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evaluation of family planning communications in El Salvador

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Over the past two decades, family planning (FP) has become one of the most widely promoted practices in the history of social development programmes. Before 1960 only a few countries had any type of organized FP programme. By contrast, as of 1977, 35 countries in the developing world had an official policy to reduce population growth, and another 30 gave official support to FP activities for other than demographic reasons. In other words, over 90% of the persons in developing countries now have governments that to some degree support family planning (Nortman and Hofstatter 1978).

One of the primary means of promoting family planning has been information-education-communication (IEC) programmes designed to inform the target population about the availability of family planning and to motivate them to adopt some form of contraception. In general, IEC is considered to be one of the essential elements of an FP programme, along with effective contraceptive methods and an adequate delivery system (Rogers 1973b).

The nature of IEC programmes for family planning has varied greatly from country to country, depending on the degree of support from the government for FP, the availability of resources to produce and diffuse communications, and the creativity of the personnel involved, to mention a few factors. Conventional means for promoting FP include both mass media (e.g. radio, television, posters, pamphlets, newspapers, billboards, movies) and directed interpersonal communications (e.g. individual patient education and counselling, group meetings, home visits, presentations in factories) as well as rather unusual vehicles such as elephants and other moving "exhibits," signs in rickshas, and airdrops, to mention a few (Schramm 1971, Sweeney 1977).

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IEC programmes are expensive, especially when they involve the same media and channels used by commercial advertisers. This had led funding agencies, programme directors, and others to ask what they are getting for their investment. The answer to this seemingly simple question is often difficult to obtain for a series of reasons relating to research design. Some would argue (Haskins 1968) that the only valid means of determining the *effect* of a communications programme is a controlled field experiment (e.g. a before/after study in an experimental and control group). Yet this design has proven impractical for countries with a nationwide IEC programme, thus eliminating the possibility of locating a representative control group. Moreover, if the programme is already in motion (or has been a number of years), one cannot get a valid "before" measurement. Available service statistics or contraceptive sales records may show upward trends, but without the proper design it is impossible to determine to what degree (if any) these increases were brought about by the communications programme.

One such country faced with this dilemma was El Salvador. In 1978 the Asociación Demográfica Salvadoreña (ADS, the Salvadorean Demographic Association) was keenly interested in evaluating its IEC programme, which had by that time been in operation for over a decade. As of 1974 the government adopted an official policy to reduce population growth in this country, and for a number of years El Salvador had one of the most aggressive communication programmes for family planning in Latin America (Morris *et al.* 1979). Considerable funds were invested in IEC programmes over this period; yet there was no tangible evidence as to whether these communications had reached the target population and had had any effect.

Because the IEC programme in El Salvador was nation-wide and had been running for a period of time, a controlled field experiment to determine effect was out of the question. Rather, a different type of evaluation was designed to take advantage of the nation-wide Contraceptive Prevalence Survey (CPS), also to be carried out in 1978 in El Salvador (Asociación Demográfica Salvadoreña 1980). It was recognized that a one-shot survey of the target population would not measure effect *per se* but would, nonetheless, provide information regarding the reach of IEC activities to date and suggest appropriate modifications for future programmes. Specifically, data collected as part of the larger CPS demonstrated:

In terms of past and current activities:

- a) the reach of IEC programmes to date, via the mass media and interpersonal channels;
- b) the source from which the target audience first learned of FP;
- c) the socio-demographic characteristics of those who had had relatively less exposure to FP messages via mass or interpersonal channels; and
- d) the relationship between levels of exposure to FP messages and the current use of contraceptives;

For future IEC efforts:

- e) the most important obstacles to FP, which would be dealt with in the media or through interpersonal channels, and
- f) the most effective scheduling of messages and programmes on the mass media.

One of the chief advantages of collecting data regarding FP communications as part of the Contraceptive Prevalence Survey (known as FESAL-78) was defining a study

population that contained a representative sample of El Salvador's women of reproductive age. Details on the research design follow.

Research design

The sample for the Contraceptive Prevalence Survey represents a subsample of the Encuesta Nacional de Hogares (National Household Survey) for which the sampling frame had been updated earlier that year (1978) by the Ministry of Planning.

