) Creams, jellies, foam	1	2	3	1	2
8) Suppositories	1	2	3	1	2
9) Rhythm	1	2	3	1	2
10) Withdrawal	1	2	3	1	2
11) Diaphragm	1	2	3	1	2
12) Herbs, teas, etc.	1	2	3	1	2
13) Other (specify)	1	2	3	1	2

*For coding and tabulation purposes, the questions on use are numbered from 14 to 26; example: use of pill - 14, use of IUD - 15, ...use of other - 26.

		Code	
		No. of cols.	
27. Of all the methods you know, which do you believe is the most reliable (aside from sterilization)?	_____	2	___
99. _____ DK			
28. Are you or your spouse currently using any method of family planning?		1	___
1. _____ yes			
2. _____ no			
29. (IF YES) What method are you currently using?	_____	2	___
88. _____ NA (not using FP)			
30. How long have you been using this method?	_____ (CODE IN MONTHS)	2	___
88. _____ NA			
99. _____ DK			
31. Where do you obtain your contraceptives (pills, condoms, etc.)?		1	___
1. _____ FP center or clinic			
2. _____ Health center or post			
3. _____ Pharmacy			
4. _____ Private doctor			
5. _____ (Community-based) Distributor			
6. _____ Other (specify) _____			
8. _____ NA			
9. _____ DK			
32. (IF RESPONDENT HAS USED SOME METHOD BEFORE BUT IS NOT NOW ASK) What was the last method you used?	_____	2	___
88. _____ NA			
99. _____ DK			
33. Why did you stop using it?	_____	2	___
88. _____ NA			
99. _____ DK			

		Code	
		No. of cols.	
(34-42) If a couple in this town wants to use family planning, where can they get those services or products? Please name all the places you can think of. (PROBE: Can you think of any other?) (NOTE: CODE "1" FOR EACH LOCATION WHICH R. MENTIONS)			
34.	_____ Family planning center or clinic	1	___
35.	_____ Health center or post in the town	1	___
36.	_____ Health center or post in another town	1	___
37.	_____ Pharmacy	1	___
38.	_____ Private doctor	1	___
39.	_____ Midwife	1	___
40.	_____ (Community-based) Distributor	1	___
41.	_____ Folk healer, other traditional medical personnel	1	___
42.	_____ Other (specify: _____)	1	___
43.	Of these locations (MENTIONED BY THE RESPONDENT, JUST ABOVE) which is (FOR NON-USERS, ASK: which would be) most convenient for you? _____	2	___
88.	_____ NA (doesn't know any FP location)		
99.	_____ DK		
44.	How long does it (or would it) take you to get from your house to this place? (CODE IN MINUTES) _____	3	___
888.	_____ NA (doesn't know any FP location)		
999.	_____ DK		
0. Attitudes and Opinions regarding the Pill (NOTE: THIS SECTION IS ONLY FOR RESPONDENTS WHO HAVE HEARD OF THE PILL)			
1.	How often does a woman have to take the pill to keep from getting pregnant?		
1.	_____ Once a day	1	___
2.	_____ Other (specify)		
8.	_____ NA (hasn't heard of the pill)		
9.	_____ DK		
2.	What should a woman do if she forgets to take the pill for just one day and she doesn't want to get pregnant?		
1.	_____ Take two pills the next day	1	___
2.	_____ Other (specify) _____		
8.	_____ NA		
9.	_____ DK		

		Code	
		No. of cols.	
3.	What should a woman do if she forgets to take the pill for 3 or 4 days in a row and she doesn't want to get pregnant?		
1.	_____ Use another method	1	_____
2.	_____ Consult clinic or doctor		
3.	_____ Other (specify) _____		
8.	_____ NA		
9.	_____ DK		
4.	Is it safe for most women to take the pill or not?		
1.	_____ Yes	1	_____
2.	_____ No		
3.	_____ Depends on woman		
8.	_____ NA		
9.	_____ DK		
5.	(IF "NO" OR "DEPENDS" ASK) In what way is it unsafe? (PROBE: What could happen to a woman who takes the pill?)		
	_____	2	_____

88.	_____ NA		
99.	_____ DK		
6.	Would you personally (IF MALE, ASK: Would you advise your wife to) take the pill?		
1.	_____ Yes	1	_____
2.	_____ No		
8.	_____ NA		
9.	_____ DK		
7.	(IF NO) Why not?		
	_____	2	_____

88.	_____ NA		
99.	_____ DK		
P.	<u>Attitudes and Opinions regarding the I.U.D.</u> (NOTE: THIS SECTION IS ONLY FOR RESPONDENTS WHO HAVE HEARD OF THE I.U.D.)		
1.	In what part of the body is the IUD placed?		
1.	_____ uterus, womb, etc.	1	_____
2.	_____ other (specify) _____		
8.	_____ NA		
9.	_____ DK		
2.	How can a woman know if the IUD is correctly in place, without making a special trip to the clinic or doctor?		
	_____	2	_____

88.	_____ NA		
99.	_____ DK		

		Code	
		No. of cols.	
3.	What types of side effects do some women feel when they first have the IUD inserted? _____ _____	2	___
88.	_____ NA		
99.	_____ DK		
4.	Do you feel that the IUD is safe for most women or not? 1. _____ safe 2. _____ unsafe 8. _____ NA 9. _____ DK	1	___
5.	Would you personally (IF MALE, ASK: Would you advise your wife to) use the IUD? 1. _____ Yes 2. _____ No 8. _____ NA 9. _____ DK	1	___
6.	(IF NOT) Why not? _____ _____	2	___
88.	_____ NA		
99.	_____ DK		
Q.	<u>Attitudes and Opinions Regarding Female Sterilization</u> (NOTE: THIS SECTION IS JUST FOR THOSE WHO HAVE HEARD OF FEMALE STERILIZATION)		
1.	Is female sterilization a quick, simple operation or is it a lengthy, complicated operation? 1. _____ quick, simple 2. _____ lengthy, complicated 8. _____ NA 9. _____ DK	1	___
2.	After the sterilization is a woman's sex drive (desire to have sexual relations) greater, less, or the same as before the operation? 1. _____ greater 2. _____ less 3. _____ same 8. _____ NA 9. _____ DK	1	___

		Code	
		No. of cols.	
3.	Is female sterilization harmful to a woman's health, does it improve her health, or is there no change in her health?		
1.	_____ harmful	1	_____
2.	_____ improves health		
3.	_____ no change		
8.	_____ NA		
9.	_____ DK		
4.	(IF "HARMFUL" ASK:) In what way is it harmful? _____	2	_____
88.	_____ NA		
99.	_____ DK		
5.	Would you personally (IF MALE, ASK: Would you advise your wife to) have this operation to be sterilized once you have all the children you wanted?		
1.	_____ yes	1	_____
2.	_____ no		
8.	_____ NA		
9.	_____ DK		
6.	(IF NO) Why not? _____	2	_____
88.	_____ NA		
99.	_____ DK		
R.	<u>Attitudes and Opinions about Vasectomy</u> (NOTE: THIS SECTION IS JUST FOR THOSE WHO HAVE HEARD OF MALE STERILIZATION)		
1.	Is male sterilization a quick, simple operation or is it a lengthy, complicated operation?		
1.	_____ quick, simple	1	_____
2.	_____ lengthy, complicated		
8.	_____ NA		
9.	_____ DK		
2.	After the sterilization is a man's sex drive (desire to have sexual relations) greater, less, or the same as before the operation?		
1.	_____ greater	1	_____
2.	_____ less		
3.	_____ same		
8.	_____ NA		
9.	_____ DK		

		Code	
		No. of cols.	
3.	Is vasectomy harmful to a man's health, does it improve his health, or is there no change in his health?		
1.	_____ harmful	1	___
2.	_____ improves health		
3.	_____ no change		
8.	_____ NA		
9.	_____ DK		
4.	(IF "HARMFUL" ASK:) In what way is it harmful? _____	2	___
	88. NA		
	99. DK		
5.	Would you personally get (IF FEMALE, ASK: Would you like it if your husband had) a vasectomy?		
1.	_____ yes	1	___
2.	_____ no		
8.	_____ NA		
9.	_____ DK		
6.	(IF NO, ASK:) Why not? _____	2	___
	88. NA		
	99. DK		
S.	<u>Previous Contact with F.P.: Interpersonal Activities</u>		
1.	Have you ever received a visit here in your home from someone who came to talk about family planning or invite you to a F.P. clinic?		
1.	_____ yes	1	___
2.	_____ no (GO TO QUESTION S-5)		
2.	(IF YES) How many of these family planning visits have you received? _____ visits	1	___
8.	_____ NA		
9.	_____ DK		
3.	Was this visit(s) useful or not very useful?		
1.	_____ useful	1	___
2.	_____ not very useful		
8.	_____ NA		
9.	_____ DK		

		Code	
		No. of cols.	
4.	Why (was it useful or not useful)? _____	2	_____
	88. _____ NA		
	99. _____ DK		
5.	Have you ever attended a public meeting about family planning? (i.e., a meeting that was announced to the general public, to be held in a school, community center or other meet-int place)		
	1. _____ yes	1	_____
	2. _____ no (GO TO QUESTION S-9)		
6.	(IF YES TO Q. 5) How many public meetings on family planning have you attended? _____ meetings	1	_____
	8. NA		
	9. DK		
7.	Was this public meeting(s) useful or not useful?		
	1. _____ useful	1	_____
	2. _____ not very useful		
	8. _____ NA		
	9. _____ DK		
8.	Why (was it useful or not very useful)? _____	2	_____
	88. _____ NA		
	99. _____ DK		
9.	Have you ever attended a small group discussion on family planning (i.e., where you personally were invited to discuss this with some friends or other people)?		
	1. _____ yes	1	_____
	2. _____ no (GO TO QUESTION T-1)		
10.	(YES TO Q. 9) How many times have you attended a small group discussion of family planning? _____ times	1	_____
	8. _____ NA		
	9. _____ DK		

		Code	
		No. of cols.	
11.	Was this small group discussion useful or not very useful?		
1.	_____ useful	1	_____
2.	_____ not very useful		
8.	_____ NA		
9.	_____ DK		
12.	Why (was this discussion useful or not very useful)?		
_____		2	_____
88.	_____ NA		
99.	_____ DK		
T. Informal Communication on Family Planning			
1.	In general, do you feel that women can talk to each other about family planning without being embarrassed?		
1.	_____ yes	1	_____
2.	_____ no		
9.	_____ DK		
2.	In general, do you feel that men can talk to each other about family planning without being embarrassed?		
1.	_____ yes	1	_____
2.	_____ no		
9.	_____ DK		
3.	In general, do you feel that husbands and wives can talk to each other about family planning without being embarrassed?		
1.	_____ yes	1	_____
2.	_____ no		
9.	_____ DK		

		Code	
		No. of cols.	
(4-17) I am going to read a list of persons and I'd like you to tell me if you have ever discussed family planning with this person. (NOTE: CODE EACH AS: 1. Yes 2. No 8. NA (no such person, e.g., no spouse) 9. DK)			
4.	_____ Spouse	1	_____
5.	_____ Mother	1	_____
6.	_____ Father	1	_____
7.	_____ Uncle or aunt	1	_____
8.	_____ Other female relatives	1	_____
9.	_____ Other male relatives	1	_____
10.	_____ Close friends	1	_____
11.	_____ Neighbors	1	_____
12.	_____ Doctor	1	_____
13.	_____ Nurse	1	_____
14.	_____ Midwife	1	_____
15.	_____ Health promoter	1	_____
16.	_____ Pharmacist	1	_____
17.	_____ Priest	1	_____
18.	In the past month, how many people have you discussed family planning with? _____ people	2	_____
99.	_____ DK, don't remember		
19.	When you talk to other people about family planning, do you usually: 1. _____ give advice 2. _____ receive advice 3. _____ both give and receive advice 8. _____ NA 9. _____ DK	1	_____
U.	<u>Methods of Communication: Radio</u>		
1.	Do you have a radio (IF NOT, ASK) or any place you can listen to radio? 1. _____ has own radio 2. _____ can listen to it elsewhere 3. _____ has no access to radio (GO TO QUESTION V-1)	1	_____

