

# The Influence of Health Communication Campaigns Messages on Perceptions of Women on Family Planning Methods in Rwanda

Muyombano Pierre<sup>1</sup>, Hellen Mberia, PhD<sup>2</sup>, Dr Caroline Nabuzale, PhD<sup>3</sup>

<sup>1,3</sup>Jomo Kenyatta University of Agriculture and Technology

<sup>2</sup>Professor, Jomo Kenyatta University of Agriculture and Technology, Nairobi, Kenya

**Abstract:** *The study focuses on the influence of health communication campaigns on perceptions of women on family planning methods in Rwanda. Inadequacy of health communication campaigns would influence negative perceptions of women on family planning, which would lead to problems including unmet needs. An estimated 225 million women in developing countries would like to delay or stop childbearing. Nineteen percent of currently married women in Rwanda have an unmet need for family planning. Health communication campaigns play a big role in addressing the lack of information, fear, cultural or religious opposition, users and providers. However, if health communication campaigns are not run well, objectives are not attained. WHO argued that information about family planning methods and their use constitute a key driver of perceptions of women on family planning methods in Rwanda. The overall objective of this study was to examine the influence of health communication campaigns on perceptions of women on family planning methods in Rwanda. Specific objectives include assessing the influence of health communication messages on perceptions of women on family planning methods in Rwanda, establishing the influence of health communication channels on perceptions of women on family planning methods in Rwanda, examining the influence of health communication managers on perceptions of women on family planning in Rwanda and evaluating the health communication target audience influence on perceptions of women on family planning methods in Rwanda. It was conducted in Kigali, Rwanda. Quantitative and qualitative analysis was used to determine the influence of health communication campaigns on perceptions of women on family planning methods in Rwanda. The study had a sample size of 259 respondents obtained by Slovin's formula. The study used questionnaires and interview as instruments for data collection. The data collected were analyzed quantitatively using descriptive statistics as well as inferential statistics. The study concluded that there is an influence of health communication campaigns on perceptions of women on family planning methods in Rwanda. The study recommends that attention is needed on messages of health communication campaigns on family planning methods in Rwanda and the choice of communication channels needs to be more tailored to target audience.*

**Keywords:** health communication, Family planning and perception

## 1. Introduction

Health communication campaigns have been linked to either positive or negative influence on perceptions of women on family planning methods. Health communication campaigns can help encourage women to seek reproductive health care, promote the involvement of their partners and help them make informed decisions, (UNFPA, 2013). Inadequacy of health communication campaigns would influence negative perceptions of women on family planning, which would lead to problems including unmet needs, (WHO, 2015). Health communication campaigns have been there to promote perceptions of women on family planning methods in Rwanda and statistics show a progress in the adoption of family planning methods among Rwandan women, but myths and misconceptions still persist (Rwanda family planning policy 2012).

### 1.1 Statement of the problem

Rwanda Ministry of health (2012, 2015) indicates that health communication has been pivotal in improving perceptions of women on family planning methods but acknowledges that myths and misconceptions about Family Planning continue to be a challenge. The Ministry points out that health communication campaigns have to be well coordinated in order to influence perceptions of women on family planning methods from negative to positive. Rwanda National

Reproductive Health Policy (2003) points out the need for a sharpened health communication campaigns towards the promotion of perceptions of women on family planning methods. Okigbo (2013) noted that influence of health communication campaigns on perceptions of women on family planning methods is unavoidable. The researcher seeks to focus on the influence of health communication campaigns on perceptions of women on family planning in Rwanda.

### 1.2 Objectives

#### 1.2.1 General Objective

Examine the influence of health communication campaigns on perceptions of women on family planning methods in Rwanda.

#### 1.2.2 Specific objectives

- 1) Assess the influence of health communication campaigns messages on perceptions of women on family planning methods in Rwanda
- 2) Establish the influence of health communication campaigns channels on perceptions of women on family planning methods in Rwanda
- 3) Examine the influence of health communication campaigns managers on perceptions of women on family planning in Rwanda

Volume 7 Issue 4, April 2018

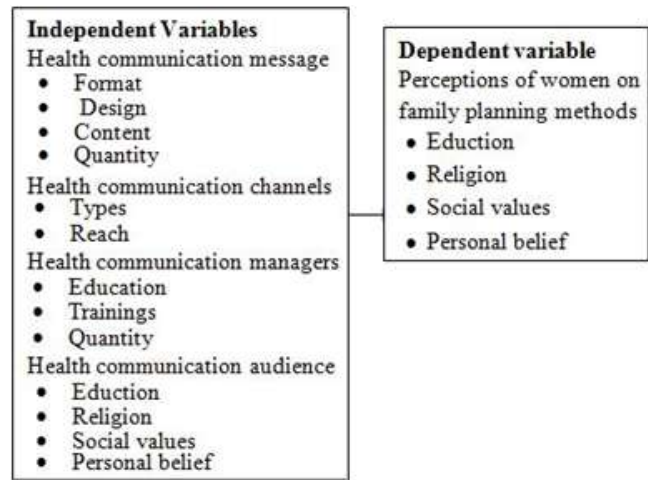
[www.ijsr.net](http://www.ijsr.net)