For the CPS the country was divided into three strata: metropolitan San Salvador (the capital city), other urban areas, and rural areas. Approximately 1,300 households were selected per strata.

Two-stage probability sampling was used. In the first stage, sectors of approximately 50 households (which constituted the primary sampling unit) were randomly selected. In the second stage clusters of households were selected from these sectors: nine per cluster in the metropolitan and other urban areas, 16 per cluster in the rural areas. A total of 4,076 households was selected at random according to this design, and 2,962 women aged 15 to 49 years were identified as eligible respondents for this survey; completed interviews were obtained from 79% of the total.

The probability of selection was not the same for each strata. The metropolitan and other urban areas were oversampled; in the survey they each represent 32% of the sample: yet these areas actually constitute only 20% and 25% of the population of El Salvador, respectively. Conversely, the rural area was undersampled; it represents 36% of the sample but actually represents 55% of the population of the country.

Also, the probability of selection varied by household. Only one woman of reproductive age (15 to 49 years) per household was interviewed, such that the probability of selection was inversely proportional to the number of women of reproductive age in the household. To adjust for these unequal probabilities of selection (by strata and household), weighting factors have been applied to the data presented below. With the sample drawn in this manner, the variable "current use of contraceptives" has a standard deviation of approximately 3% with a 95% confidence interval, including design effect. For each stratum this variable has a standard deviation of 4-6%.

The questionnaire used to obtain the data was pretested in the field before the survey and modified accordingly. All interviewing was carried out by trained female interviewers between August and December 1978. The data were later coded and computer edited before data analysis began.

Results

The results of this survey fall into two categories: those that reflect past and current IEC efforts (Sections A to D below) and those that provide guidance in the design of future efforts (E and F).

A. THE REACH OF IEC PROGRAMMES TO DATE

In the study reported on here, all respondents were asked whether they had seen or heard a message on family planning via any of six *mass media* (radio, TV, newspapers, movie theatres, posters, or pamphlets) or through any of three interpersonal channels (discussions with health personnel, home visits from an FP

worker, or public meetings on FP). Those who answered “yes” were classified as having been exposed to FP messages via that medium or channel.

One of the key findings was that the overwhelming majority of women in El Salvador—urban or rural—have been exposed to FP messages through either mass or interpersonal channels. As shown in *Table 1*, over 90% of the respondents reported seeing or hearing messages from the mass media. A much smaller percentage had received FP information through interpersonal channels. Overall, 99.6% of the women in metropolitan San Salvador had been reached by IEC efforts; in the rural areas the figure dropped only to 93.3%.

TABLE 1: EXPOSURE TO FAMILY PLANNING (FP) MESSAGES VIA MASS AND INTERPERSONAL CHANNELS, EL SALVADOR, 1978

<i>Percentage of respondents who have seen or heard about FP via:</i>	<i>Total</i>	<i>Metropolitan San Salvador</i>	<i>Other urban</i>	<i>Rural</i>
At least one of the mass media	93.7	99.3	97.4	90.6
At least one of the interpersonal channels	52.0	64.2	56.8	46.5
At least one mass or interpersonal channel	95.5	99.6	98.1	93.3

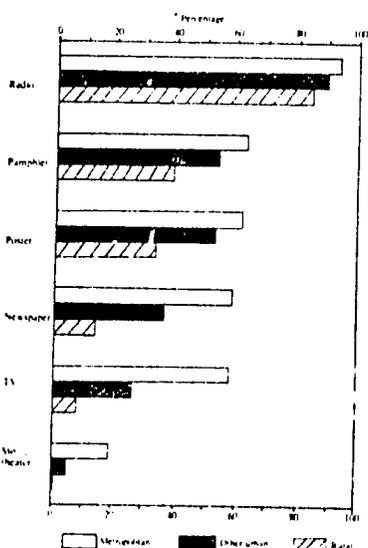
Of the various media or channels, radio has reached more people with FP messages than any other medium (see *Figures 1 and 2*). In the rural areas 85.0% had heard an FP radio spot, a figure that rose to 90.2% for other urban areas and 94.2% for the metropolitan area. If one takes into consideration *only those women who have access to radio*, the percentage who heard an FP spot on radio increases to 97.5%, 98.1%, and 96.0% in the three areas, respectively.

