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A Study on the Practice of Health Communication Strategies on Family Planning At East Gojjam Zone, Amhara Region, Ethiopia

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***ABSTRACT**: This study focused on the practice of health communication on family planning at Amhara National Regional state, East Gojjam Zone specifically Gozamen woreda, on whether the communication strategies were effective in promoting participation and creating awareness among the rural communities and what kind of communication strategies have been employed. Gozamen woreda was selected purposively as a case study area to show the communication strategies used for family planning program and due to the strategies is designed top-bottom. Three kebeles were selected for the study and qualitative methods were used for data collection method. Accordingly, from the selected kebeles, in-depth interview was conducted with 3 women model users and three health extension experts. Focus group discussion is data gathering instrument. The data was analyzed from the participatory communication and health belief model as a theoretical framework. The data showed that health extension program depended on interpersonal communication, team communication, and door to door communication and team communication strategies. Among those strategies of communications, interpersonal communication has better acceptance by the community and the health extension practitioners though it is highly unaffordable to reach all clients of family planning users. Moreover, in the practice of health communication on family planning in Gozamen Woreda lack of resources, limited social mobilization skills of health extension experts and social influences and limitation of social networks understanding are the factors that impede the communication. Thus, the researcher recommended that the above listed problems should be solved to have effective family planning communication to get better outcome.*
***Key Words**: Health Communication, Strategy, Family planning*

I. Introduction

1.1 Background of the Study

Health communication drive from two terms: health and communication. Its definition is given by different scholars. One of the scholars Schiavo (2007) defines health communication as the art and technique of informing, influencing, and motivating individual, institutional and public audiences about important health issues. Similarly, Parvanta et al. (2011) defines health communication as the study and use of communication to inform and influence individual and community decisions that enhance health. Moreover, Simith and Hornik (1999) define health communication as a process for the development and diffusion of messages to specific audiences in order to influence their knowledge, attitudes and beliefs in favor of healthy behavioral choices.

From the above definitions it is understood that communication is essential in health sector in general as it is a means by which information is imparted and shared with others. Like other sectors in the health, information is fundamental to choose and make informed decisions. Without information, there is no choice. Therefore, information helps for knowledge and understanding. The other important concept that can be derived from the definitions is the objective of communication to influence individual and communities. The role of communication is to create a receptive and favorable environment in which information can be shared, understood, absorbed and discussed by the intended audiences.

In any nation, healthy citizen plays a crucial role in the development endeavors. To this effect, no one thinks to bring development without healthful citizens. One of the most important issues in the empowerment of healthy working environment is taking care family planning health. The other broad concept is reproductive health. Reproductive health is a comprehensive concept that implies a broad range of health and none health related interventions (MOH, 200).

Reproductive health is related to human sexuality and reproduction. Thinking about human sexuality and reproduction is crucial to move forward in the national development arena. To get the importance of

reproductive health is important for one country, it is better to see the adopted national strategy (strategies) on reproductive health.

According to the national reproductive health strategy of Ethiopia (MOH, 2006), there are six important areas in which reproductive health agenda has entertained. These are the social and cultural determinants of women's reproductive health; fertility and family planning; maternal and child health; HIV/AIDS; reproductive health of young people and reproductive organ cancers. Among those areas family planning is selected for this research.

Different states gave an emphasis and build their own strategies to solve problems related to reproductive health although communication has great impact on its success. Therefore, the discipline of health communication should be practiced on family planning issues because the main agenda of health care in the 21st century is changed to adopt healthy behaviors of policy makers and professionals to introduce and change practices in support of better health (Schiavo, 2007). This means, the communication between professionals, users and policy makers should be effective if used accordingly. Policy by itself does not bring the expected behavioral change unless it is communicated effectively. That is why; the essence of health communication on family planning is increased from time to time.

In Ethiopia, the health sector is successful in accessing the service for the people. Currently, as the ministry of health report shows, many health extension experts are assigned in the rural and semi-urban areas of the country to foster and implement the national reproductive health strategy. However, the overlooking of health communication and the abilities of the experts on the communication with the clients or customers hinders the best accomplishment of its objective. The reason behind could be the communication barrier between the health experts and the people, among the community members is not up to the standard.