		Code	
		No. of cols.	
(2-25) What times during the day do you usually listen to radio? (PROBE: What hours in the morning . . . in the afternoon . . . in the evening?) (NOTE: CODE "1" FOR EACH HOUR MENTIONED)			
2.	_____ 1 am	1	___
3.	_____ 2 am	1	___
4.	_____ 3 am	1	___
5.	_____ 4 am	1	___
6.	_____ 5 am	1	___
7.	_____ 6 am	1	___
8.	_____ 7 am	1	___
9.	_____ 8 am	1	___
10.	_____ 9 am	1	___
11.	_____ 10 am	1	___
12.	_____ 11 am	1	___
13.	_____ 12 pm	1	___
14.	_____ 1 pm	1	___
15.	_____ 2 pm	1	___
16.	_____ 3 pm	1	___
17.	_____ 4 pm	1	___
18.	_____ 5 pm	1	___
19.	_____ 6 pm	1	___
20.	_____ 7 pm	1	___
21.	_____ 8 pm	1	___
22.	_____ 9 pm	1	___
23.	_____ 10 pm	1	___
24.	_____ 11 pm	1	___
25.	_____ 12 am	1	___
26.	How often do you listen to radio:		
1.	_____ every day	1	___
2.	_____ several times a week		
3.	_____ once a week		
4.	_____ less than once a week		
5.	_____ never (INCLUDES THOSE WITH NO ACCESS TO RADIO)		
9.	_____ DK		

		Code	
		No. of cols.	
27.	At what time do you usually turn the radio on in the morning (or during the day)? _____ hour	2	___
88.	_____ NA		
99.	_____ DK		
28.	What is your favorite radio station? _____	2	___
88.	_____ NA		
99.	_____ DK		
29.	What is your favorite radio program? _____	2	___
88.	_____ NA		
99.	_____ DK		
(30-37)	I'm going to read a list of radio programs, and I'd like you to tell me which you listen to "always," "sometimes," or "almost never." (NOTE: CODE EACH AS: 1. always 2. sometimes 3. almost never 8. NA (no access to radio) 9. DK)		
30.	_____ Music, songs, etc.	1	___
31.	_____ News	1	___
32.	_____ Soap operas	1	___
33.	_____ Sports	1	___
34.	_____ Religious programs	1	___
35.	_____ Advice for homemakers	1	___
36.	_____ Advice on agriculture	1	___
37.	_____ Programs on education	1	___
38.	Have you ever heard anything about FP on the radio? 1. _____ yes 2. _____ no 8. _____ NA 9. _____ DK	1	___

		Code	
		No. of cols.	
39.	(IF YES TO Q. 38) About how often do you hear something about family planning on the radio?		
1.	_____ several times a day	1	---
2.	_____ once a day		
3.	_____ at least once a week		
4.	_____ at least once a month		
5.	_____ less than once a month		
6.	_____ never		
9.	_____ DK		
(NOTE: INCLUDE THOSE WHO DON'T HAVE ACCESS TO RADIO OR HAVEN'T HEARD ANYTHING ABOUT FP IN CATEGORY '6')			
V.	<u>Other Mass Media</u>		
1.	Do you have a television in this house? (IF NOT, ASK:) or do you have one you can watch at least once a week?		
1.	_____ has TV	1	---
2.	_____ can watch elsewhere		
3.	_____ no access to TV (GO TO QUESTION V-25)		
2.	How often do you watch TV?		
1.	_____ every day	1	---
2.	_____ several times a week		
3.	_____ once a week		
4.	_____ less than once a week		
5.	_____ never (INCLUDES THOSE WITH NO ACCESS TO TV)		
9.	_____ DK		

		Code	
		No. of cols.	
(3-21) At what times during the day do you usually watch TV? (PROBE: What hours in the morning . . . in the afternoon . . . in the evening?) (NOTE: CODE "1" FOR EACH HOUR MENTIONED)			
3.	_____ 6 am	1	---
4.	_____ 7 am	1	---
5.	_____ 8 am	1	---
6.	_____ 9 am	1	---
7.	_____ 10 am	1	---
8.	_____ 11 am	1	---
9.	_____ 12 pm	1	---
10.	_____ 1 pm	1	---
11.	_____ 2 pm	1	---
12.	_____ 3 pm	1	---
13.	_____ 4 pm	1	---
14.	_____ 5 pm	1	---
15.	_____ 6 pm	1	---
16.	_____ 7 pm	1	---
17.	_____ 8 pm	1	---
18.	_____ 9 pm	1	---
19.	_____ 10 pm	1	---
20.	_____ 11 pm	1	---
21.	_____ 12 am	1	---
22.	What is your favorite TV program? _____	2	---
88.	_____ NA		
99.	_____ DK		
23.	Have you ever heard anything about FP on TV?		
1.	_____ yes	1	---
2.	_____ no		
8.	_____ NA		
9.	_____ DK		

		Code	
		No. of cols.	
24.	(IF "YES":) About how often do you hear something about FP on TV?		
1.	_____ several times a day	1	___
2.	_____ once a day		
3.	_____ at least once a week		
4.	_____ at least once a month		
5.	_____ less than once a month		
6.	_____ never (INCLUDE THOSE WHO DON'T HAVE ACCESS TO OR NEVER HEARD ANYTHING ABOUT FP)		
9.	_____ DK		
25.	Are there newspapers in this town?		
1.	_____ yes	1	___
2.	_____ no (GO TO QUESTION V-30)		
26.	How often do you get a chance to read the newspaper?		
1.	_____ every day	1	___
2.	_____ several times a week		
3.	_____ once a week		
4.	_____ once every two weeks		
5.	_____ once a month or less		
6.	_____ never (or not applicable)		
9.	_____ DK		
27.	What newspaper do you usually buy or read?		
	_____	2	___
88.	_____ NA		
99.	_____ DK		
28.	Have you ever seen anything on FP in the newspaper?		
1.	_____ yes	1	___
2.	_____ no		
8.	_____ NA		
9.	_____ DK		
29.	How often do you see something on family planning in the newspaper?		
1.	_____ every day	1	___
2.	_____ several times a week		
3.	_____ once a week		
4.	_____ once every two weeks		
5.	_____ once a month or less		
6.	_____ never (or not applicable)		
9.	_____ DK		

	Code	
	No. of cols.	
30. Are there magazines in this town?		
1. _____ yes	1	_____
2. _____ no (GO TO QUESTION V-35)		
31. How often do you get a chance to read a magazine?		
1. _____ once a day	1	_____
2. _____ several times a week		
3. _____ once a week		
4. _____ once every two weeks		
5. _____ once a month or less		
6. _____ never (or not applicable)		
9. _____ DK		
32. What magazines do you usually buy or read?		
_____	2	_____
88. _____ NA		
99. _____ DK		
33. Have you ever seen anything on FP in a magazine?		
1. _____ yes	1	_____
2. _____ no		
8. _____ NA		
9. _____ DK		
34. How often do you see something on FP in a magazine?		
1. _____ every day	1	_____
2. _____ several times a week		
3. _____ once a week		
4. _____ once every two weeks		
5. _____ once a month or less		
6. _____ never (or not applicable)		
9. _____ DK		
35. Is there a movie theater nearby?		
1. _____ yes	1	_____
2. _____ no (GO TO QUESTION V-38)		

		Code	
		No. of cols.	
36.	Do you go to the movies?		
1.	_____ several times a week	1	---
2.	_____ once a week		
3.	_____ once every two weeks		
4.	_____ once a month		
5.	_____ less than once a month		
6.	_____ never (INCLUDE "NO THEATER NEARBY")		
9.	_____ DK		
37.	Have you ever seen anything about family planning at the movie theater?		
1.	_____ yes	1	---
2.	_____ no		
8.	_____ NA		
9.	_____ DK		
38.	Have you ever seen a pamphlet or booklet on family planning?		
1.	_____ yes	1	---
2.	_____ no (GO TO QUESTION V-41)		
39.	How many different pamphlets have you ever seen?		
	_____ pamphlets	2	---
88.	_____ NA		
99.	_____ DK		
40.	When was the last time you saw a pamphlet on family planning? (CODE IN MONTHS)		
	_____ months	2	---
88.	_____ NA		
99.	_____ DK		
41.	Have you ever seen a poster on family planning?		
1.	_____ yes	1	---
2.	_____ no (GO TO QUESTION W-1)		
42.	Where did you see the poster on family planning?		
	_____	2	---
88.	_____ NA		
99.	_____ DK		

		Code	
		No. of cols.	
43.	When was the last time you saw a poster on family planning? (CODE IN MONTHS) _____ months ago	2	___
W. Perceptions of Infant Mortality			
1.	If a woman in this town gives birth to ten children, how many do you think will live to grow up? _____ children 99. _____ DK	2	___
2	If a woman in this town gives birth to five children, how many do you think will live to grow up? _____ children 99. _____ DK	1	___
3.	Do you believe that the number of infants who die today is greater or less than five years ago? 1. _____ greater 2. _____ less 3. _____ same 9. _____ DK	1	___
4.	If a woman wants to have three children, should she have four in case one dies or isn't this necessary? 1. _____ should have four 2. _____ isn't necessary 9. _____ DK	1	___
X. Awareness of the Effect of Pregnancy on the Woman's Health			
1.	Do you believe that having too many children can be harmful to a woman's health or is that just a rumor? 1. _____ can be harmful 2. _____ is just a rumor 9. _____ DK	1	___
2.	Can it harm a woman's health to have her children one right after the other or doesn't it affect her health? 1. _____ harmful 2. _____ doesn't affect health 9. _____ DK	1	___

		Code	
		No. of cols.	
3.	(ONLY FOR THOSE RESPONDENTS WHO USE FAMILY PLANNING) During the time you (IF MALE, ASK: or your wife) have used family planning, do you feel that your health (IF MALE, ASK: or your wife's health) is better, worse, or the same as before?		
	1. _____ better	1	
	2. _____ worse		
	3. _____ same		
	8. _____ NA		
	9. _____ DK		
Y.	<u>Economic Value of Children</u>		
1.	Do you feel that a son should stay in school as long as possible or should he stop going to school when he get big enough to help the family earn a living?		
	1. _____ stay in school	1	---
	2. _____ drop out to earn a living		
	9. _____ DK		
2.	At what age should a boy leave school and begin earning a living? (CODE IN YEARS) _____ years old	2	---
	99. _____ DK		
3.	Do you feel that a daughter should stay in school as long as possible or should she stop going to school when she gets big enough to work or to help around the house?		
	1. _____ stay in school	1	---
	2. _____ drop out		
	9. _____ DK		
4.	At what age should a girl leave school and begin working (either at a job or around the house)? (CODE IN YEARS) _____ years	2	---
	99. _____ DK		
5.	Some people say that the more children one has, the easier it is to make a living. Do you agree or disagree with this?		
	1. _____ agree	1	---
	2. _____ disagree		
	3. _____ neutral; it's the same		
	9. _____ DK		