Slightly over one-third of those exposed reported having heard the spots either “today” or “yesterday”; and over half of those exposed (58.5%, 65.6%, and 60.5% in the three geographic areas, respectively) had heard an FP spot within the past week.

None of the other channels—mass or interpersonal—reached even half (50%) of the total population. After radio, the most far-reaching medium was written pamphlets, which 64.1%, 54.5%, and 39.6% of the respondents from the three geographical areas reported having seen. The majority had seen these FP pamphlets at the governmental health clinics, although respondents from metropolitan San Salvador also mentioned seeing them at the social security clinics, having them at home, or seeing them at ADS clinics. Similar to pamphlets in extent of reach were FP posters (see *Figure 1*), primarily at governmental clinics. In the metropolitan and urban areas, other locations also mentioned with some frequency were the social security clinics, commercial outlets, and the ADS*.

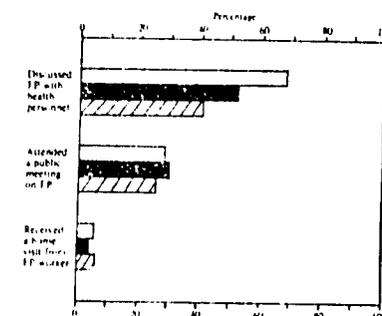
* These data on “location” exemplify the difficulty of “evaluating” the communications programme of a given organization in a country where several institutions provide FP services. In El Salvador, the ADS was the sole producer of IEC materials for family planning from 1968 to 1976, and from 1976 onward has been responsible for supplying the Ministry of Health and the Social Security Institute with materials. As such, these data on “location” indicate the sites at which people have been reached although they do not necessarily reflect the source of the materials.

Television announcements and newspaper advertisements were effective in reaching women in the metropolitan area, but less so in other urban and rural areas. Least effective of the mass media in terms of reach have been advertisements in movie theatres. This reflects the fact that there has been no systematic campaign in movie theatres, that not all areas have movie theatres, and not all of the population would have access to movies because of geographic or financial factors.



◀ FIGURE 1: THE REACH OF FP MESSAGES VIA THE MASS MEDIA

FIGURE 2: THE REACH OF FP MESSAGES VIA INTERPERSONAL CHANNELS



As for *interpersonal channels*, person-to-person communication with doctors, nurses, and other health personnel was an important information source for the target population. In fact, in rural areas more people reported receiving FP information from this source than from any other channels except radio. And in the metropolitan and urban areas, over half the respondents claimed to have participated in this type of communication.

Approximately one-quarter of the respondents had attended some type of public meeting about family planning. And only a small percentage (6% or less) had received a home visit from an FP worker.

In summary, for the total sample of respondents, the channels of communication for FP messages can be ranked as follows in terms of their reach in El Salvador:

Channel	% reached	Channel	% reached
Radio	87.8	Public meetings	27.4
Pamphlets	47.3	Newspapers	25.9
Discussions with health personnel	46.8	Television	20.9
Posters	43.2	Home visits	5.3
		Movie theatres	4.6

The reach of each mass medium was greater in metropolitan San Salvador than in other urban areas, which was in turn greater than that in rural areas. As for the interpersonal channels, this held true only for discussions with health personnel. Nonetheless, the data in Figures 1 and 2 clearly reflect the fact that less FP information has reached the rural areas than the urban centres.

B. INITIAL SOURCE OF INFORMATION ON FAMILY PLANNING

Communicators are often interested in knowing how people learn about FP for the first time. The study reported on here included a question to obtain this information, and the responses are presented in *Table 2*.

TABLE 2: INITIAL SOURCE OF INFORMATION ON FAMILY PLANNING, BY AREA OF RESIDENCE

<i>Source</i>	<i>Total</i>	<i>Metropolitan San Salvador</i>	<i>Other urban</i>	<i>Rural</i>
Radio	13.0	2.9	8.5	17.7
Relatives-friends	2.2	0.7	1.1	3.0
Doctor-nurse	1.4	0.2	0.7	2.1
TV	0.1	0.2	0.1	0.1
Printed material, movies	0.1	0.4	0.2	0.0
Social worker	0.0	0.1	0.1	0.0
Two sources	23.7	11.3	22.4	28.3
Three or more sources	56.7	84.0	64.1	45.5
Other	2.7	0.2	2.8	3.3

The vast majority of respondents did not mention just one source but rather multiple sources. In fact, in the metropolitan and urban areas the majority mentioned at least three different sources. Since there are a great number of possible combinations of sources, they have not been listed separately in *Table 2*.