Licensed Under Creative Commons Attribution CC BY

- 4) Evaluate the health communication campaigns target audience influence on perceptions of women on family planning methods in Rwanda

**1.3 Research Questions**

- 1) What is the influence of health communication campaigns messages on perceptions of women on family planning methods in Rwanda?
- 2) What is the influence of health communication campaigns channels on perceptions of women on family planning methods in Rwanda?
- 3) What is the influence of health communication campaigns managers on perceptions of women on family planning methods in Rwanda?
- 4) What is the influence of health communication campaigns target audiences on perceptions of women on family planning methods in Rwanda?



Source: Researcher compilation 2018

**2. Literature Review**

**2.1 Theoretical Review**

The relevant theory that underpins the constructs in this study is the Health Belief Model. Health Belief Model (HBM) is a value expectancy theory, which states that an individual's behavior can be predicted based upon certain issues that an individual may consider (i.e. perceived susceptibility, perceived severity) when making a decision about a particular behavior concerning their health" (Glanz, Lewis, & Rimer, 1990). In this research, the theory plays a role of explaining why people mind about health literacy and others do not. The benefit of this model is that it helps remember that people's health choices are based not only on rational thought but also on emotions, habits, social conditioning and personal preference. Thus, it opens our eyes to what might be more effective social teaching methods around healthy habits. Health Belief Model has been criticized of not accounting for a person's attitudes, beliefs, or other individual determinants that dictate a person's acceptance of a health behavior. It does not also account for environmental or economic factors that may prohibit or promote the recommended action and assumes that everyone has access to equal amounts of information on the illness or disease (Boston University School of Public Health, 2013).

**2.2 Conceptual Framework**

This research establishes the relationship between health communication campaigns and perceptions of women on family planning methods in Rwanda. The study looks deeper into how communication messages, channels, managers and target audiences influence perceptions of women on family planning in Rwanda.

**3. Methodology**

**3.1 Study design**

This study has been designed for successful achievement. Kerlinger (1986) takes research design as a plan, structure and strategy of investigation so conceived as to obtain answers to research questions or problems. The plan is the complete scheme or program of the research. It includes an outline of what the investigator did from the hypothesis and their operational implications to the final analysis of data (as cited in Ranjit, 2010). This is quantitative and qualitative study which was carried in Kigali. Data were collected questionnaires. And interview. Both qualitative and quantitative data were captured. Data were analyzed, presented and discussed and filially conclusions and recommendations were drawn.

**3.2 Study Population**

Rwanda Family planning policy (2012) indicates that women of reproductive age (15–49 years) and men (15–49 years) are key target of family planning service beneficiaries. The target population of this research is fecund women in Kigali City. The city has three districts and from each district one village was selected. The village selected in the one in which the district headquarter is located. Therefore Rukatsa village in Rukatsa cell of Kicukiro with 231 women reproductive age, Inyarurembo village in Kiyovu cell in Nyarugenge district with 271 women reproductive age and Urugwiro village in Kamatamu cell in Gasabo district with 223 women reproductive age, make the target population.

**3.2 Sampling frame and sample size**

The respondents derived from the list of reproductive women from Rukatsa village in Rukatsa cell of Kicukiro, Inyarurembo village in Kiyovu cell in Nyarugenge district and Urugwiro village in Kamatamu cell in Gasabo district. The women were found from the database of each village.

Statistics from from Rukatsa village in Rukatsa cell of Kicukiro, Inyarurembo village in Kiyovu cell in Nyarugenge district and Urugwiro village in Kamatamu cell in Gasabo

district indicate that the number of fecund women in those three villages are 724 . The study used Slovin’s formula to determine the sample size.

The sample size was calculated by using SLOVIN’S FORMULA

$$n = \frac{724}{1 + 724 \times (0.5)^2} \approx 258$$

$$n = \frac{N}{1 + Ne^2}$$

**Equation 1:** Slovin's Formula

n – Sample size

N – Population size

e – Margin of error (5%)

To sample size of the study is **258** respondents

## 4. Research Findings and Discussion

### 4.1 Distribution of responses on health communication campaigns messages

Statement	Strongly Agree	Agree	Indifferent	Disagree
The content of health communication campaign messages influences perceptions of women on Family planning methods in Rwanda	218 (84.5%)	40 (15.5%)		
The design of health communication campaign messages influences perceptions of women on Family planning methods in Rwanda	212 (82.2%)	46 (17.8%)		
The quantity of health communication campaign messages influences perceptions of women on Family planning methods in Rwanda	162 (62.8%)	61 (23.6%)	15 (5.8%)	20 (7.8%)
The format of health communication campaign messages influences perceptions of women on Family planning methods in Rwanda	112 (43.4%)	114 (48.1%)	10 (3.9%)	12 (4.7%)

The table above indicates that 84.5% strongly agree with the statement that content of health communication campaign messages influences perceptions of women on Family planning methods in Rwanda while 15.5% just agree with that statement.