The issue of Family planning gets an international concern especially in relation to the Millennium Development Goals and as the pattern of reproductive health is scaling down to the people. However, lack of strategic communication about the family planning issues makes the strategy ineffective (MoH, 2006). Besides, the traditional behaviors of the people make the strategy ineffective. This shows how much communication is overlooked in the sector. The overlooking of communication in the health sector in general and family planning in particular should be addressed to alleviate the barriers of bottle-necked traditions and customs, which are against securing of the people's reproductive health.

Although the issue of reproductive health is vast it is difficult to address all of them as all of them are not in the scope of the study. Therefore, the study is only delimited on family planning health agenda. Thus, the main intention of this study is assessing the current practice of health communication on family planning; its challenges and the improvements (if any) as well as improvement mechanisms at East Gojjam Zone, Amhara Region.

1.2 **Statement of the Problem**

Family planning is the decision-making process by couples, together or individually, on the number of children that they would like to have in their lifetime, and the age interval between children. This means that both halves of a couple have equal rights to decide on their future fertility. In planning their future children, partners need to have the right information on when and how to get and use methods of their choice without any form of coercion. Such planning therefore helps mothers and their children enjoy the benefits of birth spacing and having planned pregnancies.

As the population is growing very rapidly, the need for food, schools, jobs and health services is also increasing. Most of the countries in Africa already have high population growth rates estimated at 3% a year, and this is especially true of sub-Saharan Africa which includes Ethiopia (FMOH, 2011). Therefore, it is becoming very difficult for these countries to provide enough food, schools, jobs and health services for everyone in the existing population. So, in order to solve this problem applying health communication is very important.

To solve the above social problems it better apply communication to change existing behaviors and perceptions on family planning. Therefore, health communication should support and sustain change (Schiavo, 2007). The change in health related issues in general and family planning in particular is the major focus of health communication. The communication at the mass communication level is not enough to address all stakeholders about the strategy of reproductive health. Thus, extensive use of interpersonal and community (group) level communication is very crucial.

Health communication is not always effective because of various determinants. Some of the determinants are the appropriateness of the message, the effectiveness of the channel, the audience reception, and the intended goal of the communication. These determinants are also interrelated and linked to one another because sometimes even if the message is appropriate it may not achieve the goal unless it gets the right channel and audience (Thomas, 2006).

Many studies have been conducted on health communication internationally and locally. To give example from local researches Asegdew (2012), Asemahgn (2012) and Haimanot (2012) have done on health communication of malaria prevention, bed net usage and health packages respectively. As my effort enables there is no

comprehensive research that has been exclusively conducted on fertility and family planning issues at the study area, East Gojjam Zone.

The researcher believes that the family planning issues in Ethiopia should be a concern of everyone because the traditions and customs that hinder the empowerment of fertility and family planning is a big concern.

As a result, using appropriate medium is as important as sending the right message. The significance of my study, therefore, lies in its attempt to find out the current family planning communication strategy being in use and their acceptability among rural and remote communities of Ethiopia.The intention of the researcher is to explore the current status of the interpersonal and community-based communication of health extension with customers, with other sectors and among community members. Besides, the challenges in addressing the users and the improvements as well as the improvement mechanisms of health communication on fertility and family planning at East Gojjam Zone Woreda'sis the related concern of this study. Therefore, the study the following research questions will be addressed after the accomplishment of the study.

1. What are the communications strategies used in family planning program?
2. What are the challenges in the practice of health communication on issues of family planning?
3. How health communications on family planning can improve?

1.3 Objective of the Study

This research generally aimed at exploring the current status health communication strategies; challenges and improvements of health communication on family planning issues at East Gojjam Zone. The study specifically attempted to:

- Assess the current practice of health communication strategies of family planning in East Gojjam family planning program;
- Investigate the challenges in the practice of health communication on issues of family planning;
- Explore the effectiveness of health communication on issues of family planning;

1.4 Significance of the Study

This study is hoped to be very important for all stakeholders specifically the policy makers, the practitioners, and the users family planning. The study will also help policy makers in giving basic insights about the status of health communication, its challenges and effects during policy designing. This study is vital to practitioners and users as it addresses the question of how to communicate each other about reproductive health.

