



**Nigerian Urban Reproductive Health Initiative**

**MEDIA ADVOCACY TOOLKIT**  
**FOR**  
**FAMILY PLANNING ADVOCACY**



PREPARED BY DEVELOPMENT COMMUNICATIONS NETWORK IN  
COLLABORATION WITH THE NIGERIAN URBAN REPRODUCTIVE HEALTH  
INITIATIVE (NURHI), A BILL AND MELINDA GATES FOUNDATION FUNDED  
PROJECT IN NIGERIA  
FEBRUARY 2013

## OPERATIONAL DEFINITIONS

**Contraceptive** - A device or drug which can be used to delay/space pregnancy by preventing conception.

**Contraceptive Prevalence Rate** - The proportion of women of reproductive age (14-49 years) who are using (or whose partner is using) a contraceptive method at a given point in time

**Family Planning/Child Spacing** – An informed decision by an individual or a couple on how many children to have and when to have them and using modern contraceptive methods to adequately space pregnancies.

**Reproductive Health** - a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system, its functions and processes.

**Reproductive age** - The span of ages at which individuals are capable of becoming parents; women 14 – 49 years and men 15 – 59 years of age.

**Maternal and Child Health services** – Services that focus on the improvement of public health delivery systems for women of reproductive age, newborn, children and their families through advocacy, education, research and service delivery.

**Maternal death** - is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

**Live birth** - the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life - e.g. beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles - whether or not the umbilical cord has been cut or the placenta is attached. Each product of such a birth is considered live born.

**Unmet need** - The percentage of persons of reproductive age who want to use contraceptives but do not have access to them either due to unavailability or lack of information.

## INTRODUCTION

**W**orldwide, illnesses and deaths from poor reproductive health account for one-fifth of the global burden of disease, and nearly one-third for all women<sup>1</sup>. Nigeria has one of the world's highest maternal mortality rates of 545 per 100,000 live births (Nigeria Demographic and Health Survey (NDHS), 2008).

Family planning is regarded as an essential component of reproductive health. It is key to Safe Motherhood, contributing to 44% reduction of maternal deaths<sup>2</sup>. It therefore contributes enormously to the achievement of the Millennium Development Goals (MDGs) 4 & 5 especially with regard to reduction of maternal and newborn morbidity and mortality. Family Planning is very crucial if the targets of the Health-for-All Policy for the 21st century in the Africa Region are to be met<sup>3</sup>.

In spite of improvements over the last several decades, more than 120 million women worldwide have unmet need for family planning i.e. they want to prevent pregnancy, but they and their partners are not using contraceptives<sup>4</sup>. Reasons for these unmet needs include non-availability or insufficient supply of commodities and services, limited choices and other factors, such as personal beliefs about contraception.

In Nigeria, provision of family planning services is hindered by myriad of factors ranging from lack of knowledge to poverty, religious barriers, poor access to services and commodities, traditional beliefs favouring high fertility, misconceptions, worries of side effects, lack of male involvement, poor coordination of health programmes, among others. Although family planning improves efforts to advance health and accelerate national development, these factors have abated family planning interventions leading to low contraceptive use (Contraceptive Prevalence Rate of 10%), high fertility rates, and high unmet needs for family planning in the country. According to National Demographic and Health Survey 2008, the use of modern Family Planning methods in Nigeria is still low at 10%. Thus, family planning advocates must take action to change this situation.

## DEFINING ADVOCACY

**A**dvocacy is defined as a set of actions undertaken by a group of dedicated individuals or organizations to introduce, change, or obtain support for specific policies, programmes, legislation, issues, or causes. It involves research and problem-definition approaches, audience identification, and development of strategies for conveying messages to the identified audiences. Advocacy seeks to initiate or change a policy, programme, or legislation, or to shift the position of influential individuals or organizations on a particular issue.

## THE GOAL OF THIS TOOLKIT

The goal of this toolkit is to show Family Planning advocates how to enhance the quantity and quality of media coverage of Maternal and Child Health issues with a particular focus on Family Planning. It also aims to facilitate understanding of Family Planning among media practitioners and strengthen their ability to effectively disseminate accurate information on the benefits of family planning to individuals, families, communities, and the nation; advocate for policy actions and renewed commitment by policy makers; enhance the visibility, availability, and quality of family planning services for increased uptake of contraceptives. Overall, this toolkit will help advocates to actively engage journalists in reporting on family planning consistently, factually, and responsibly. This is expected to ultimately contribute to improved quality of life of women and children in the nation.

## WHY ENGAGE THE MEDIA IN FAMILY PLANNING

The media play major role in deciding what information gets across to the general public and are therefore key role players in determining what issues should be regarded as important or otherwise. They are the most influential and cost-effective communication channels existent to successfully reach the general public with information on government obligations and plans and they have the ability to influence policy makers on Maternal and Child Health issues including Family Planning. The media reflect the positions or opinion of the general public on everyday issues and so inspire public discourse that build awareness around respective issues and where necessary, policies that favour such issues.