Given that FP campaigns have now been running for more than ten years and that the majority of Salvadorean women have known about family planning for some time, it is possible that many may no longer remember clearly where they first learned of family planning. This would partially explain the multiple answers to this question obtained in this study.

C. SOCIO-DEMOGRAPHIC CHARACTERISTICS THAT RELATE TO EXPOSURE TO FP MESSAGES

It was useful for communicators to be able to identify subgroups within the target population that had received lower-than-average exposure to FP messages. For example, from the tables above it is clear that rural women had had less exposure than their urban counterparts. Our analysis indicates other characteristics of women who have been less likely than others to receive FP messages.

Six socio-demographic variables have been analyzed in relation to amount of exposure to FP messages (see *Table 3*). To identify which variables affect amount of exposure, an exposure score (number of channels through which the respondent had been exposed to FP messages) was computed for each *category* of the variable. Categories with the lowest score represent the women least likely to have been reached by IEC efforts to date.

All six socio-demographic variables were shown to relate to amount of exposure to FP messages. As shown in *Table 3*, exposure was lower among women: who live in rural areas; who have no employment or work at home; who have relatively little education; who are not married or in union; who are under 19 or over 40; who have no children or who have many children.

TABLE 3: SOCIO DEMOGRAPHIC FACTORS AND LEVELS OF EXPOSURE TO FP MESSAGES

Variable	Categories	Exposure score ¹	Variable	Categories	Exposure score ¹
Place of residence	Metropolitan San Salvador	4.5	Employment	Not employed	2.9
	Other urban	3.5		Works at home	3.5
	Rural	2.5		Works outside	3.8
Education	No formal schooling	2.2	Age	15-19	2.5
	Completed primary 1, 2 or 3	2.9		20-29	3.6
	Completed primary 4, 5 or 6	3.5		30-39	3.3
	Attended secondary or higher	4.5		40-49	2.6
Marital status	Married	3.4	Number of living children	0	3.0
	In union	3.2		1-2	3.5
	Separated or divorced	3.1		3-5	3.4
	Widowed	2.6		6-13	2.6
	Never married	2.6			

¹ This exposure score refers to the number of channels through which the respondent was exposed to FP messages (possible range: 0 to 9; average score for the total sample: 3.09).

This analysis suggests that the *reach* of a communications programme is affected not only by the intensity of the IEC effort but also by the personal situation of members of the target audience. Those women in greatest need—married or in union at the peak of their reproductive year—undoubtedly had higher levels of exposure from seeking out FP information. In addition, exposure was higher for those who had greater contact with the outside world, either through schooling or employment outside the home. Finally, the fact that the lowest levels of exposure were found in rural areas reflects not only less accessibility to media and to interpersonal FP activities, but also lower levels of education of this population.

D. LEVELS OF EXPOSURES TO FP MESSAGES AND THE USE OF CONTRACEPTIVES

It is the working assumption of most IEC programmes that the more extensive the communication effort, the greater the number of contraceptive users. Unfortunately, a “one-shot” survey cannot be used to prove that greater communication efforts *cause* increased use of contraception. Indeed, some would argue that those using contraceptives would be more attentive to communications about family planning since they relate to their own behaviour, and that they thus would have greater levels of exposure to FP messages.

The results of the contraceptive prevalence survey show that 34.4% of Salvadorean women, married or in union, age 15 to 44 are currently using contraceptives. The percentage of users is higher in metropolitan San Salvador (56.4%) than in other urban areas (41.9%) or in the rural areas (26.2%). The full results of the CPS are published elsewhere (Asociación Demográfica Salvadoreña 1980).