II. Review of Related Literatures

The study attempted to identify the practice of health communication strategies on family planning at East Gojjam zone, Amhara region. Moreover, it endeavored to find out the communication strategy used for family planning program.

2.1 Health communication

Health communication, as an area of practice, uses various channels to reach the intended audience, share health related information and engage stakeholders. According to Schiavo (2007) health communication with supporting individuals; Health communication is a multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals that will ultimately improve health outcomes. Similarly, Piotrow (1997) agreed that an effective strategy in health communication identifies and prioritizes key behaviors, segment audiences, and design messages based on scientific evidence and research, and reach audiences through key channels with involvement of the community in the process.

Here, health communication is generally conceived as a strategic process aimed at achieving a rational use of health services, and improving the efficiency and effectiveness of programs directed at disease prevention and health promotion. Research has shown that health communication programs based on solid theory may bring health to the forefront of the public agenda, reinforce sanitary messages, stimulate people to seek more and better information, and in some cases lead towards healthier lifestyles. Four key elements of the communication process are typically used in health communication: source, message, channel, and audience, increasingly coupled with social mobilization and participation components (Piotrow, 1997).

Health communication differs by context, like information flow through individual influence, disease prevention through behavior modification, is exchange, interchange information, two way dialogue, scientific development, strategic dissemination, and critical evaluation of relevant, accurate, accessible, and understandable. To inform and influence (individual and community) decisions. Moreover, health communication is a key strategy to inform the public about health concerns and to maintain important health issues on the public agenda (New South Wales Department of Health, Australia, 2006).

Health communication is a means to disease prevention through behavior modification (Freimuth, Linnan, and Potter, 2000: 337). It has been defined as the study and use of methods to inform and influence individual and community decisions that enhance health (Ibid). Health communication is a process for the development and diffusion of messages to specific audiences in order to influence their knowledge, attitudes and beliefs in favor of healthy behavioral choices (Hansen, 1998).

On the other hand, to measure effectiveness of health communication, it is the art and technique of informing, influencing, and motivating individuals, institutions, and large public audiences about important health issues based on sound scientific and ethical considerations (Tufts University Student Services, 2006). Clift and Freimuth (1995) understand health communication is change of behaviors. Health communication, like health education, is an approach which attempts to change a set of behaviors in a large-scale target audience regarding a specific problem in a predefined period of time (P: 68).

The goal of health communication is to increase knowledge and understanding of health related issues and to improve the health status of the intended audience (Muturi, 2005:78). Communication means a process of creating understanding as the basis for development. It places emphasis on people interaction.

2.2 What is family Planning?

Rogers (1976) defines family planning as the idea, plan or act of preventing births and avoiding their consequences. He underlines that family means the parents in a nuclear family of father, mother and their children while planning implies the designing and decision making of the parents about the number of births they will have, plus their behavior in achieving this number. However, the definition of family does not go in line with context of many Ethiopian rural situations. The number of children is determined not only by couples but also by relatives and many extended social groups. Hence, introducing the idea of family planning must not concentrate on individuals rather to the whole social groups.

2.2.1 The Importance Communication for Family Planning

The importance of communication in family planning is to make the people aware of family planning and bring about changes in attitude and practice. Piotrow, et al. (1997) said communication is a vital process underlying changes in knowledge of the means of contraception, in attitudes toward fertility control and use of contraceptive, in norms regarding ideal family size, and in the openers of local culture to new ideas aspirations and new health behavior.

Many factors influence the way people communicate in a society; language, educational levels, living standards and social relationship are many the more obvious. They all have a bearing on family planning communication. In related to the above statement Piotrow et al. (1997) asserts that undermining the role of communication to the effective use of communication in early family planning programs was the biggest obstacle. Family planning communications officials devote too little attention to communication planning. They ignore strategies of communication and change, when to use? What message? On what channel? For what audience? To bring what effect? (Rogers, 1973)

2.2 Theoretical Frameworks and Models

2.3.1 Participatory Communication Model

Participatory communication theory and health belief model were used as theoretical Framework for the Study. Because the model and the theoretical framework helped the researcher to analyze the study from theoretical underpinnings.