Apart from traditional media, new media are now used to convey messages to various audiences. Traditional media include radio, newspapers, television, and magazines. With the advent of

Information Technology (IT), new forms of media such as social networking sites e.g. facebook, twitter among others serve same purpose of disseminating information to a wide cross-section of audiences. Different types of media reach different audiences. TV and radio especially reach more people while the Internet is becoming widely used.

Family planning advocates can help actively involve the media by providing them with resource materials, linking them with Family Planning experts and giving ideas on various creative ways to cover issues relating to Family Planning. There is no doubt that Family Planning is newsworthy. Its impact is in fact felt in every way – in health, education, security, environment, socioeconomic sectors, etc. Family Planning impacts on the infrastructure of communities and the nation as a whole. For example, overpopulation can negatively impact a nation's development if available jobs cannot meet the rapidly increasing population size. So also does overpopulation affect the health and the education sectors, to mention a few. In essence, family planning contributes to community and family health and its widespread acceptance can greatly influence the pace of a nation's development.

## STEPS IN MEDIA ADVOCACY

### 1. KNOWLEDGE, ATTITUDE AND PRACTICE (KAP) ANALYSIS OF MEDIA PRACTITIONERS

The main purpose of KAP study is to explore changes in Knowledge, Attitude and Practices of the community of a target group. It serves as an educational analysis of the respective group. It reveals increases in knowledge, changes in attitudes towards a particular phenomenon as well as changes in the kinds of practices regarding it. Before beginning the process of creating awareness about Family Planning among journalists, it is essential to carry out a KAP study which provides information about what journalists know about Family Planning, how they feel and also how they behave i.e. their Knowledge, Attitude and Practice. The Knowledge possessed by the journalists refers to their understanding of Family Planning. Attitude refers to their feelings towards Family Planning, as well as any preconceived ideas that they may have towards it. Practice refers to the ways in which they

demonstrate their knowledge and attitude through their actions e.g stories produced. A KAP Analysis involves the following steps:

**i) Identification of Issue/Subject**

The issues around Family Planning which the study will be conducted on must be identified. More specifically, the issue will be identified from the analysis of the Knowledge, Attitude and Practices of the journalists with regard to Family Planning.

**ii) Question Preparation**

Question preparation must be conducted in stages and should be prepared to test all three areas of the study, Knowledge, Attitude, and Practices. Questions built-in in the Knowledge section should be designed to test the knowledge of the respondents on Family Planning. These should be open-ended questions, without multiple-choice answers to avoid guessing which will give a false impression of the knowledge of the study population. Questions should include: Meaning of family planning, types of family planning methods etc.

In the Attitude section, questions should be designed to assess the prevailing attitudes, beliefs and misconceptions about Family Planning. This could be most effectively done by providing statements and telling respondents to specify the extent to which they agree or disagree with those statements, on a pre-determined scale (e.g. Agree, Strongly Agree, Undecided, Disagree, Strongly Disagree).

Questions included in the Practice section should be designed to assess the practices of the journalists regarding reporting on Family Planning. These should also be open-ended questions to prevent false information as a result of guessing.

**iii) Validation of questions**

The questions for the study must be validated once they have been developed. This is aimed at assessing their ease of comprehension, relevance to their intended topics, effectiveness in providing useful information, and the degree to which the questions are interpreted and understood by different individuals. Validation can be conducted by pre-testing on a small group



of representatives of the population say a group of journalists who will not be involved in the actual study. The questionnaire should be tested on pre-determined number of journalists. Once this pre-test group has completed the questionnaire, the results should be analyzed. The analysis should be used to validate the degree to which the questions were properly understood or misunderstood, the degree to which individuals interpreted the questions differently, the effectiveness of the questions in requesting the proper information, and any areas of information which were neglected by the proposed questionnaire. Once analysis has been completed the questions should be modified accordingly, if necessary, to reflect the results of the pre-testing. This will result in the final version of the KAP questionnaire.

#### **iv) Conducting the KAP Study**

To do this, the journalists who will participate in this study must be identified and the number determined (i.e. sample size). They should be sufficiently large so as to represent the population. On the other hand, the sample size should not be too large to prevent difficulty in data collection and analysis. After collection of data, it should be analyzed and presented in a report.

## **2. IDENTIFY CRITICAL MEDIA PERSONS**

These media persons should include media owners, managers, other top media executives and other influential players in the media. Having identified them, series of visits should be made to them to initiate working relationship(s) with them and solicit their support for increased reporting on Family Planning. At these meetings, situational analysis from the KAP study report should be presented to these gate keepers to serve as basis for the support they seek from the media. At the meetings, it will be important to present proposed line of activities on Family Planning in the project site and make recommendations on how the media can make the project more effective.

## **3. CONDUCT DESK REVIEW OF HEALTH REPORTS**

This can be done by selecting certain media organizations, (print and electronic) and assessing their health stories over a period of time. This will give an overview of the depth and quality of reports produced by the media houses.