		Code	
		No. of cols.	
Z. <u>Children and Security in Old Age</u>			
1.	Do you feel that children should support their parents during their old age or should the parents be able to support themselves?		
1.	_____ children should support parents	1	---
2.	_____ parents should support themselves		
9.	_____ DK		
2.	If the time arrives when you can no longer work because of age, do you plan to live with your children or will you live elsewhere?		
1.	_____ with children	1	---
2.	_____ elsewhere		
8.	_____ NA (no children)		
9.	_____ DK		
3.	Does having a lot of children mean more security for one's old age, or can one feel secure having just two or three children?		
1.	_____ lots of children	1	---
2.	_____ two or three children		
3.	_____ it's the same		
9.	_____ DK		
BB. <u>Level of Aspirations for One's Children</u>			
1.	If a son can make a better living (earn more money) in some other place, should he leave home or should he stay with his family?		
1.	_____ leave home		
2.	_____ stay with family		
3.	_____ indifferent		
9.	_____ DK		
2.	Would you like your son (IF NO SON, ASK: if you had one) to have the same type of work as his father (IF MALE, ASK: as you have) or would you like him to do something else?		
1.	_____ same		
2.	_____ something else		
3.	_____ indifferent		
9.	_____ DK		
3.	(IF "SOMETHING ELSE", What kind of work would you like him to have?)		
88.	_____ NA		
99.	_____ DK		

		Code	
		No. of cols.	
4.	If a daughter can earn a better living in some other place, should she leave home or should she stay with her family?	1	---
1.	_____ leave home		
2.	_____ stay with family		
3.	_____ indifferent		
9.	_____ DK		
5.	Do you think it is best for a girl to stay home until she marries, or do you think she should work for a while before getting married?	1	---
1.	_____ stay at home		
2.	_____ work for a while		
3.	_____ indifferent		
9.	_____ DK		
<u>CC. Sex Education</u>			
1.	How old should boys be before they learn about sex? (CODE IN YEARS)	2	---
	_____ years		
99.	_____ DK		
2.	How old should girls be before they learn about sex? (CODE IN YEARS)	2	---
	_____ years		
99.	_____ DK		
3.	Do you approve of giving young people classes on sex education at school or other places, or do you disapprove of this?	1	---
1.	_____ approve		
2.	_____ disapprove		
3.	_____ indifferent		
9.	_____ DK		
<u>DD. Desire to Learn More about Family Planning</u>			
1.	Would you like to learn more about family planning or not?	1	---
1.	_____ yes		
2.	_____ no		
2.	(IF NO, ASK:) Why not?	2	---

88.	_____ NA		
99.	_____ DK		

		Code	
		No. of cols.	
<p>(FOR THOSE WHO WANT MORE INFO) I would like to know how you would like to receive more information on family planning. For example:</p>			
3.	<p>Would you like to attend a meeting with other people in this town to talk to a nurse or doctor about family planning?</p> <p>1. <input type="checkbox"/> yes</p> <p>2. <input type="checkbox"/> no</p> <p>8. <input type="checkbox"/> NA (doesn't want more info)</p> <p>9. <input type="checkbox"/> DK</p>	1	—
4.	<p>Would you like to receive a home visit from a nurse or family planning worker to talk with you and your spouse about family planning?</p> <p>1. <input type="checkbox"/> yes</p> <p>2. <input type="checkbox"/> no</p> <p>8. <input type="checkbox"/> NA</p> <p>9. <input type="checkbox"/> DK</p>	1	—
5.	<p>Would you like to receive more information on family planning from radio (and TV) programs?</p> <p>1. <input type="checkbox"/> yes</p> <p>2. <input type="checkbox"/> no</p> <p>8. <input type="checkbox"/> NA</p> <p>9. <input type="checkbox"/> DK</p>	1	—
6.	<p>Would you like to receive free written material about family planning?</p> <p>1. <input type="checkbox"/> yes</p> <p>2. <input type="checkbox"/> no</p> <p>8. <input type="checkbox"/> NA</p> <p>9. <input type="checkbox"/> DK</p>	1	—
EE. Sociodemographic Variables			
1.	<p>Sex of respondent (INTERVIEWER RECORDS THIS, WITHOUT ASKING)</p> <p>1. <input type="checkbox"/> male</p> <p>2. <input type="checkbox"/> female</p>	1	—
2.	<p>Ethnic or racial group (INTERVIEWER ASKS ONLY IF IT IS NOT OBVIOUS)</p> <p>_____</p>	1	—
3.	<p>(IF APPROPRIATE) What language do you generally speak at home?</p> <p>_____</p>	1	—

		Code	
		No. of cols.	
4.	How old are you (as of last birthday)? _____ years	2	___
5.	How old is your spouse? _____ years	2	___
6.	What is your religious affiliation? (To what religion do you belong?)		
1.	_____ Protestant	1	___
2.	_____ Catholic		
3.	_____ Jewish		
4.	_____ other		
8.	_____ no religion		
7.	Would you consider yourself to be a person who is		
1.	_____ very religious	1	___
2.	_____ somewhat religious		
3.	_____ not very religious		
8.	_____ NA (nas no religion)		
9.	_____ DK		
8.	Do you know how to read? For example, are you able to read a newspaper?		
1.	_____ yes	1	___
2.	_____ no		
9.	(IF "YES" ASK:) Would you say that for you reading is:		
1.	_____ NA: doesn't read	1	___
2.	_____ very difficult		
3.	_____ somewhat difficult		
4.	_____ not very difficult		
9.	_____ DK		
10.	How would you describe your spouse's ability to read?		
1.	_____ doesn't read at all	1	___
2.	_____ reads with great difficulty		
3.	_____ reads with some difficulty		
4.	_____ reads with little difficulty		
8.	_____ NA (no spouse)		
9.	_____ DK		

	Code	
	No. of cols.	
11. Did you ever attend school?		
1. _____ yes	1	_____
2. _____ no		
12. (IF YES) What was the last grade you completed?		
_____ grade	2	_____
00. _____ NA (didn't attend)		
99. _____ DK, don't remember		
13. Did your spouse attend school?		
1. _____ yes	1	_____
2. _____ no		
8. _____ NA (no spouse)		
14. What was the last grade he/she completed?		
_____ grade	1	_____
00. _____ spouse never attended school		
88. _____ NA (no spouse)		
99. _____ DK		
15. Do you do some type of work which allows you to earn money?		
1. _____ yes	1	_____
2. _____ no		
16. (IF YES) What is your current occupation?		
_____	2	_____
88. _____ NA		
17. Does your spouse do some type of work which allows him/her to earn money?		
1. _____ yes	1	_____
2. _____ no		
8. _____ NA (no spouse)		
18. (IF YES) What is his (her) current occupation?		
_____	2	_____
88. _____ NA (no spouse or doesn't work)		

		Code	
		No. of cols.	
19. What is the average monthly income of this family? (NOTE: INCLUDE INCOME OF ALL FAMILY MEMBERS WHO WORK) _____		4	_____
20. How many people live in this house and are supported by this income? _____ persons		2	_____
<p>THAT WAS MY LAST QUESTION. THANK YOU VERY MUCH FOR YOUR TIME AND EFFORT. IT IS MOST USEFUL TO US.</p>			

Chapter Four

METHODOLOGICAL CONSIDERATIONS

This manual is not intended as an introductory text to social research. Rather, it assumes that those who will carry out the audience research will have experience in the following areas or will have access to experts to provide guidance in these aspects:

- ★ basic concepts of sampling
- ★ pretesting the questionnaire to detect any questions not readily understood in their current form
- ★ selecting, training, and supervising the interviewers who conduct the fieldwork
- ★ precoding the questionnaire (as has been done on the sample questionnaire in Chapter Three), preparing a codebook for all open-ended questions
- ★ data processing by computer (although the questionnaire could be tabulated by hand, the number of questions and respondents makes this option unrealistic; furthermore, the analyses outlined in Chapter Five are based on computer processing).

The current chapter focuses on issues that are particular to audience research and/or have proven to cause difficulties in previous fieldwork experiences.

Sampling

The problem of sampling in audience research is not uncommon in other types of social research, as well. On one hand, the researcher would like to take all possible measures to assure the validity of the data. In terms of sampling, the desire for such assurances would imply the need for a random

or “probability” sample of the target population. With an adequate sample size and rigorous sampling techniques, the research will yield representative data for which confidence intervals can be calculated. In short, random sampling allows for a high degree of confidence in the findings, if the fieldwork is conducted properly. However, the price of obtaining the random sample is often very high and the process time-consuming.

At the same time, family planning or other social development groups conducting audience research usually have very limited resources, especially for research. For audience research to be of real value to the organization, it must yield results in a relatively short period of time at a minimum cost.

Moreover, because of the applied nature of audience research, the researcher is often more interested in the *general trends* than in the specific percents and confidence intervals. For example, if a researcher found that 77 percent of the population were in favor of family planning, the implications of the finding would be the same whether the research showed the number to be 80 percent, 75 percent, or even 70 percent. The extra precision gained by having a *probability* sample will not necessarily translate into greater benefits for the program in terms of the actual use of the results.

In short, if the researcher has the resources of time and money to obtain a probability sample of the target population, he or she should certainly take advantage of the situation. The results will have greater precision and more measurable confidence intervals; in addition, they will be truly *representative* of the target population in the strict sense of the word.

On the other hand, if obtaining a truly random sample of the population represents too great a cost to the organization (making it impossible to conduct the research), then it is recommended that the sample be drawn in another way. Other methods are available that will yield results approximately the same as if a strict probability sample had been used.

One type of compromise sample is to make a “judgmental” selection of areas to be studied. For example, if the researcher wishes to collect data in order to design a nationwide communications program but has no resources for a national probability sample, then he or she might select several different states or departments in which to conduct the research. If the country is fairly homogeneous on ethnic or cultural traits, then the researcher would select according to *geographical* criteria. If there are several distinct ethnic or racial groups within the country, the researcher might select one area that would be typical of each group.

In making this “judgmental” selection, the researcher must be wary of unusual circumstances that would eliminate an area as being “typical.” For example, if an intensive pilot project for community-based distribution of contraceptives has been initiated in a given area, then this area can no longer be considered as “typical” of the communities in the area.

Even if the judgmental approach is used to select areas, random sampling

should also be used to select the communities and even the actual households in which the research will be conducted. As a result, the research findings will be truly representative of the area studied, even if they can only be generalized to other areas with caution.

Criteria for selecting respondents

Once the method for selecting households has been determined, the researcher must decide who should be interviewed.

For the purposes of audience research for family planning, both men *and* women should be included, since both play a significant role in the decision to practice family planning. However, this study is *not* designed so that both the husband and the wife would be interviewed. Interviewing couples is generally more time-consuming, since it is usually difficult to find both at home at the same time. Moreover, there are relatively few questions which take full advantage of *matched* data on couples. Instead, since both men and women are included, only the husband or the wife should be interviewed from a given household. There should be an equal number of male and female interviewers to interview respondents of their own sex, each conducting a specified number of interviews in each community included in the sample in order to yield the requisite number of interviews for men and women.

Moreover, in most cases the researcher will want to limit the sample to adults for whom family planning is a real issue: men and women of reproductive age, which might be approximated as 18 to 49 years for men and 18 to 39 for women. The decision to include only those people who currently have spouses (as opposed to single, divorced, separated, or widowed persons) will depend on the interests of the organization. The first option yields data from the true target group, whereas the latter provides a clearer reflection of "public opinion."

Precoding of the questionnaire, including "NA" and "DK"

Especially on a long interview, it is extremely helpful—both for the interviewer and later for the coder—to have a *precoded* questionnaire. For every "close-ended question" (that is, for every question which has a predetermined number of answers), there should be a code assigned to the answer. Thus, the interviewer merely circles or checks off the appropriate response. For example:

A. Sex of respondent:

1. _____ male
2. _____ female

B. Do you approve or disapprove of couples' using family planning?

1. _____ approve
2. _____ disapprove
3. _____ indifferent, neutral

(*Note:* Although the interviewer does not mention or suggest the neutral category, this is a valid response which can be expected from some respondents. Thus, it is far easier to include it as a possible code for the interviewer to check than to require the interviewer to write it in each time.)