For the purpose of this analysis it is of interest to test the relationship between levels of exposure to FP messages and levels of contraceptive use. To this end the “use of contraceptives” has been defined in terms of the distinct stages defined by Rogers (1973a) In this analysis these stages have been operationally defined as follows (categories are mutually exclusive):

Yet to begin the adoption process: knows no contraceptive methods; is not interested in using contraceptives; has never used contraceptives.

Awareness-knowledge of the innovation: knows at least one method; is not yet interested in using contraceptives; has never used contraceptives.

Persuasion of a favourable attitude: knows at least one method; expresses interest in using contraceptives; has never used contraceptives.

Decision to adopt the innovation: has used a contraceptive method in the past (but is not currently using).

Confirmation of this decision: is currently using a contraceptive method.

Since educational level was shown to have an effect on the level of exposure to FP messages, we statistically controlled for this factor in our analysis in order to clarify the relationship between exposure and contraceptive use (Figure 3).

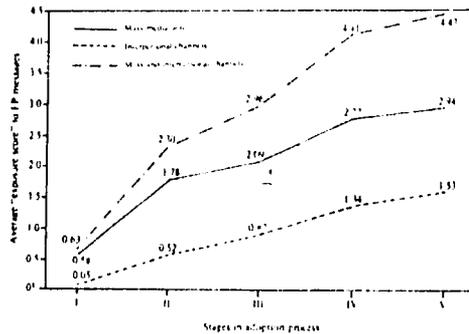


FIGURE 3:
AVERAGE EXPOSURE TO FP
MESSAGES AT EACH STAGE IN
THE ADOPTION PROCESS¹

¹Based on women 15-44 years old, married or in union. In this analysis education was entered as a covariate; as such, the variable education has been controlled for in this figure. The possible range for the exposure scores is 0-6 (mass media), 0-3 (interpersonal channels), and 0-9 (combined channels).

The data from Table 4 and Figure 3 illustrate two aspects of contraceptive usage in El Salvador. First, women in metropolitan San Salvador are much further along in the adoption process than those in other urban and rural areas. Conversely, the percentage who are aware of FP and know at least one contraceptive method but have no interest in using contraceptives is lower in the metropolitan area (18.0%) than in other urban (36.6%) or rural areas (47.0%).

It is of interest that less than 1.0% of the population, even in rural areas, are *not* aware of at least one contraceptive method; this, in part, reflects the aggressiveness of IEC

TABLE 4: STAGES IN THE FP ADOPTION PROCESS
BY AREA OF RESIDENCE¹

Stages in the adoption process	PERCENTAGE FROM EACH REGION AT THE DIFFERENT STAGES OF ADOPTION			
	Total	Metropolitan	Other urban	Rural
I. Yet to begin the process: does not know even one method	0.6	0.2	0.2	0.9
II. Awareness-knowledge: has heard of at least one method	40.2	18.0	36.6	47.0
III. Favourable attitude: Interested in using an FP method	11.8	7.4	7.9	14.3
IV. Decision to adopt: has tried an FP method	13.0	18.0	13.4	11.7
V. Confirmation of the decision: is currently using an FP method	34.4	56.4	41.9	26.2

¹ Since the data in this table involve contraceptive usage, only women 15-44 years old, married or in union are included in this analysis.

activities in El Salvador. Data from a similar study carried out in the neighbouring country of Guatemala indicate that a much higher percentage (16.6) of Guatemalan women do not know at least one contraceptive method (Pineda *et al.* 1980).

Of particular note is the relationship between exposure to FP messages (as reflected by the average "exposure score" or number of channels via which the respondent has heard of FP) and the adoption of family planning. As shown in Figure 3, those women who have yet to begin the adoption process (have not heard of even one method) have the lowest exposure scores—via mass media or interpersonal channels. These scores are higher for those who are at the knowledge-awareness stage, and they continue to rise monotonically with each stage in the adoption process.

Although it is not possible to interpret this relationship as cause and effect, *these data do provide evidence of a strong association between FP communications and the adoption of a contraceptive method.*

E. OBSTACLES TO FAMILY PLANNING: CONTENT FOR FUTURE PROGRAMMING

In a country where the overwhelming majority of the population know of family planning it is the responsibility of an IEC programme to go beyond promoting awareness. Rather, an effort must be made to identify existing obstacles to family planning, which should then be the focus of further IEC efforts.