The participatory communication model incorporates the concepts in the framework of multiplicity. It stresses the importance of cultural identity of local communities and of democratization and participation at all levels: global, international, national, local and individual. It points to a strategy, not merely inclusive of, but largely emanating from, the traditional receivers. Paulo Freire (1983:76) refers to this, as the right of all people to individually and collectively speak their word: This is not the privilege of some few men, but the right of every woman. Consequently, no one can say a true word alone nor can he say it for another, in a prescriptive act which robs others of their words.

According to Melkote (1991) and Mody (1991), the main characteristic of participatory communication is the horizontal exchange of information among all parties involved, which is often identified with dialogue. In this model, there is no pre-determined sender or receiver since everybody is expected to be both at the same time. Communication emphasizes individual perceptions and interpretations of the information being shared, ongoing dialogue and horizontally or from bottom to up involves two or more participants.

Another characteristic of participatory communication is the fact that it should be considered as a process rather than being represented as a static model. Since the 1980s (Balit, 1999) conceiving participatory communication as social process that intended to achieve a common understanding among all participants and then have them act on the base of the consensus achieved. This implies that participatory communication should be present throughout all the phases of any development intervention. Considering it a process not only shifts the focus toward a more complex and articulated reality, but it also nulls one of the questions being asked in this respect: participation in what activity? Finally, the endogenous focus of participatory communication (Melkote, 1991 and Servaes, 1991) indicates that there cannot be predetermined formula for universal messages, channels or models to be followed, but rather a search for the most appropriate way according to the situation and culture.

Participatory communication becomes a means to have people's voices heard and empower them in taking an active part in decisions concerning their own lives, both at the local level (i.e. the community where they live) and eventually within their societies. More specifically, communication is expected: to facilitate education and learning approaches through media; to encourage and promote participation in the development process; to promote people's participation in institutional activities; to identify and provide channels for horizontal as well as vertical networking; to exchange relevant information; and to provide relevant information on grassroots priorities and needs to policymakers. Tehranian's (1990) analysis is a useful reminder of the practical obstacles to be encountered in the road towards full participation in the decision-making process. Participatory communication, while providing a radical departure from many of the shortcomings of the dominant paradigm, is still riddled with contradictions and vestiges from the past and it does not seem to go far enough in turning the table around. If participation is the name of the game, then the whole way of thinking about communication must be changed (i.e. from a vertical uni-linear process, to a horizontal multi-linear one), as people's participation is likely to result in changes in power patterns. That is why participation is not always welcome, especially by governments with a stronger authoritarian connotation (Lisk, 1985).

As Servaes (1996) sated that if participation means empowerment and this means having people define and decide their own reality, communication for development must be entirely stripped from its persuasive and hierarchical connotations. Additionally Mody (2002) wrote international and other outside experts are only a part of the development process, which should be shaped and guided by the priorities of the primary stakeholders. The name empowerment communication signifies a way of exchanging and sharing meanings (much in line with the original semantic meaning of communication), knowledge and experiences without pretending to know what is better for them. Even if not fully established, there are a number of indications that a genuine participatory paradigm is on the making. In addition, from the insights offered by the proponents of participatory communication, a few attempts are quite significant in showing a valid alternative.

The gap between the academic and scholarly discourse and the applied field of participatory communication is another major controversial issue. Most of the communication proponents dominating this field and guiding the course of communication for development are academic researchers and educators and among them very few ever had the opportunity, and the knowledge, for applying the theoretical constructs in practical situations (Ascroft & Masilela, 1994). This left a gap between the theory and the practices of participatory communication. Participatory communication needs to combine both the theoretical knowledge and the practical experiences to adopt the integrated approach that is often referred to in the literature. It is a concept and a practice that holds great potential, provided that the system within which it is applied is truly democratic. People's capability and opportunities to shape their own destiny are well supported ideals. Yet, the application of these ideals is very limited. Why? The answer appears to lie in the structures of power that enable or limit people's lives.