The NA code. There are two other codes which appear on the sample questionnaire in Chapter Three. The first is "NA" or *not applicable*. This is checked—either at the time of the interview or afterwards when the interviewer reviews the questionnaire—for all questions that *were not asked* of the respondent. A typical case would be when there are whole sets of questions that are only asked of certain types of respondents. For example, specific questions on knowledge and attitudes are only asked of people who have ever heard of the pill; this section would be skipped for those who have not heard of the pill, and the response NA would be checked in each case.

A second common use of the NA is for follow-up questions. Often, a second question is asked as a "follow-up" to the first, and it should be answered only by persons who gave a certain answer to the first. For other persons who were not asked the question, NA should be checked. For example:

First Question:

1. Do you do some type of work which allows you to earn money?
 1. _____ yes
 2. _____ no

Second Question:

- 1-A. (IF YES) What is your current occupation?

_____ NA

Some researchers will argue that this type of coding for NA is unnecessary, that it can be done automatically by computer at a later time. However, such coding does have the advantage of every item in the questionnaire being filled in—even if it is with NA—which tends to minimize the number of questions accidentally skipped.

Finally, the response of NA is very different from DK (which stands for

“don’t know”), explained below. Inexperienced researchers have a tendency to confuse the two, which can create a misleading result. If a person is not asked a given question, he or she should not be recorded as “don’t know.” Likewise, it is erroneous to check NA for a question that was asked of the respondent but which he or she was unable to answer.

The DK answer. As most interviewers know, respondents are very prone to answer “I don’t know” to questions. In some cases, they truly do not know the answer. However, it is often the case that “don’t know” has several meanings:

1. *The respondent is simply giving himself time to think.* For example: “I don’t know . . . (pause) . . . I guess you could say I approve of that.”

2. *The respondent is hesitant to say what he really feels.* However, with an additional probe by the interviewer, a respondent will usually express his true feeling. For example:

Interviewer: Do you approve or disapprove of couples using family planning?

Respondent: Oh, I don’t know. . . .

Interviewer: Well, generally speaking, are you in favor of family planning or against family planning?

Respondent: Well, I really don’t think it is a very good idea. . . .

3. *The respondent doesn’t want to give the wrong answer, even if he has a good idea of what the correct answer might be, and thus avoids embarrassment by answering, “I don’t know.”* Again, a probe is in order. For example:

Interviewer: What should a woman do if she forgets to take her pill just one day?

Respondent: Let’s see . . . they said something about that on the radio last week . . . (pause) . . . but I don’t really remember. . . .

Interviewer: Think about it a minute. What should a woman do if she forgets to take her pill just one day?

Respondent: . . . Oh, yes . . . she should just take two the next day.

In each of the above cases, valuable information would have been lost if the interviewer had readily accepted “don’t know” as an answer. Thus, it is extremely important to train the interviewers to *probe* for more information and to *accept* “don’t know” only when it is certain that the respondent does not have a better answer.

The reason for emphasizing this point is the inclusion of “9. _____ DK”

on the majority of items in the sample questionnaire, even for questions on which it is hard to imagine a person's not being able to give a concrete yes-or-no answer. *This possible response has been included in order to facilitate the recording of data during the interview and the subsequent coding.* However, the very presence of it on the interview will cause inexperienced interviewers to assume that it is as good an answer as any other, when in fact probing will often reveal a more concrete answer. This point should be stressed repeatedly during interviewer training.

Spaces for coding. On the sample questionnaire, the number of spaces in the "code" column varies from one to four. As researchers familiar with computerized data collection will easily recognize, the number of spaces depends on the number of possible responses to a given question, as follows:

<i>Number of spaces or "column spaces"</i>	<i>Number of possible responses</i>
1	1 to 9
2	1 to 99
3	1 to 999
4	1 to 9999

Most closed-ended questions will only require one space, since there are less than 9 possible responses (example: yes, no, DK; approve, disapprove, neutral; Catholic, Protestant, Jewish, other). The types of questions that require more spaces include the following:

2 spaces: age, last grade of school completed, reason for disapproving of family planning

3 spaces: age of last child, coded in months; case number for the study (both could easily be greater than 99)

4 spaces: income per month in pesos (which could be higher than 999).

If the data are to be processed by computer, *it is important to check that each item has enough spaces (columns) for subsequent coding before the forms are printed for use in the field.* If there is any doubt, it is better to have too *many* columns than too few. It is easy enough to write "4" as "04," but there is no way to fit "14" into one space (column).

The meaning of 8 and 88, 9 and 99. The codes associated with a given answer are arbitrary. It would be equally valid to have 2 = yes and 1 = no or the reverse. Generally, it is simply a matter of the researcher's preference.

Likewise, most researchers find it helpful to use the same numbers throughout the questionnaire for NA and DK, especially for computerized processing (as explained in the next chapter).

The convention used in this study is as follows:

$$\text{NA} = \begin{cases} 8 & \text{(for one-column responses)} \\ 88 & \text{(for two-column responses)} \\ 888 & \text{(for three-column responses)} \\ 8888 & \text{(for four-column responses)} \end{cases}$$

$$\text{DK} = \begin{cases} 9 & \text{(for one-column responses)} \\ 99 & \text{(for two-column responses)} \\ 999 & \text{(for three-column responses)} \\ 9999 & \text{(for four-column responses)}. \end{cases}$$

This point should also be checked carefully *after* the questionnaires are typed and *before* they are printed. If “DK” is accidentally coded as “3” on some questions and “9” on others, it tends to create confusion and complicate the data processing.

Conclusion

The items covered in this chapter are isolated technical points that should be kept in mind when preparing for and carrying out the fieldwork. However, they are not intended as a guide to social research.

Organizations or individuals interested in conducting audience research but having only limited experience with social research will benefit from consulting local researchers who have conducted studies in related areas. It is generally easier to plan carefully and avoid errors than to correct for short-sightedness at a later date.

Chapter Five

GUIDELINES FOR ANALYZING THE SAMPLE QUESTIONNAIRE

One of the classic problems of survey research on family planning has been the quantity of data which has been collected around the world *but never analyzed* or *analyzed but never applied*. The purpose of this chapter is to show how the data in the sample questionnaire can be analyzed in a simple, straightforward manner. In the following chapter, these analyses are used in developing an I-E-C strategy.

There is no set formula for analyzing data. Although there are standard statistical techniques and tests that are used widely in the social sciences, each researcher usually takes a slightly different approach to the problem. Thus, it would be a mistake to suggest that there is only one way to analyze the data collected with the sample questionnaire (Chapter Three). At the same time, the amount of data generated by the sample questionnaire is considerable, and to provide no guidelines for possible analysis would be a disservice to those who are unfamiliar with audience research.

In short, the guidelines given below represent one possible approach to the analysis of this data for the purpose of designing an I-E-C strategy. However, these guidelines by no means constitute an exhaustive list of possible analyses, and the individual researcher may want to adapt them to a particular situation.

While most readers will be familiar with the jargon of social research, a few key terms are reviewed in the next section before proceeding to the guidelines.

I Key Terms in Social Research

Level of measurement

The way in which a variable is measured determines in part the statistical procedure one can use for analysis of the data. There are four levels of measurement.

1. *Nominal*. The variable has two or more categories which have no special order (numerical relation) (i.e., one is not "larger" than the other). Example: Religious affiliation, with the categories "Protestant, Catholic, Jewish, other."
2. *Ordinal*. The categories have a numerical order or sequence, but the interval between categories is variable or nondetermined. Example: "How often do you listen to soap operas: often, sometimes, or never?"
3. *Interval*. The categories have a numerical order with a set interval between categories; however, there is no fixed "zero point" so that one score can be considered "twice as much" as another. Example: Temperature in degrees (60 degrees is not "twice as much" as 30 degrees; yet there is a set, nonvariable interval between one category and the next: one degree).
4. *Ratio*. The categories have a numerical order with a set interval between each and a fixed zero point so that the quantitative relationship between categories can be determined. Example: Age of respondent (a man of 60 has lived twice as long as a man of 30 years).

Nominal and ordinal level variables are also referred to as *categorical* or *nonmetric*. Interval and ratio level variables are referred to as *continuous* or *metric*. Certain types of analysis are appropriate for one level, whereas other levels require other types, as discussed in detail below.

Occasionally in social research, ordinal variables are treated as continuous because that allows for a great range of analysis. For example, a five-point scale for attitude toward family planning might have the categories "strongly approve, approve, neutral, disapprove, and strongly disapprove." It is not unusual to find such a variable treated as continuous, even though in rigorous statistical terms it is not a continuous variable.

Collapsing categories

In some cases the researcher will want to convert a continuous variable to categorical form in order to do cross-tabulation, for example, with a manageable number of categories. One such case would be if a researcher were to cross-tabulate current contraceptive use by age of respondent, which could result in some 30 categories for age (the continuous variable). Instead, it is

frequently advisable to combine or “collapse” categories into a smaller number, so that age might then have only six categories: less than 24, 25-29, 30-34, 35-39, 40-44, and 45-49.

Dependent and independent variables

Often researchers are interested in determining the relationship between variables. For example, who would be more likely to approve of family planning in a country: men or women? Or, what factors influence the decision to use contraceptives?

In the above cases, the *dependent* variable refers to the *condition or situation to be explained* (attitude and use of family planning). The *independent* (or “explanatory”) variable(s) refers to *the items used to explain the condition or situation* (sex of the respondent or the “factors” mentioned above such as availability of contraceptives, social psychological factors, etc.).

There is nothing about the variable *per se* that necessarily makes it dependent or independent: rather, it is the way in which it is used. In the above example, attitude and use were both dependent variables; however, if one asks, “Are people with favorable attitudes more likely to use family planning than those with unfavorable attitudes?” then attitude is *independent*, use is *dependent*.

Dummy variables

Often, researchers wish to use a categorical variable in analysis which requires continuous variables, such as multiple regression. In this case, it is possible to resort to “dummy variables.” Although this procedure will not be described herein, researchers who face the problem of wishing to incorporate categorical variables into a multiple regression or other analysis are referred to standard texts or the manuals for standard computer programs (e.g., *Statistical Package for the Social Sciences*).

Hypothesis testing

In addition to describing a given situation (e.g., that 30 percent of the eligible women in country X are currently contracepting), it is also of interest to test certain hypotheses involving the variables under study. Specifically, the researcher may wish to determine if certain factors such as the use of contraceptives are related to others.

Most introductory statistics textbooks cover the topic of hypothesis testing in detail, and it will not be discussed in this monograph. However, it should be stressed that most of the cross-tabulations and the multiple regression procedures suggested in the plan of analysis in this chapter have tests of significance (of chi-square and the F-statistic, respectively). These tests of significance are the key to determining if the relationships found are statistically significant and to drawing valid conclusions from the data.

II Steps in Preparing the Data for Analysis

Editing or “cleaning” the data

In a large study, it is inevitable that some mistakes will be made—when the interviewer records the responses, when the coder translates verbal responses to numbers, or when the keypuncher prepares the computer cards for processing. Thus, the first data processing task is to edit or “clean” the data. This cleaning task would be tedious if not impossible to do by hand for a large data set. Instead, it is recommended that the editing be done by computer. One such program that is very simple to learn and use is described by Henry G. Elkins in his manual, *Mini-tab Edit, Mini-tab Frequencies, and Mini-tab Tables: A Set of Three Interrelated Statistical Programs for Small Computers* (Chicago: Community and Family Study Center, The University of Chicago, 1971).