To this end, all respondents were asked to rank the importance of a series of possible reasons for not using family planning for couples in general (*Table 5*). Heading the list was the lack of husband-wife communication about family planning (rated by 64.9% of the respondents as "very important"), followed by rumours people have heard about the methods (61.2% considered this to be "very important"). Third most important was the belief that FP goes against God's will (49.2%). And nearly the same number felt that people do not worry enough about the future of their children (48.6%).

Other reasons include the belief that people need to have more children to help them in their old age (41.6%) and that people do not have sufficient knowledge of all contraceptive methods (38.6%). Other items, rated as less important by the respondents, include the following: people want to have more children (36.9); people accept the pregnancies that occur without worrying about it (36.7); people need to have more children to help them with work (economic value of children) (35.2); people prefer male children and keep having children until they have sons (33.7); people worry about what their friends and neighbours would think of them (28.3); and people don't know where to get contraceptive methods (22.7).

The importance assigned to these different factors clearly varies by geographic area. In general, the percentages of respondents who classified a given factor as a "very important reason" for couples not using contraceptives were lowest in the metropolitan area and highest in the rural area, suggesting the greater acceptance of FP in the former.

Within this general pattern it is interesting to note the relative importance given to the different factors. All three groups ranked "lack of husband-wife communication" and "rumours" in first and second place, respectively. Yet with other variables there were notable differences. For example, metropolitan and urban respondents considered the third greatest obstacle to be that "people don't worry enough about the future of their children", whereas rural women gave more importance to religious beliefs, infant mortality, and support in old age.

Another marked difference involved the economic value of children, seen as an important factor in rural areas but given the least importance of all the possible obstacles by the metropolitan population. Likewise, the urban population was much less concerned than the rural as to what friends or neighbours would think of their using an FP method.

While not all the reasons discussed above can be dealt with directly in a communications campaign, a number of these items could usefully serve as a basis for the content of future IEC efforts.

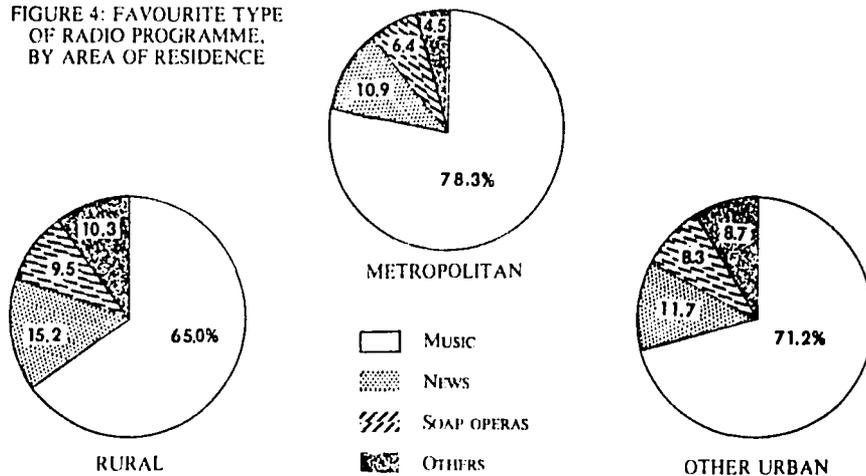
F. EFFECTIVE SCHEDULING FOR MESSAGES IN FUTURE IEC PROGRAMMES

As described above, radio has reached more of the women in El Salvador than any other medium or channel. Indeed, our study shows that 78.9% own radios and another 11.8% can listen to a radio elsewhere. This makes a total of 96.6%, 91.9%, and 88.5% of the women in the metropolitan area, other urban areas, and rural areas, respectively, who have access to radio.

In terms of scheduling programmes or spots on radio, it is important to consider the most popular listening times and favourite programmes of the target population. Our study indicates that more women listen to radio between 8 a.m. and 12 noon than at any other time in all three geographic areas. The second most popular time in all three areas is from 2 p.m. to 6 p.m., followed by 6 p.m. to 10 p.m.