Majority (82.2%) of respondents strongly agree with the statement that the design of health communication campaign messages influences perceptions of women on Family planning methods in Rwanda and (17.8) just agree with the

statement. 62.8% of respondents strongly agree with the statement that the quantity of health communication campaign messages influences perceptions of women on Family planning methods in Rwanda, 23.6% just agree, 5.8% are indifferent while 7.8% just disagree. Majority 948.1%) of respondents just agree with the statement that the format of health communication campaign messages influences perceptions of women on Family planning methods in Rwanda, 43.4% strongly agree, 3.9% feel indifferent while 4.7% just disagree with the statement.

Regression analysis was done to determine the effect of health communication campaigns messages on perceptions of women on family planning methods in Rwanda. This analysis of the health communication campaigns messages got an adjusted R 87.2%. It is induced from the analysis that the simple linear model with health communication campaigns messages as the independent variable explains 87.2% of the variations in perceptions of women on family planning methods in Rwanda. This means that when health communication campaigns messages were used the perceptions of women on family planning methods in Rwanda changed by 87.2%. These results are presented in the following table.

### 4.2 Model summary showing effect of health communication campaigns messages

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.849 <sup>a</sup>	.869	.872	.66040

Predictors: (Constant), Health Communication messages

Basing on results in above table, health communication campaigns messages have a strong positive impact on perceptions of women on family planning where (R=0.869) with health communication campaigns message as independent variable contribute 87.2%to the influence of perceptions of women on family planning methods in Rwanda.

### 4.3 ANOVA results showing the effect of messages on perceptions

**ANOVA<sup>b</sup>**

	Model	Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	1.010	5	.252	4.571	.000 <sup>a</sup>
	Residual	111.894	253	.442		
	Total	112.903	258			

a. Dependent Variable: Perceptions  
b. Predictors: (Constant), Health Communication Messages

A regression analysis was done to determine the influence of health communication campaigns messages on perceptions of women on family planning methods in Rwanda. Drawing on the analysis, a sigma-value (0.000) less than the level of significance (0.05) was obtained. This implies that the simple linear model with health communication campaigns messages as the independent variable is significant. The F-statistics (F=4.571) is greater than the P-value (0.000), hence a further confirmation that health communication campaigns significantly influence perceptions of women on family planning methods in Rwanda.

**4.4 Coefficient results showing the relationship between messages and perceptions**

Correlations			
		Messages	Perceptions
Messages	Pearson Correlation	1	.847**
	Sig. (2-tailed)		.000
	N	258	258
Perceptions	Pearson Correlation	.847**	1
	Sig. (2-tailed)	.000	
	N	258	258

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

Pearson correlation coefficient ( $r=0.847$ ) shows that there is a positive and high correlation relationship between health communication campaigns messages and perceptions of women on family planning methods in Rwanda where P-value ( $0.000 < 0.05$ ). This means that health communication campaigns messages have a big influence on perceptions of women on family planning methods in Rwanda.

**5. Conclusion and recommendations**

**5.1 Conclusions**

Basing on findings of the study, it is concluded that there is an influence of health communication campaigns on perceptions of women on family planning methods in Rwanda. It was established that health communication messages are very influential in the perception of women on family planning methods. Though majority of respondents strongly agree with the influence of health communication messages on perceptions of women on family planning methods in Rwanda, they also need to be more fine-tuned.

**5.2 Recommendations**

Drawing on conclusions indicated above, this study recommends both public and private entities and professionals involved in health communication campaigns on family planning methods in Rwanda to give due attention to health communication campaigns messages. Women in reproductive age who need information on family planning messages should also seek health communication campaigns messages on family planning methods..

**References**

[1] Boston University School of Public Health (2013). Behavioral Change Models. Accessed at <http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/SB721-Models/SB721-Models2.html> 18 November, 2015

[2] Glanz, K., Lewis, F. M., & Rimer, B. (Eds.). (1990). *Health Belief Model*. Massachusetts: Jones and Bartlett Publishers

[3] Okigbo, C. (2013). *Strategic Urban Health Communication*, Berlin: Springer Science & Business Media

[4] Rwanda Ministry of Health (2012). Rwanda Family Planning Policy. Access at <http://www.moh.gov.rw/fileadmin/templates/Docs/Rwanda-Family-Planning-Policy.pdf>, on 15<sup>th</sup> December 2017

[5] Rwanda Ministry of Health (2003) ,Rwanda Family Planning Policy. Accessed at <http://www.moh.gov.rw/fileadmin/templates/Docs/Rwanda-Family-Planning-Policy.pdf>

[6] UNFPA (2013). International Family Planning Programs: Issues for Congress. Accessed at <https://fas.org/sgp/crs/row/RL33250.pdf>, on 24 August 2017

[7] WHO (2015). Family planning / contraception, Fact sheet N°351. Accessed at <http://www.who.int/mediacentre/factsheets/fs351/en/> on 25<sup>th</sup> November 2016