The Mini-tab edit program allows the researcher to define and then to locate within the data set three types of errors:

1. *Out-of-range*: Usually, only certain numbers are valid codes to a given question. Any others are “out-of-range.” For example:

Sex of Respondent

1 = male

2 = female

If the researcher finds cases with 3s, 4s, or 5s, he or she can be sure that there is an error which needs to be corrected.

2. *Arithmetic errors*: In some instances, the values from two or more variables must add to the value of another variable; if not, there is an error. For example,

$$\begin{array}{r} \text{Number of male children} \\ + \text{Number of female children} \\ \hline \text{Total number of children} \end{array}$$

3. *Logical errors*: In some cases, the answer to a given question is logically related to a second question. As such, the errors can often be detected if this “logic” is violated. An example would be if a male respondent reports having two pregnancies.

While many researchers are anxious to continue with the actual analysis and avoid this extra step in the process, editing of the data yields results that provide the researcher with fewer problems (what does one do with a third sex?) and results that inspire greater confidence in the final analysis.

Preparing the computer program for processing the data

As mentioned above, the quantity of data generated by the sample questionnaire dictates that the data be analyzed by computer if the full benefit of

the research is to be realized. There are certain standard or “canned” computer programs that can be used for this purpose. The selection of one versus another depends in large part on what is available through the local computer facility. Two programs frequently used in the social sciences are SPSS (the *Statistical Package for the Social Sciences*)¹ and SAS (*Statistical Analysis System*).²

However, these systems are not always available at computer facilities in developing countries since they must be run on large computers. One canned program appropriate for use on small computers which could also be used for processing the data for this survey is the Mini-tab program.³

If the researcher is not familiar with computer programming, he or she should nonetheless be able to obtain assistance from the local computer facility in locating a person who can do the necessary programming for the project. *The lack of computer programming skills should not be a deterrent to carrying out audience research.*

Defining “values to be excluded”

The researcher will usually want to know exactly what percent of respondents gave what answer to each variable. However, there will often be codes that the researcher does not want to include in later statistical procedures.

For example, suppose that in response to a question on “ideal number of children,” 15 out of 100 respondents answered “don’t know.” This response would then be coded as “99” on the sample questionnaire. If the answers for all 100 respondents were included in a calculation of the mean (average) “ideal number of children,” the result would be deceptively high. That is, the 99s would have the effect of raising the average considerably. What the researcher *really* wants is to calculate the average, *excluding* the 15 respondents who “don’t know.”

Most of the standard programs for analyzing social science data have this option available, although the number of values (codes) that can be excluded on a given item varies. One convenient feature in several of these programs (such as SPSS) is that the percentage data will be calculated in two ways for each variable—once *without* recognizing the excluded values and a second time *excluding* them. Another important feature is that the researcher can request for the definition of the excluded values to be overridden for a given procedure, which is equivalent to never having defined values to be excluded in the first place.

Since this procedure of defining values to be excluded affects all subsequent analysis, it is recommended that these values be defined from the start.

Table 5-1 provides an abbreviated listing of all variables in the sample questionnaire, re-ordered for the purpose of analyzing these data as a basis for designing an I-E-C strategy. Also included is a listing of possible values to be excluded from statistical calculations. It can be argued that the category “don’t

know” should be included in some cases (such as in cross-tabulations). Thus, the researcher is recommended to review carefully the list in Table 5-1 before deciding on values to exclude.

III

Frequency Distributions: A Preliminary Look at the Findings

The chief purpose of the first round of analysis is to familiarize the researcher with the data that has been collected. The easiest way to do this is to run *frequencies* (percentages) for every variable in the study (listed in Table 5-1). This process has the added advantage of revealing any (still uncorrected) out-of-range errors and allowing the researcher to recheck or reconsider the definitions of values to be excluded.

Frequency distributions contain large amounts of valuable information. They provide an overall idea of the opinions, attitudes, and beliefs of the audience which will aid in developing a project strategy. For example, what percent of respondents already know about family planning methods? What percent believe that children are an economic asset? What are the hours of the day when the greatest percent of the population listen to radio?

Also as part of the first round, it may be interesting to run cross-tabulations on some or all of the variables in the study by some key variable *hypothesized* to show considerable variance on these family planning and communication questions (for example, ethnic group, sex, or age).

Once the researcher has some feeling for the data, as well as for variation by ethnic group, sex, or other key variable, the in-depth analysis can begin.

IV

Appropriate Procedures for Analyzing the Sample Questionnaire

As discussed in Chapter Two, the types of information to be obtained from this audience research include:

1. An assessment of the current family planning situation (including current levels of knowledge and use of contraceptives)
2. Analysis of factors which relate to acceptance
 - (a) Sociodemographic
 - (b) Social psychological
 - (c) Variables related to family planning services
3. Most effective channels of mass and interpersonal communication for family planning.

All of the variables included in the sample questionnaire have been listed in summary form in Table 5-1; however, they have been re-ordered to reflect

the *purpose* of audience research and the *different types of information* it provides, as outlined in Chapter Two. This summary list is useful as a reminder of what data will be available for analysis.

The question remains, however, as to how to deal with this information. Unquestionably, some researchers will be more interested in certain aspects of the questionnaire, while others will have different concerns. There is no *single* format for analyzing these data. Nonetheless, in Tables 5-2 to 5-5, a series of "issues of interest" are listed for each of the different types of information provided by the survey (assessment of the current family planning situation, analysis of sociodemographic and social psychological factors affecting family planning, etc.). This list of issues is intended to aid the researcher in identifying those questions that are of greatest interest.

In each instance, the "issue of interest" is also accompanied by the suggested statistical procedure for obtaining the desired information. Thus, once the researcher identifies the key points to analyze, he or she can select those statistical procedures that will provide such information. In this way, the researcher can avoid costly and unnecessary computer runs (or worse yet, hand tabulations) of information that is of little interest.

Since most researchers will want to get as much information as possible from their study without making it unduly tedious for potential readers, the following approach is suggested for synthesizing this sizable quantity of information into a digestible report. The areas to cover include the following.

Assessment of the current family planning situation

The main information regarding knowledge and use of contraceptives can be obtained through a series of frequencies and cross-tabulations. The key questions to be answered about the current status of family planning among the target population are listed in Table 5-2, along with the suggested statistical procedures for obtaining the information.

Analysis of factors which relate to acceptance

This section of the analysis is perhaps the most difficult because of:

- (a) the quantity of hypotheses to test
- (b) the different levels of measurement (categorical vs. continuous variables)
- (c) the variety of possible definitions of "acceptance."

1. *Hypotheses.* The sample questionnaire provides data for testing both sociodemographic and social psychological variables in relation to acceptance. These variables are listed in Table 5-1 and outlined again below. Even if the researcher thinks it is highly unlikely that a given variable is related to acceptance, he or she should put it to the test if the data are available.

2. *Levels of measurement.* If the relationship between two variables that

Table 5-1. LISTING OF ALL VARIABLES IN SAMPLE QUESTIONNAIRE BY TOPIC AREAS.*

	Possible values to <u>be excluded</u>
<u>A. CURRENT FAMILY PLANNING SITUATION</u>	
I-1. Knowledge of Concept of Family Planning (first question)	
I-2. Knowledge of Concept of Family Planning (second question)	8
<u>Knowledge of Contraceptives</u>	
N-1. Knowledge of Pill	
N-2. Knowledge of IUD	
N-3. Knowledge of female sterilization	
N-4. Knowledge of male sterilization	
N-5. Knowledge of injections	
N-6. Knowledge of condom	
N-7. Knowledge of creams, jellies, foams	
N-8. Knowledge of suppositories	
N-9. Knowledge of rhythm	
N-10. Knowledge of withdrawal	
N-11. Knowledge of diaphragm	
N-12. Knowledge of herbs, teas, etc.	
N-13. Knowledge of other	
N-27. Which method most reliable	99
<u>Attitude</u>	
K-1. Attitude toward family planning	
K-2. Strength of family planning attitude: approval	8,9
K-3. Strength of family planning attitude: disapproval	8,9
K-4. Reason for disapproval	88,99
K-5. Attitude of spouse toward family planning	
<u>Attitudes and Opinions about Pill</u>	
O-1. Frequency--take the pill	8,9
O-2. If forgets pill one day	8,9
O-3. If forgets pill 3 or 4 days	8,9
O-4. Is the pill safe for most women?	8,9
O-5. In what way is the pill unsafe?	88,99
O-6. Would take pill or advise it	8,9
O-7. Reason: against taking pill	88,99
<u>Attitudes and Opinions about IUD</u>	
P-1. Where is IUD placed?	8,9
P-2. How to tell if IUD is in place?	8,9

* The numbers on this list correspond to the questionnaire in Chapter Three.

Table 5-1. LISTING OF ALL VARIABLES IN SAMPLE
QUESTIONNAIRE BY TOPIC AREAS (Continued).

	Possible values to <u>be excluded</u>
A. <u>CURRENT FAMILY PLANNING SITUATION (CONT'D)</u>	
<u>Attitudes and Opinions about IUD (Cont'd)</u>	
P-3. Side effects of IUD when inserted	88,99
P-4. Is IUD safe for most women?	8,9
P-5. Would use IUD or advise it	8,9
P-6. Reason: against IUD	88,99
<u>Attitudes and Opinions about Female Sterilization</u>	
Q-1. Nature of female sterilization operation	8,9
Q-2. Effect of female sterilization on sex drive	8,9
Q-3. Effect of female sterilization on health	8,9
Q-4. What are harmful effects of female sterilization?	88,99
Q-5. Would have female sterilization or advise it	8,9
Q-6. Reason: against female sterilization	88,99
<u>Attitudes and Opinions about Vasectomy</u>	
R-1. Nature of vasectomy operation	8,9
R-2. Effect of vasectomy on man's sex drive	8,9
R-3. Effect of vasectomy on man's health	8,9
R-4. What are harmful effects of vasectomy?	88,99
R-5. Would have vasectomy or advise it	8,9
R-6. Reason: against vasectomy	88,99
<u>Attitudes on Sex Education</u>	
CC-1. Boys: age to learn about sex	99
CC-2. Girls: age to learn about sex	99
CC-3. Attitude: sex education	9
<u>Use</u>	
N-14. Has ever used pill	
N-15. Has ever used IUD	
N-16. Has ever used female sterilization	
N-17. Has ever used male sterilization	
N-18. Has ever used injections	
N-19. Has ever used condom	
N-20. Has ever used cream, jellies, foam	
N-21. Has ever used suppositories	
N-22. Has ever used rhythm	
N-23. Has ever used withdrawal	
N-24. Has ever used diaphragm	
N-25. Has ever used herbs, teas, etc.	
N-26. Has ever used other	
N-28. Current use of a family planning method	
N-29. Method currently using	88

Table 5-1. LISTING OF ALL VARIABLES IN SAMPLE QUESTIONNAIRE BY TOPIC AREAS (Continued).