Freire (1997) simplified this by considering how these structures impacted people, who were basically divided in two major categories: oppressors and oppressed. Trying to provide an exhaustive answer to this issue is not easy, and maybe not even possible, and it is not the focus of this study. Hence, I would like to keep this as a question meant to challenge the reader's mind, planting the seed of doubt and hope. Participatory communication is in many ways still related to the dominant paradigm, but it also constitutes a sincere effort to break free from old boundaries. It is also evident that, once adopted, it cannot be restricted just to the decision-making process in the development context. The dynamic relations present in the process affects every dimension of the social, economic and political sphere of life of each individual.

White (1994) notes that participatory communication supports encouraging participation, stimulating critical thinking, and stressing process, rather than specific outcomes associated with modernization and progress, as the main tasks of development communication. White explains that participation needs to be present in all stages of development projects. This means that communities should be encouraged to participate in decision-making, implementation, and evaluation of projects. This would give them a sense of involvement in the development activities within their communities, and also provide them with a sense of ownership of development projects initiated. The development of participatory communication theories gives evidence that participatory approach is one of the main contributions to development communication. This is because empowerment is possible only

if community members critically reflect on their experiences and also understand the reasons for failure and success of interventions programs.

Participatory communication comes from community development. It is a term that refers to the theory and practices of communication used to involve people in the decision-making of the development process (Mefalopulos, 2003). Mefalopulos explains that the purpose of communication should involve something common to all the stakeholders. This includes the sharing of meanings, perceptions, worldviews or knowledge of all parties involved in a development project. Sharing in this context means having an equitable division of what is being shared, such as benefiting from development projects, which is why communication should almost be naturally associated with a balanced, two way flow of information. The main elements that characterize participatory communication are related to its capacity to involve the human subjects of social change in the process of communicating (Gumucio-Dagron, 2001).

2.3.2 Health Belief Model (HBM)

The health belief model (HBM) (Janz & Becker, 1984; Rosenstock, 1974) is one of the most commonly used models of health behavior change and is probably the most frequently taught model in outreach intervention courses. Many have used it to guide the development of intervention and evaluation efforts, and its influence on health communication research is enormous. It was developed as an overarching framework on how to promote preventive behaviors (such as immunizations) by a group of social psychologists in the early 1950's (Janz & Becker, 1984).

The HBM suggests that preventive health behavior is influenced by five factors: (a) perceived barriers to performing the recommended response; (b) perceived benefits of performing the recommended response; (c) perceived susceptibility to a health threat; (d) perceived severity of a health threat; and (e) cues to action. HBM suggests that individuals weigh the potential benefits of the recommended response against the psychological, physical, and financial costs of the action (the barriers) when deciding to act. For example, a patient may realize the benefit of having up-to-date information but may lack access, the skills, or even the transportation needed to get to a library. In this case, the barriers would outweigh any benefits and the patient probably would not seek out up-to-date information.

III. Methodology

3.1 Research Method

A qualitative research was employed. Qualitatively the research were address the data from professionals and family planning users and assess the existing status, challenges and improvement mechanisms in communicating health. The research follows descriptive and explanatory combination, so, such kind of research shall employ qualitative approach. Qualitative research methodology has employed due to the fact that this research approach claims to describe life world 'from the inside out', from the point of view of people who participate. The researchers have focused on the communication strategies family planning program rather than showing the seriousness of the problem in numbers. It is appropriate to use qualitative methods in communication research when the goal of the research is to gain insights into an intended audience's lifestyle, culture, motivations, behaviors, and preferences (Mack et al., 2005). Additionally this research used series scrappy facts to reach a general conclusion. Therefore, qualitative research seems pertinent. Qualitative research, with its precise and thick description, does not simply depict reality, nor does it practice exoticism for its own sake.

3.2 Research Site

The research was conducted at East Gojjam Zone, Amhara Region, Ethiopia. There are 18 Woredas in East Gojjam Administration zone. The rural kebeles (the last political administration in Ethiopia) were part of this research. Therefore, as the effort of the researchers could the more remote rural areas and towns surrounded areas were addressed in the study. From those woredas Gozamen were purposively selected. Three kebeles were selected as a sample to show the real health communication practice in family planning program.