Without question the most popular type of programming is music (mentioned by 78.3%, 71.2%, and 65.0% of the respondents in the three geographic areas, respectively). News rated second (mentioned by 10.9%, 11.7%, and 15.2% of the respondents), followed by the *novelas* or soap operas (6.4%, 8.3%, and 9.5%). Religious, educational or sports programmes were mentioned infrequently (see *Figure 4*).

FIGURE 4: FAVOURITE TYPE OF RADIO PROGRAMME, BY AREA OF RESIDENCE



Television reaches a much smaller segment of the population than does radio. While 72.1% of the respondents in metropolitan San Salvador reported to have TV or to have access to a set at least once a week, this percentage drops to 40.3 in other urban areas and to a mere 10.7% in rural areas. Thus, it cannot be considered a potentially effective means for reaching the target population outside the metropolitan areas.

If TV programming is used to reach the target population, it should be noted that the peak listening time is between 6 p.m. and 10 p.m. with the period from 12 noon to 2 p.m. a distant second. The decided preference for female viewers in all geographic areas was for the *novelas* or soap operas followed by adventure and comedy shows.

Implications of the findings

Although this survey does not directly measure the impact of ten years of IEC programming on the use of contraceptives in El Salvador, it nonetheless provides useful and thought-provoking data regarding FP communications which are of interest not only to this country but to programme planners in other parts of the world.

Our findings reflect the fact that El Salvador had one of the most aggressive IEC programmes for family planning of any Latin American country during the 1970s. That almost 100% of the women in the capital city and over 90% of rural women have seen or heard FP messages via at least one mass or interpersonal channel attests to the coverage of this programme. Of the various media, radio has been by far the most effective in reaching the women in El Salvador.

However, not all segments of the population have been reached to the same extent (as measured by the number of channels through which the respondent had heard of FP). Exposure has been lower among women:

- who live in rural areas;
- who have no employment or who work at home;
- who have relatively little education;
- who are not married or in union;
- who are under 19 or over 40; or
- who have no children (and thus may perceive no need) or many children (and, thus, may consider it too late).

One of the points highlighted by these findings concerns the importance of establishing effective communication with women 15 to 19 years old, who will be influential in tomorrow's demographic situation.

It is also useful to consider the types of communication that have been used to date for reaching the target population. The mass media are generally considered to be effective in promoting knowledge and awareness, whereas interpersonal communication is important in bringing about attitudinal and behavioural change (Rogers 1973a). Our data reflect the efficacy of the mass media (especially radio) in diffusing information about family planning; indeed, less than 1% of women, even in rural areas, did not know of at least one contraceptive method. However, the percentage of women reached through "programmed" interpersonal channels (such as health personnel in a clinic, group meetings, or home visits) was much lower.

The disparity between knowledge and use of family planning which currently exists is a universal problem. Education interventions are based on the premise that the problem has its roots in specific identifiable causes and that these causes can be corrected by appropriate communication-education programmes (Bogue 1975). In the present study the main obstacles include:

- the lack of husband-wife communication;
- rumours people heard about the methods;

- the belief that FP goes against God's will; and
- the lack of concern over the future of one's children.

While it could be counterproductive to deal with certain themes (such as religious beliefs vis-à-vis family planning) via the mass media, these concerns could be addressed in interpersonal exchanges.

Our survey indicates the potentially most effective times for scheduling programming as well as the preferred types of programming, to allow for effective use of mass media in future IEC programmes. The fact that programmes with music are by far the most popular type among the target population suggests two strategies: (1) to concentrate one's FP spots during musical programmes; or (2) to use more musical introductions, tags, or jingles as part of the FP communication itself.

The results of this survey are useful in several respects. Apart, from its value to the programme directors and communicators, the survey is important from the point of view of communications research involving nationwide programmes. In the past, most communication programmes for social development were carried out without the benefit of follow-up research. In part, this has been the case because of the expense involved in undertaking a nation-wide survey with a probabilistic sample. However, by adding a set of communications questions to the standard items on the contraceptive prevalence survey, it was possible to obtain data from a representative sample of the target population (women of reproductive age) at marginal cost. At least in the area of population and family planning, this represents a useful, practical mechanism for obtaining information on existing communications programmes and providing guidelines for future efforts. It should be equally applicable to other topics for which nation-wide surveys are also carried out.

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