	<u>Possible values to be excluded</u>
A. <u>CURRENT FAMILY PLANNING SITUATION (CONT'D)</u>	
<u>Use (Cont'd)</u>	
N-30. Time--has used current method	88,99
N-31. Source of contraceptives	8,9
N-32. Non-usera: last method used	88
N-33. Reason for abandoning method	88,99
B. <u>FACTORS RELATING TO ACCEPTANCE: SOCIODEMOGRAPHIC</u>	
A-6. State, department	
C-1. Marital status	
<u>(Pregnancy history--women only)</u>	
D-1. Number of living children	
D-2. Number of male children	
D-3. Number of female children	
D-4. Number of children who have died	
D-5. Age of last child in months	
D-6. Number of miscarriages	
D-7. Number of (induced) abortions	
D-8. Current pregnancy status	
D-9. Number of weeks since last period	88
D-10. Total number live births	
D-11. Total number pregnancy losses	
D-12. Total number pregnancies	
D-13. Currently fertile?	
D-14. Reason for infertility	88,99
<u>(Number of children--men only)</u>	
E-1. Number of living children	
E-2. Number of children who have died	
EE-1. Sex of respondent	
EE-2. Ethnic or racial group	
EE-3. Language spoken at home	
EE-4. Age of respondent	
EE-5. Age of spouse	88
EE-6. Religious sect	
EE-7. Degree of religiosity	8,9
EE-8. Literacy	
EE-9. Respondent's facility for reading	9
EE-10. Spouse's facility for reading	9
EE-11. Ever attended school	
EE-12. Last grade of school completed	99
EE-13. Spouse--ever attended school	8
EE-14. Spouse--last grade of school completed	88,99
EE-15. Respondent has paying job	
EE-16. Respondent's current occupation	
EE-17. Spouse has paying job	8
EE-18. Spouse's current occupation	88
EE-19. Average monthly family income	
EE-20. Number of persons living in house	

Table 5-1. LISTING OF ALL VARIABLES IN SAMPLE QUESTIONNAIRE BY TOPIC AREAS (Continued).

	Possible values to be excluded
<u>C. FACTORS RELATING TO ACCEPTANCE: SOCIAL PSYCHOLOGICAL</u>	
<u>Reproductive Ideals</u>	
B-1. Best age--girl to marry	99
B-2. Best age--boy to marry	99
B-3. Length of time before first child	77,99
B-4. Ideal number of children--for couples in community	77,99
B-5. Previously thought--how many children	
B-6. (Women only) Previously worried about accidental pregnancy	8
B-7. (Women only) Extent of worry--accidental pregnancy	8,9
B-8. Ideal number of children--if just married	77,99
B-9. Ideal number--boys	77,99
B-10. Ideal number--girls	77,99
B-11. What is "too many children"?	99
B-12. What is "too few children"?	99
B-13. Opinion: large vs. small family	9
B-14. Reasons for favoring large family	88,99
B-15. Reasons for favoring small family	88,99
B-16. Ideal length of time--between births	77,99
<u>Desire for More Children</u>	
F-1. Wants more children?	9
F-2. Reason: wants more children	88,99
F-3. Number of children--when respondent had "enough"	88,99
F-4. How many more children desired?	77,88,99
F-5. Spouse wants more children?	8,9
F-6. Number of additional children--spouse wants	88,99
<u>Importance of Having One or More Sons</u>	
G-1. Importance of having at least one son	9
G-2. If 4 daughters, would try for son?	9
G-3. If 3 daughters and 1 son, would try for 2nd son?	9
<u>Awareness of Demographic Problem</u>	
H-1. Population increasing?	9
H-2. Number of people--too many?	9
H-3. Rate of population increase	9
H-4. Action to avoid population increase?	8,9
H-5. What action should be taken?	88,99

Table 5-1. LISTING OF ALL VARIABLES IN SAMPLE
QUESTIONNAIRE BY TOPIC AREAS (Continued).

	Possible values to be excluded
C. <u>FACTORS RELATING TO ACCEPTANCE: SOCIAL PSYCHOLOGICAL</u>	
<u>(CONT'D)</u>	
<u>Husband-Wife Communication</u>	
J-1. Discusses family-related problems with spouse	8,9
J-2. Has discussed ideal number of children with spouse	8,9
J-3. Has discussed family planning with spouse	
J-4. Last time discussed family planning with spouse	88,99
J-5. Number children when first discussed family planning	
<u>Social Acceptability of Family Planning</u>	
L-1. Extent of approval for family planning--community women	9
L-2. Perception of attitude: aunt	8,9
L-3. Perception of attitude: uncle	8,9
L-5. Perception of attitude: mother-in-law	8,9
L-6. Perception of attitude: father-in-law	8,9
L-7. Perception of attitude: brother	8,9
L-8. Perception of attitude: mother	8,9
L-9. Perception of attitude: father	8,9
L-10. Perception of attitude: grandmother	8,9
L-11. Perception of attitude: grandfather	8,9
L-12. Perception of attitude: best friend	8,9
L-13. Perception of attitude: doctor	8,9
L-14. Perception of attitude: teacher	8,9
L-15. Perception of attitude: priest	8,9
L-16. Perception of attitude: president of country	6,9
L-17. Perception of attitude: closest neighbor	8,9
<u>Popular Beliefs about Family Planning</u>	
M-1. Family planning goes against God's will	9
M-2. Family planning encourages infidelity	9
M-3. Family planning encourages premarital sex	9
M-4. Teens will have sex relations anyway	9
<u>Perceptions of Infant Mortality</u>	
W-1. Of 10 infants born, how many will grow up?	99
W-2. Of 5 infants born, how many will grow up?	9
W-3. Greater or fewer infants die now	9
W-4. Woman should bear 4 to get 3	9
<u>Effect of Pregnancy on Woman's Health</u>	
X-1. Harmful to have too many children	9
X-2. Harmful to have children too close together	9

Table 5-1. LISTING OF ALL VARIABLES IN SAMPLE QUESTIONNAIRE BY TOPIC AREAS (Continued).

	Possible values to <u>be excluded</u>
<u>C. FACTORS RELATING TO ACCEPTANCE: SOCIAL PSYCHOLOGICAL</u>	
<u>(CONT'D)</u>	
<u>Perceived Economic Value of Children</u>	
Y-1. Sons: School vs. drop out to work	9
Y-2. Sons: Age to leave school	99
Y-3. Daughter: School vs. drop out to work	9
Y-4. Daughter: Age to leave school	99
Y-5. More children, easier to make a living?	9
<u>Children and Security in Old Age</u>	
Z-1. Should children support parents in old age?	8,9
Z-2. Plans to live with children in old age?	9
Z-3. Are lots of children more security?	9
<u>Aspirations for One's Children</u>	
BB-1. Son: should leave home for better job?	9
BB-2. Son: should have same job as father?	9
BB-3. Son: work he should have	88,99
BB-4. Daughter: should leave home for better job?	9
BB-5. Daughter: should work before marriage?	9
<u>D. FACTORS RELATING TO ACCEPTANCE: SERVICE-RELATED</u>	
<u>Previous Contact with Program Activities</u>	
S-1. Has received home visit	
S-2. Number of home visits received	8,9
S-3. Perceived utility of home visit	8,9
S-4. Explanation: utility of visit	88,99
S-5. Has attended public meeting on family planning	
S-6. Number of public meetings attended	8,9
S-7. Perceived utility of public meeting	8,9
S-8. Explanation: utility of public meeting	88,99
S-9. Has attended small group discussion-- family planning	
S-10. Number of small group discussions attended	8,9
S-11. Perceived utility: small group discussion	8,9
S-12. Explanation: utility of discussion	88,99
<u>Knowledge of Sources of Contraceptives</u>	
N-34. Respondent mentions family planning center or clinic	
N-35. Respondent mentions health center or post in town	
N-36. Respondent mentions health center or post in another town	
N-37. Respondent mentions pharmacist	
N-38. Respondent mentions private doctor	
N-39. Respondent mentions midwife	
N-40. Respondent mentions distributor	
N-41. Respondent mentions faith healer	
N-42. Respondent mentions other source	

Table 5-1. LISTING OF ALL VARIABLES IN SAMPLE
QUESTIONNAIRE BY TOPIC AREAS (Continued).

	Possible values to be excluded
<u>D. FACTORS RELATING TO ACCEPTANCE: SERVICE-RELATED</u>	
<u>(CONT'D)</u>	
<u>Distance to Family Planning Location</u>	
N-43. Most convenient family planning location	88,99
N-44. Time required to get to most convenient family planning location	888,999
<u>E. CHANNELS OF COMMUNICATION: MASS MEDIA</u>	
U-1. Have radio or access to one?	
U-2 to U-25-- Hours at which respondent listens to radio	
U-26. Frequency of listening to radio	9
U-27. Hour at which radio is turned on	88,99
U-28. Favorite radio station	88,99
U-29. Favorite radio program	88,99
U-30. Frequency of listening to: music, songs	8,9
U-31. Frequency of listening to: news	8,9
U-32. Frequency of listening to: soap operas	8,9
U-33. Frequency of listening to: sports	8,9
U-34. Frequency of listening to: religious programs	8,9
U-35. Frequency of listening to: advice to home-makers	8,9
U-36. Frequency of listening to: advice on agriculture	8,9
U-37. Frequency of listening to: education/health	8,9
U-38. Ever heard family planning on radio?	8,9
U-39. Frequency: hears family planning on radio	8,9
<u>Other Mass Media</u>	
V-1. Have TV or access to one	
V-2. Frequency of watching TV	9
V-3 to V-21-- Hours at which respondent watches TV	
V-22. Favorite TV program	88,99
V-23. Ever heard of family planning on TV?	8,9
V-24. Frequency: hears family planning on TV	9
V-25. Are there newspapers in town?	
V-26. Frequency of reading newspaper	9
V-27. Name of newspaper	88,99
V-28. Ever saw family planning in newspaper?	8,9
V-29. Frequency: sees family planning in newspaper	9
V-30. Are there magazines in town?	
V-31. Frequency of reading magazines	9
V-32. Name of magazine	88,99
V-33. Ever seen family planning in magazine?	8,9
V-34. Frequency: sees family planning in magazine:	9
V-35. Is there a movie theater nearby?	
V-36. Frequency: goes to movies	9
V-37. Ever seen family planning at movie theater?	8,9
V-38. Ever seen pamphlet on family planning?	
V-39. Number of family planning pamphlets has seen	88,99
V-40. Last time: saw family planning pamphlet	88,99
V-41. Ever seen family planning poster?	
V-42. Where: saw family planning poster	88,99
V-43. Last time: saw family planning poster	88,99

Table 5-1. LISTING OF ALL VARIABLES IN SAMPLE
QUESTIONNAIRE BY TOPIC AREAS (Continued).

		Possible values to <u>be excluded</u>
F. CHANNELS OF COMMUNICATION: PERSON-TO-PERSON		
T-1.	Can women discuss family planning easily?	9
T-2.	Can men discuss family planning easily?	9
T-3.	Can husbands and wives discuss family planning easily?	9
T-4.	Has ever discussed family planning with: spouse	8,9
T-5.	Has ever discussed family planning with: mother	8,9
T-6.	Has ever discussed family planning with: father	8,9
T-7.	Has ever discussed family planning with: aunt or uncle	8,9
T-8.	Has ever discussed family planning with: other female relatives	8,9
T-9.	Has ever discussed family planning with: other male relatives	8,9
T-10.	Has ever discussed family planning with: close friends	8,9
T-11.	Has ever discussed family planning with: neighbors	8,9
T-12.	Has ever discussed family planning with: doctor	8,9
T-13.	Has ever discussed family planning with: nurse	8,9
T-14.	Has ever discussed family planning with: midwife	8,9
T-15.	Has ever discussed family planning with: health promotor	8,9
T-16.	Has ever discussed family planning with: pharmacist	8,9
T-17.	Has ever discussed family planning with: priest	8,9
T-18.	Number of people: discussed family plan- ning in past month	99
T-19.	Give or receive family planning advice?	8,9
<u>Desire to Learn More About Family Planning</u>		
DD-1.	Desire to learn more about family planning	88,99
DD-2.	Reason: does not want more information	
DD-3.	Attitude: public meeting on family planning	8,9
DD-4.	Attitude: home visit on family planning	8,9
DD-5.	Attitude: radio and TV on family planning	8,9
DD-6.	Attitude: written material on family planning	8,9

Table 5-2. ASSESSMENT OF THE CURRENT FAMILY PLANNING SITUATION.