3.3 Population and sampling

The research employed purposive sampling technique to address the issue. The justification for the selection of those kebeles was for representativeness of the inhabitants from different social classes that definitely have diverse of living standard. The purposive sampling method were be also used to select respondents of the interview and focus group discussion.

3.4 Data collection Instruments

The data collection instruments for the study were document analysis, interview and focus group discussion. All women were not included in the study; only inhabitants who have been beginning modern family planning at the health center are purposively selected.

The second instrument, interview were semi-structured interview, which conducted with three health extension expertise at health centers and three women's who are benefited from family planning program.

The third instrument, focus group discussion were conducted among the model women who are highly successful on the implementation and productively changed to practice of communication on family planning. In focus group discussion three groups with a member of 10 women are formed by the researcher.

3.5 Data Analysis Method

The data mainly collected through qualitative data collection techniques. First all the data were transcribed since the majority of data were gathered using tape-recording and collection of written documents. After that, the relevant data were categorized so as to arrange them for analysis. The categorization is normally made based on their application to the essential ideas of the research questions raised in this study. Finally, all the data were arranged logically and according to the conceptual and theoretical framework of the study and with respect to the central research questions.

IV. Data Presentation and Analysis

4.1 Communication Strategies used for Family Planning program

According to FMOH (2011), health providers, health extension experts communicate with community members in many ways and at various levels of intensity by taking individual households as the basic area of involvement. In the documents, interviews, and focus group discussions, it is understood that most common communication strategies that are used by extension experts are the following.

4.1.1 Interpersonal Communication

Since this study covers the rural community, majority of the rural people has no access to the existing mass media like television and radio. Therefore, non-mediated communication and optional kind of strategies are the basics implemented. The ministry of health documents shows that health extension experts are health promoters and communicators. With this process, health extension experts are trained selective health army group as model families that easily understand and teach other share of the community. This method is practicing by using interpersonal communication as a major strategy.

Discussants of the focus group discussion and the respondents of interview stated that, utilizing interpersonal communication had helped them to privilege the occasion to forward questions and ideas related to family planning discussion.

The focus group discussion it reveals that, health agent and clients are communicate not only about family planning issues but also involve discussion about the general health of the family, life condition, children education and wellbeing.

The data from the interview and focus group discussion revealed that participants accept interpersonal approach while communicating about family planning because it brings them face to face with health expertise or agents and creates an opportunity to receive and share information regarding anything secrete they would like to discuss. Moreover, according to the responses of focus group discussants one-to-one communication with health agents allows them to discuss freely on reproductive health and sexual issues that are assumed taboo in the community without being humiliated and embarrassed. Despite its time consuming nature, health extension experts also preferred interpersonal communication in order to get the internal feeling of each family planning program clients. But the problem in the communication strategy is that unnecessary participant's debate and confrontation due to cultural variety of local communities and participation at individual level.

According to the data gathered via focus group discussion and interview, most of the respondents prefer face to face interaction with health expertise because it allows interactive and confidential communication, which enables them to get active feedback and keep privacy of the client.

4.1.2 Door to Door Communication

According to the head of health extension experts and also the (FMOH, 2011) document argued that, the basic philosophy of their job is to transfer ownership and responsibility for maintaining their own health to individual households by providing health knowledge and skills. The document also put as a guideline to health extension expertise spend 75 percent of their time visiting families in their homes and performing outreach services.

The health extension experts stated that these days look for health services during door to door orientation and they actively participate in village health promotions. If they do not manage to see them in the outreach door to

door program, the observation confirms this as one health extension working formed some of them are go to their homes asking for demanding health related training and orientation. The researcher witness a real eagerness in the people to get consulted about their health. On the contrary, their door to door movement constraint them to some problems at times of health education program particularly to demonstrate some very important issues.

Providing health service in visiting door to door service takes a lot of time. As health extension expertise denounces as they need a lot of time in order to visit the houses, and that is something they do constrain. Even if they are paid as a community health worker for what they did they couldn't cover everything because they want to address all areas (HEW, personal interview: May 2019). This way is easily to health extension experts to get the whole family to explain the importance of family planning to the whole family member. Here the researchers observed that the type of communication or top to down communication.