#### **4. CONDUCT TRAINING FOR MEDIA PRACTITIONER**

An essential component of media advocacy on Family Planning is the capacity building of journalists on reporting Family Planning. This will involve development of training modules on Family Planning as it relates with the media. Modules can include topics such as: Effective reporting on Family Planning, Linking Family Planning to the MDGs, Family Planning and National Development etc. For the training to be effective there is need to identify critical media practitioners such as health reporters, education reporters, features writers, On-air personalities (OAP), presenters and other key persons.

#### **5. CONDUCT FIELD TRIP TO FAMILY PLANNING SITES**

To aid effective reporting on Family Planning, journalists can be taken on field trips to existent Family Planning facilities in the project site. The aim of this is to expose the media to live situations and scenarios around Family Planning in the facilities. By having direct contact with beneficiaries of family planning and documenting their experiences or testimonies, journalists can better reach their reading or listening audience with information on Family Planning and its benefits.

#### **6. ANCHOR MEDIA COVERAGE OF PROJECT ACTIVITIES**

Family Planning advocates should ensure adequate coverage of relevant project activities in the media. This can be achieved by identifying a core group of journalists who have been observed to have keen interest in reporting Family Planning issues as a result of the training conducted for the journalists. One other alternative is to select one of the journalists who will from then onwards serve as your focal person and who can always gather his/her colleagues around and mobilize them as the need arises. With regular coverage of project activities, journalists'

knowledge will be further enhanced on reporting Family Planning issues as they will be up to date with the current trends, changes, facts and figures on Family Planning especially in their respective sites.

## **7. TRACK AND MONITOR COVERAGE ON ELECTRONIC AND PRINT MEDIA**

In order to ascertain change in media reportage such as increase in the volume of stories generated on Family Planning during the project, it is important to keep track of stories produced such as newspaper articles, documentaries, News stories on Radio, TV, internet and other sources, Programmes on Radio, TV etc

## **8. ANALYZE TRACKED MEDIA REPORTS**

The tracked media reports should be assessed to determine if there has truly been a change in reporting on Family Planning. This analysis can be compared with the baseline produced from the desk review and conclusions can be drawn from them on whether or not progress is being made on reportage of Family Planning issues.

## **9. MONITORING OF THE POLICY ENVIRONMENT**

Series of activities could be implemented to carry out routine checks on government commitments to her citizens, as well as actions or inactions that emanate from such commitments. This can be done by examining existing policies on Maternal and Child Health and assessing the level of implementation of these policies, identifying gaps and proffering solutions or best practices. Existing policies can be assessed in training sessions, seminars, conference, stakeholders' forum, etc

## **10. MONITORING OF IMPACT OF POLICY ACTIONS**

Existing policies can be assessed for impact through visits to healthcare facilities. The aim of the visits will be to have first-hand information on the true state of affairs in the facilities and stories can be generated from such visits and reported in various forms e.g news report, documentary etc. Doing this will enlighten the general populace and inspire them to hold their leaders accountable for the promises and commitments they make.

## **11. FAMILY PLANNING BUDGET MONITORING**

The need for the media to monitor government's yearly budget, and in this regard, for maternal and child health and development cannot be over-emphasized. Family planning advocates can build the capacity of media professionals on budget monitoring and tracking of government's spending on Maternal and Child Health issues. They can foster relationship between journalists and experts in the area of budget monitoring and tracking, who will provide first-hand information on whether or not the government is fulfilling her obligations of managing the country's resources effectively and efficiently for the development of her people, especially women and children. FP advocates should facilitate consistent publication of information on budget. Also they should encourage the media to advocate for production of budget documents for public access and ensuring their dissemination.

## **12. GENERATION OF PUBLIC DIALOGUE AND DISCOURSE ON FAMILY PLANNING ISSUES**

One very good way this can be achieved is by observing key national and international days that have bearing on Maternal and Child health issues. Such days include World Population Day, Safe Motherhood Week, World Breastfeeding Day, World AIDS Day among others. On these special days, FP advocates can leverage on the relationship they have built with media professionals to secure appearances, interviews, chats, media forum etc with media houses. These meetings and interviews can be resourceful for generating public dialogue and discourse on FP and other related issues that will throw more light on the benefits of family planning and lead to improved patronage of such services where they are available. Such discourse will also bring to light the successes, challenges and gaps in services rendered by existing healthcare facilities.

## **13. SERVING AS CIVIL SOCIETY VOICE ON FP ISSUES**

FP advocates should encourage media professionals to cover stories relating to FP on a regular basis through routine interviews with women who have benefitted from FP interventions or

services, men, community leaders and other relevant stakeholders especially with a view to uncovering developments that are not usually reported (unreported development).

#### **14. LINK RESULTS TO PROJECT'S RESULT MILESTONES**

Having kept track of media reports on FP issues and analyzed them, results of the analysis of tracked media reports can be used to evaluate the project results. This will offer a very good measure of success of the project and will reveal challenges that need to be dealt with.

#### **15. FEEDBACK TO PARTICIPATING JOURNALIST**

Success stories, outcome and results of the entire process can be fed back to journalists and other stakeholders

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