Issues of interest	Statistical procedures
What percentage of respondents have ever heard of family planning?	Combine I-1 and I-2 into a single variable; run frequencies
Are these differences in knowledge by some key variable (ethnic group, religion, sex)?	Cross-tabulations of knowledge (combine I-1 and I-2) by the key variables
What methods are best-known and how widespread is this knowledge?	Run frequencies for N-1 to N-13, list all in a single table in order of most-to-least frequently mentioned
What method is judged most reliable (apart from sterilization)?	Run frequencies for N-27
What are the most common misconceptions or rumors concerning certain methods?	Run frequencies for O-1 to O-5, P-1 to P-4, Q-1 to Q-4, R-1 to R-4
Which methods are most widely approved? Least approved? Why?	Run frequencies for O-6, O-7, P-5, P-6, Q-5, Q-6, R-5, R-6
What percentage approve of family planning?	Combine information from K-1, K-2, and K-3 into a single 5-point attitude scale; run frequencies
What are the chief reasons for disapproval?	Frequencies for K-4
Do respondents and their spouses generally <u>agree</u> on family planning?	Cross-tabulation of K-1 by K-5
What percentage of respondents are currently using family planning?	Frequencies of N-28
What percentage of respondents have ever used family planning?	Frequencies of N-28 and N-32
What methods are most widely used?	Frequencies of N-29
On the average, how long have these people used family planning?	Frequencies of N-30
What are the chief sources of family planning?	Frequencies of N-31
Are there differences in use by ethnic group or region?	Cross-tabulation of N-36 by key variables
What percentage of respondents has ever tried the different methods and how widespread is this experimentation?	Run frequencies for N-14 to N-26; list all in a single table in order of most-to-least frequently mentioned
What are the chief reasons for abandoning a family planning method?	Cross-tabulation of N-32 by N-33
What are the prevalent attitudes toward sex education?	Run frequencies for CC-1, CC-2, CC-3

**Table 5-3. ANALYSIS OF SOCIODEMOGRAPHIC
FACTORS AFFECTING FAMILY PLANNING.**

Issues of interest*	Statistical procedures
<p>What are the characteristics of family planning acceptors (i.e., what socio-demographic variables relate to contraceptive use)?</p>	<p>Cross-tabulation of N-28 by all socio-demographic variables of interest, which could include:</p> <ul style="list-style-type: none"> A-6. State or department C-1. Marital status D-1. (E-1) Number of living children D-4. (E-2) Number of children who have died EE-1. Sex of respondent EE-2. Ethnic or racial group EE-4. Age of respondent** EE-5. Age of spouse** EE-6. Religious sect EE-7. Degree of religiosity EE-8. Literacy EE-9. Respondent's facility for reading EE-10. Spouse's facility for reading EE-11. Ever attended school EE-12. Last grade of school completed EE-13. Spouse ever attended school EE-14. Spouse last grade completed EE-15. Respondent--paying job EE-16. Respondent's current occupation EE-17. Spouse--paying job EE-18. Spouse's current occupation EE-19. Average monthly family income (or divide this by EE-20 to get per capita monthly income)

*If contraceptive use is very low, the researcher may wish to focus on attitude instead of actual use. In general, however, use is the key concern.

**If both men and women are interviewed, the researcher may prefer to tabulate age of husband (be it a male respondent or a female respondent's husband) and age of wife (be it a female respondent or a male respondent's wife) rather than of respondent and spouse, since the latter tends to obscure the effect of sex of the respondent. This may also be done for the literacy and education variables.

**Table 5-4. ANALYSIS OF SOCIAL PSYCHOLOGICAL
FACTORS AFFECTING FAMILY PLANNING.**

Issues of interest	Statistical procedures
<p>What social psychological factors represent obstacles to the acceptance of family planning?</p>	<p>Cross-tabulations of N-28 by each of the variables or indices listed below (which may be collapsed to 4 or less categories as necessary):</p> <p>Ideal family size: B-4 or B-8 Concern for pregnancy and childbearing: B-5, B-6, B-7 Attitude toward spacing: B-3, B-16 Importance of having sons: G-1, G-2, G-3 Awareness of demographic problem: H-1, H-2, H-3 Husband-wife communication: J-1, J-2, J-3 Social acceptability of family planning:* L-2 to L-17 Religions/moral attitudes toward family planning: M-1, M-2, M-3 Perception of infant mortality:** W-1, W-2, W-3, W-4 Awareness of health effects: X-1, X-2 Perceived economic value of children: Y-1, Y-2, Y-3, Y-4, Y-5 Children and security in old age: Z-1, Z-2, Z-3 Aspirations for one's children: BB-1, BB-2, BB-4, BB-5 Degree of informal communication:*** T-4 to T-17</p>
<p>Which of these social psychological obstacles are <u>most important</u> in this country (or study area)?</p>	<p>Ascertain that all the above variables and indices are in continuous form; define family planning acceptance in continuous form. Obtain Pearson correlations and/or use multiple regression.</p>

*Recommendation for constructing this index: Calculate the proportion of people on the list L-2 to L-17, who would approve of family planning (ex.: 8 of 16 = 0.50). "Not applicable" responses should be excluded from the denominators (ex.: a respondent who did not have a grandmother or grandfather would have a total of 14 for the denominator; if 8 people would approve, the proportion would be 8 of 14, or 0.57). These calculations can all be done by computer.

**Recommendation for constructing this index: Give one point for each of the following answers:
 To W-1. 8 or less will live
 To W-2. 4 or less will live
 To W-3. More die now than before
 To W-4. Women should bear 4 to get 3.
 The resulting index ranges from 0 to 4, with 4 indicating strong perceptions of infant mortality.

***Recommendation for constructing this index: Follow same procedure as for index of social acceptability of family planning.

Table 5-5. ANALYSIS OF SERVICE-RELATED VARIABLES AFFECTING FAMILY PLANNING.

Issues of interest	Statistical procedures
What degree of contact has the target population had with family planning program activities?	Run frequencies for S-1, S-2, S-5, S-6, S-9, S-10
What has been the reaction to these contacts with program activities?	Run frequencies for S-3, S-4, S-7, S-8, S-11, S-12
To what extent does the target population know <u>where</u> to obtain contraceptives, and what are the most commonly mentioned sources?	Run frequencies for N-34 to N-42
How convenient are family planning service locations to potential users?	Run frequencies for N-43 and N-44
Does the degree of contact with program activities or knowledge of contraceptive sources differ on some key variable (sex, ethnic group, etc.)?	Construct index for number of contacts (combining S-1, S-2, S-5, S-6, S-9, S-10) and for knowledge of sources (summing the number of "yes" responses on N-34 to N-42); cross-tabulate these indices by the key variables.

are both categorical is being tested, the logical choice of procedure is *cross-tabulation*.

If, on the other hand, both variables are in *continuous form*, the researcher has several options.

- (a) If each variable has four or less categories, use cross-tabulation
- (b) If one or both have numerous categories, "collapse" these categories to four or less, and use cross-tabulation
- (c) If one or both have numerous categories, determine the *correlation* between these variables rather than run a cross-tabulation (this latter procedure provides a convenient "summary" measure, but often means a loss of information).

3. *Multiple items to measure a single social psychological factor.* As shown in Table 5-1, most of the social psychological factors are measured by a series of three or four relevant questions. This measurement raises an additional problem as to whether each *separate* item should be tested in relation to family planning acceptance or combined into an *index* and then tested in regard to family planning acceptance.

The construction of indices has the great advantage of synthesizing this large amount of available data. By contrast, the testing of *every* variable becomes very tedious; readers of the final report may be so overwhelmed by small details that they lose sight of the main findings.

Thus, it is highly recommended that a single index be constructed for each social psychological factor.* This index can be made by combining the responses to the three or more questions on a given topic into an index score. For example, the index for "husband-wife communication" could be constructed so that it would range from "0" to "3," with one point given for each "yes" answer to the following:†

- J-1: Has discussed family-related problems with spouse
- J-2: Has discussed ideal number of children with spouse
- J-3: Has discussed family planning with spouse.

The completed indices will have three, four, or five categories. *This result is advantageous in that the indices can then be used in either cross-tabulations or correlations.*

4. *Definition of acceptance of family planning.* This issue is both substantive and methodological. On the substantive side, the definition may depend on the current family planning situation in the country and the goals of the family planning program. For example, in the 1976 audience research done in rural areas of Guatemala, there had been little previous promotion and little availability of contraceptives, so that actual use was predictably low. Thus, much of the analysis of "acceptance" was done in terms of the five-point attitude-towards-family-planning scale. By contrast, in a country where contraceptive use is fairly high, current use should be an integral part of the definition of "acceptance."

On the methodological side, it is preferable to have acceptance defined as a *continuous* variable, if possible. In this form, it can eventually be used in a multiple regression procedure, to determine the *relative importance of the different sociodemographic and social psychological factors in the acceptance of family planning.*

However, in some cases the single most important concern is *current use of contraceptives*, which is clearly a categorical variable ("yes," "no").

The two definitions of "acceptance" are included below for possible use in the analysis. Each researcher will want to select the one which seems most

*Those with experience in *factor analysis* may wish to construct an index by running a factor analysis of all variables under question, determining which items group together ("load high") on a single concept, and possibly discarding those which do not load on any factor, thereby obtaining the social psychological indices to be tested. For a concrete example of this, see J.T. Bertrand, Maria Antonieta Pineda, and Fidel Enrique Soto, *Communicating Family Planning to Rural Guatemala* (Chicago: Community and Family Study Center, The University of Chicago, 1978), Chapter Two.

†"Follow-up questions" that are only asked of some of the respondents, according to their response to the previous question, should *not* be included in indices. They tend to bias the index by automatically "lowering" the index scores of people who were not asked the question.

Table 5-6. ASSESSMENT ON MASS AND INTERPERSONAL CHANNELS OF COMMUNICATION FOR FAMILY PLANNING.

Issues of interest	Statistical procedures
What are the potentially most effective mass media for reaching the target population (i.e., what percentage of respondents have access to each media and with what frequency)?	Run frequencies for U-1, U-26, V-1, V-2, V-25, V-26, V-30, V-31, V-35, V-36
What are the media habits and preferences of the target population (which would suggest the best stations, programs, times, etc., to reach the audience)?	Run frequencies for U-2 to U-25, U-27, U-28, U-29, U-30 to U-37, V-3 to V-21, V-22, V-27, V-32
To what extent have family planning messages used in the past reached the target population?	Run frequencies for U-38, U-39, V-23, V-24, V-28, V-29, V-33, V-34, V-37, V-38, V-39, V-40, V-41, V-42, V-43
In terms of interpersonal communication, with whom are respondents most likely to have discussed family planning?	Run frequencies for T-4 to T-7; list in rank order of importance
To what extent is family planning a difficult subject to discuss for this population?	Run frequencies for T-1 to T-3
On the average, with how many people have the respondents discussed family planning in the past month?	Run frequencies for T-18
What are the characteristics of family planning opinion leaders?	Cross-tabulation of T-19 by the list of sociodemographic variables in Table 5-3
What percentage of the target population wants more information on family planning? How would they like to receive it?	Run frequencies for DD-1, DD-3, DE-4, DD-5, DD-6
What are the main reasons for <u>not</u> wanting more family planning information?	Run frequencies for DD-2

appropriate or to create a different definition more suited to particular circumstances.