Generally, the door to door communication strategy is crucial to get community's confidence as a result of strong social capital owed to persuade husbands and other family members. In addition to what has been said so far, the preference to and appreciation of health extension experts may also be related to the fact that most women prefer to get the health extension experts with their husband.

4.1.3 Group Communication

This communication strategy once structured the community in a group which called one-to-five having a total six women in number in a single group. The communities provide their input and the health extension experts make the final decision. It has an influence on women's awareness to bring social attitude change. The group communication structure was formed where the minimum requirements were met such as five and thirty in number. In other words once the minimum requirements are met, the group would have one representative for each one-to-five group that are short-listed and presented to the entire community and then they vote on that.There is also development army group which have 30 group members in each group. But the group based on the health extension experts response it is not functional yet.

The group communication method is highly employed in the family planning program to interpersonal communication. The data from focus group discussion and interview revealed that the community members exchange information about family planning through group communication method particularly at community conversations, training centers, health center, and peer group discussion level.

Newly married women who have no experience about contraceptives have an opportunity to share ample experiences from community experienced women during group discussions. This opportunity enables many women to involve themselves in the group communication to get and share new developments in the area of reproductive health.

Additionally, based the data gathered from the focus group discussion, women have coffee ceremony once a week to have a discussion on health and reproductive health issues. This type of programme is an exclusive women program that most women discuss about the private issues jointly. Some of the discussion agendas that taking place during coffee program are related to sex, menstruation, and sexual anatomy in front of their male counterparts. They would like to discuss such issue privately among women.

Such type of women's discussion program increases community participation. This is a vital for successful discussion from their social viewpoint. Because unless the community believes the importance of family planning from their cultural perspective; there wouldn't have been change at all. In a group communication, individuals have no the capacity for reflection, for conceptualizing, for critical thinking, for making decisions, and for implementation; which is considered as the problem of group communication.

4.1.4 Use of Mass Media

Regarding the use of media for obtaining information about family planning, most of the respondents do not have a radio set or a television receiver except two. Therefore, they don't get information about family planning by using radio and TV. According to the two women who have radio set, the messages that are aired through the radio are not clear although they are very enthusiastic to listen to reproductive health related issues. The messages and the way of presentations are not easily understandable and deviate from their life context. In the health postnatal center there is radio set which can play with recorded audio broadcasted when the health army group comes to in the health post center for meeting. Moreover, focus group discussants response indicated that they cannot listen to radio programs at day times as they would be involved with field work and other social gatherings. Programs should find a way to utilize the potential mass media because mass media can convey family planning messages and can produce effective support for face to face communication methods.The response of the discussant shows that the need for particularly storytelling and audiovisuals because it enable them to reflect and express their feelings about different community's concerns by relating to their own experiences on family planning.

4.2 Women's Understanding on Family Planning

The health extension experts use behavioral change models of communication which is educating, persuading, and disseminating information to people and positively influence their behavior patterns and enable them to take actions that will enhance their knowledge about family planning.

The study found out that women did not have enough knowledge about the long term methods of family planning and how they are used compared to the short term methods such as contraceptive pills and injections. This is as a result of they were often used hence when faced with problems. Therefore, contraceptive prevalence and method mix, contraceptive use and method choice is as a result of decisions made by women. This was the case because, most of the people (friend, relatives, and neighbors) had engaged with approval of a particular family planning method because it could work out well without any effect.

The data further showed that some women did not engage in the practice because their partners/husbands did not support family planning due to cultural, religious and some other reasons. There is also some misconception regarding to family planning. It looks as taboos thus difficult for couple communication in such a set up leading to non-use of family planning among the women. A good number of women were aware of the consequences of not using family planning and they clearly highlighted the benefits a clear indication that they were aware of family planning as much as they were faced with some health challenges.

The data showed that, women after giving birth used contraceptives while others chose before due to fear of the side effects of family planning. Interpersonal communication was often used by doctors who counseled the women and taught them what family planning entails, its positive and negative impacts, variety of contraceptive methods, and way of using contraceptive methods. While going for family planning, women are taught about family planning method giving out their negative and positive effects. A clear indication that before a woman settles on a method, she is already equipped with the necessary information from a counselor. The findings indicated that the uptake of family planning was quiet good though not all women used family planning.