- (a) *Attitude and use are treated separately as categorical variables.* Both variables are used in their categorical form and tested with all sociodemographic and social psychological factors. This definition has the advantage of providing clear-cut evidence of the relationships by categories. It has the disadvantage of not permitting a final ranking of the *order* of importance of different factors; also, the results for each factor must be "presented twice" (once for attitude, once for use).
- (b) *Attitude and use are treated separately as continuous variables.* Attitudes toward family planning is used as a five-point scale. "Use" is expanded into three categories: (1) never used, (2) has used but abandoned method, and (3) currently using. These two variables are then tested with all sociodemographic and social psychological factors.

This definition has the advantage of allowing for a ranking of importance of the different factors in each instance, using multiple regression. Its disadvantage is that results for each factor must still be "presented twice"; also, in rigorous terms, neither variable is strictly continuous.

The decision as to which of these options (or possibly others) to use rests with the individual researcher, and depends in part on the purpose of the research and the intended audience. For example, in a country where family planning acceptance is fairly widespread and the research report needs to be short and concise, the best option might be simply to report the relationship of each different variable to contraceptive use.

Summary. Before attempting to identify factors that affect family planning acceptance, the researcher will need to construct indices for the social psychological factors as well as to define "family planning acceptance" and its level of measurement.

As discussed above, the sample questionnaire provides data on three types of factors that may relate to family planning acceptance: sociodemographic, social psychological, and service-related. Suggested plans of analysis for each type are presented in Tables 5-3, 5-4, and 5-5, respectively.

Presentation of data on mass and interpersonal channels of communication

The analysis of the data is relatively simple in comparison to the above section on factors affecting the acceptance of family planning. It mainly involves frequency data and a few cross-tabulations. The main questions to be answered are listed in Table 5-6, along with the suggested statistical procedures for obtaining these answers.

Notes

¹Nie, Norman et al. *Statistical Package for the Social Sciences* (2nd ed.) (New York: McGraw Hill, 1975).

²Barr, Anthony J. et al. *A User's Guide to SAS 76* (Raleigh, N.C.: Sparks Press, Inc., 1976).

³Elkins, Henry G. *Mini-tab Edit, Mini-tab Frequencies and Mini-tab Tables: A Set of Interrelated Statistical Programs for Small Computers* (Chicago: Community and Family Study Center, The University of Chicago, 1971).

Chapter Six

APPLYING THE RESULTS TO AN I-E-C STRATEGY

The final and most important step in audience research is to use the results in designing (or modifying) an I-E-C strategy. The end product of audience research should be more than an academic report with graphs and tables. Rather, it should indicate the *implications* of the findings for future I-E-C activities and should provide specific recommendations for the communication program. This result is especially true when the research has been carried out by a special research team or evaluation unit, with the implementation of the results being the responsibility of the I-E-C Division of a given organization.

It should be stressed that the research findings do not in themselves provide the "perfect formula" for an I-E-C program. One cannot, for example, translate the percent distributions obtained from this research into the number of spots needed on x number of channels to motivate x percent of the population to use family planning. Rather, the findings provide information about several different aspects of the I-E-C program—content, channels, audience characteristics, etc.—which can aid program designers in making appropriate choices and decisions.

This final chapter illustrates the way in which specific findings can be used to design or modify an I-E-C strategy. Key "issues" have been selected from the items listed in Tables 5-2 to 5-6, and hypothetical "research findings" are given to illustrate the types of recommendations that can be derived from the findings.*

*For an account of this implementation process in an actual family planning program, see Jane T. Bertrand, Maria Antonieta Pineda, and Fidel Enrique Soto, *Communicating Family Planning to Rural Guatemala* (Chicago: Community and Family Study Center, The University of Chicago, 1978).

The “research findings” presented below may be quite different from what the reader would expect to find if he or she were to carry out this type of audience research in his or her own country or state. Nonetheless, this section is included in order to provide a concrete example of how research findings can be *translated* into recommendations for an I-E-C program.

Again, it should be stressed that the findings themselves do not provide instantaneous answers or fixed formulas. Rather, the results require careful *interpretation*, with special attention to what each piece of information means in terms of the overall I-E-C program. Once information is available on the different aspects, then the researcher can begin to combine the different pieces of information into a comprehensive strategy. The different categories of information that will be useful in this process include the following.

A. Current family planning situation

If the audience research yielded the following results (left column), one could derive specific program implications (right column) as shown below:

<i>Research Findings</i>	<i>Program Implications</i>
1. Ninety percent of the target audience have heard about family planning, but only forty percent can name at least 3 contraceptive methods.	There is a need for more information on the <i>various</i> contraceptive methods.
2. The best-known methods are the pill, condoms, and rhythm; the majority do not know of the more effective methods such as voluntary contraceptive surgery or the IUD.	Special attention should be given to informing and educating the public about voluntary contraceptive surgery and the IUD.
3. The majority (75 percent) believe that the pill is the most reliable method. However, many report that it can cause cancer or seriously harm a woman's health. There are no damaging rumors about the other methods that are mentioned by more than a few respondents.	The program should try to counter the rumors regarding the pill, by emphasizing its effectiveness and the large numbers of women who use it safely, and stressing the availability of different methods and the need to find the one which “suits you best.”
4. The vast majority of those who have heard of family planning approve of it (80 percent). Among those who disapprove,	Same as above; also, emphasize that family planning improves health by preventing closely-spaced or excessive pregnancies.

Research Findings

the chief reason is because it could affect a woman's health.

5. Although the majority approve of family planning, only 25 percent of the fertile-aged women are using contraceptives at the time of the interview. Another 25 percent have experimented with contraceptives, especially the pill, but have stopped taking it for fear of health effects.

B. Sociodemographic factors and acceptance of family planning

Research Findings

1. The women are much more favorable than men toward family planning.
2. Acceptance of family planning (both attitude and use) is higher among couples with 3 or 4 children than among those with less than 3 or 5 or more.
3. Similarly, acceptance is higher among women 25 to 34 than among younger or older women.
4. People in the western region of the country are less favorable to family planning than those in the eastern region, even though the two groups are similar in ethnic and socioeconomic characteristics.

Program Implications

The program needs to determine if there are other obstacles to family planning use, in addition to fear of negative effects on health (see social psychological obstacles in section C below).

Program Implications

Special programming should be designed that would be directed toward and would appeal to men; it should be broadcast at times when men are able to listen.

Communications should emphasize the desirability of spacing children from the start; also, that older women should protect themselves against unwanted pregnancy that could be harmful to their health.

Same as above.

I-E-C efforts in this geographical area should be intensified; at the same time, efforts should be made to identify obstacles unique to this area.

C. Social psychological factors and acceptance of family planning

Research Findings

Contraceptive use is higher among:

1. Couples who have discussed desirable family size than those who have not.
2. Women who worry about accidental pregnancy than those who passively accept it.
3. Those who consider that it is easier to care for a small rather than a large family.
4. Those who discuss family planning with friends or neighbors than those less apt to discuss it.
5. Those with greater aspirations for their children than those with less aspirations.

Program Implications

The content of communications should be designed in accord with these findings. Sample messages include the following:

“Do you know how many children your spouse wants to have? Find out so you too can plan your family.”

“Today smart women have their children when they *want* them, when they *decide* to have them. Think about it . . . the decision is yours.”

“With the high cost of living today, many couples are grateful for family planning. If you too want the benefits of a small family, consult your local family planning center.”

“One good way to learn more about family planning is to ask someone who uses contraceptives. Ask your friends to find out more.”

“All parents share one wish for their children: that they can get ahead in life. Many parents are finding that it’s easier to help their children if they don’t have too many. That is one reason why family planning is becoming more and more popular every day.”

D. Service-related factors and acceptance of family planning

Research Findings

1. The use of family planning is twice as high among women who have attended a family planning talk than among others; yet only 20 percent of the target population have had this contact.
2. Women who have received a home visit on family planning are no more likely than others to be favorable toward or to use family planning.
3. Women who have attended public meetings report them to be useful because they allow women to 'hear about others' experiences. In contrast, those who have received home visits objected to being "singled out."
4. Only 50 percent of the respondents can name at least one location at which to obtain contraceptives. The percentage is even lower among those in the western region.
5. Most people mention health clinics as the source of contraceptives, yet they do not like using this service. Few people mention community-based distribution, yet those who did spoke favorably of it.

Program Implications

Efforts should be made to expand this interpersonal component of the communication program.

The activity should be reconsidered and resources should perhaps be channelled into other more productive activities.

Same as above (although these descriptive data provide an explanation of the above phenomenon, to be taken into account in future programs).

Future communications should stress the locations at which family planning information and services are available, and additional messages should be programmed for the western region.

Messages should stress that there are *various* outlets for obtaining family planning services. Also, interpersonal communication efforts should be intensified in areas with CBD programs for greater use of these services.

E. Mass media and interpersonal channels for reaching the target population

Research Findings

1. A total of 85 percent of the target audience own a radio, whereas 15 percent own or have access to TV. Also, while literacy is 60 percent, only 20 percent have frequent access to newspapers or magazines.
2. The most popular radio stations, in order of importance, are
 1. _____
 2. _____
 3. etc.
3. The target population reports a preference (in this order) for:
 1. Music
 2. Soap operas
 3. News
 4. Homemakers' program
 5. etc.
4. Peak listening hours are:
 1. 7-8 a.m.
 2. 12-2 p.m.
 3. 6-7 p.m.
5. Previous family planning communication programs have reached the following percent of people via the different channels:

Radio.	55
TV.	5
Newspapers.	11
Magazines	4
Posters	7
Pamphlets	10

Program Implications

The potentially most effective medium for reaching the target audience is radio. Since the majority are literate, one could complement radio programming with simple posters and pamphlets. However, TV, newspapers, and magazines will not be effective in reaching the target group.

Radio programming should be concentrated on the most popular stations.

Radio spots should be broadcast in connection with preferred programming.

Scheduling should also take listening times into consideration.

Since none of the channels have even begun to have their potential effect, further I-E-C is indicated (especially via the channels described earlier as having the greatest potential reach).

<i>Research Findings</i>	<i>Program Implications</i>
Family Planning	
Workers at Clinic	40
Family Planning Workers-	
Home Visit	15
Family Planning Workers-	
Public Meeting	20
Other	7

6. Sixty percent of the population would like more information on family planning, and the preferred ways to receive it are:
1. Public meetings with a family planning worker
 2. Pamphlets describing the methods
 3. Radio programs or spots.

There is still a felt need among the target population for I-E-C on family planning; this need should be met (to the extent possible) through public meetings, pamphlets, and radio programs.

Conclusion

In summary, percent distributions and cross-tabulations alone do not provide a very useful blueprint for designing or modifying an I-E-C program. Rather, each must be interpreted in light of its significance to the overall I-E-C program. In drawing together this body of information provided by the audience research, the researcher can make informed decisions regarding:

Content of the messages

- Necessary information to be diffused
- Motivational themes to be emphasized
- Obstacles to be addressed
- Rumors to be combated

Audience characteristics

- Special subgroups to be reached
- Sociodemographic traits that may affect acceptance

Channels to be used

- Potentially most effective media
- Most popular programs, stations, listening times
- Indicated types of interpersonal activities.

The ultimate value of diagnostic research depends not only on the care with which the questionnaire is designed, the fieldwork conducted, or the analysis completed. The final step in the process is to present the findings in

intelligible form and to draw the implications of the findings for a communications program. Without this final step, there is a strong possibility that the research results will never be incorporated into the ongoing programs and little will be gained for all one's efforts. In contrast, the researcher who provides a concrete information base for a program's I-E-C workers as well as specific suggestions regarding content, audiences, and channels will be performing a valuable service to the organization as a whole. Such a researcher is likely to have the satisfaction of seeing his or her research applied to ongoing and future communication programs.