4.3 The effect of culture on communicating Family Planning

In the research area there is a culture that looks children as an asset for family. But the health extension expertise stated community perception on having uncontrolled family is changing from time to time. For them the message they use to communicate with the community members are obtained from manuals that come from the health bureau. They have taken courses about family planning are clear and try to make it clear and understandable for the clients. The health related structures which are created for women are not effective. They do not match with the community's culture and belief. Some of the structural organizations create misunderstanding and dispute among the family members. As per the structure, the wife does not perform any actions without her husband's good will and permission. Even if structures mainly consist of women who get such skills and knowledge from the health extension practitioners are not able to employ the information without the consent of their husbands.

Communicating health related issue is not an easy task. Resistances come from different directions. Sometimes elders and religious fathers are source of resistance and their resistance is wide because these people are considered as opinion leaders. On the other hand, when community resist the family planning issue health extension experts teach the community via religious leaders. Religious leaders are respected and have a close attachment with the people. In this community one religious leader has about twelve spiritual sons and he goes to their home frequently to teach bible. The people believe and respect and adhere to the words of their spiritual father. In the family planning program the community role is highly ignored. They focus on the implementation phase instead of the awareness creating phase. Women's use family planning program without knowledge. Knowledge is brought to target audiences through an educational approach that primarily focuses on messages, channels, and spokes people.

4.4 Communication Challenges on Family Planning C

Although the issue of family planning is highly accepting from time to time, there are many challenges faced both users and clients. The data from interview of health extension expertise and focus group discussion pointed out that the following are major problem in the communication of family planning program. Those are:

i. Infrastructure related problems: in this regard, health extensions expertise responded that poor transportation and communication as the most important barrier. They ascertained that facility induced problems that have resulted in irregular stakeholder interaction, particularly among the providers.

ii. Limited social mobilization skill: The focus group informants have admitted that health extension expertise lack the initiation and have no well-developed knowhow on how to mobilize the community with family planning issues. They argued that this is limited their ability to establish instrumental rapport with their clients which is the most important prerequisite for social interaction.

iii. Social influences and networks: Health extension expertise explained that there are no positive social environments that encourage their work. People's perception, attitude and value to their activities are declining through time. They said that the support they used to enjoy is not as strong as it used to be.

Generally, health extension expertise reported that the overall social environment is becoming boring for the reason which they did not actually recognize. Still perceptions of women are not changed about the importance of health extension program on changing their life of the community. The data acquired from the focus group discussion participants pointed out that most of the time the health extension expertise teach us to use family planning methods in order to effectively cultivate our child healthfully. But while we are taking the contraceptive method, there are two major problems, those are either you become over fat or over thin and even it changes your behavior totally. Nevertheless, before going into implementation, there is a need to promote the programs and mobilize communities. Sensitization and orientation activities should be undertaken at public places, among farmers, women and youth associations, at religious places, market places, schools, civil society organizations such as *Idirs* (local association for helping someone at the time of problem) to raise their awareness about the package. But most of the respondents interviewed are looking these ideas in different way.

V. Conclusions and Recommendations

5.1 Conclusions

Most of the respondents preferred face to face interaction or interpersonal communication with health expertise because it allows interactive communication among them. Besides, it involves emotional active interaction of communicators who always make immediate feedback for communication. The door to door communication, getting community's confidence by those members of health 'army' groups as a result of strong social capital owed to persuade husbands and families. The group method of communication highly employed family planning next to interpersonal communication. The communities exchange information about family planning through group communication method particularly at community conversations, training centers, health center, and peer group discussion at the health post center. Regarding use of mass media for obtaining information about family planning, the communities do not have a radio/TV set due to that they do not listen information about family planning. In general, the study found out that the uptake of family planning was quiet good though not all women used family planning. But still their knowledge on family planning is low.

The health related structures created for women are not effective. They do not match with the community's culture and belief. Rather than solving the communities health related problems, these structural organizations create misunderstanding and dispute among the family members.

Still perceptions of women are not changed about the importance of health extension program on changing their life of the community. Most of the time the health extension expertise teach the community to use family planning methods in order to effectively cultivate their child healthfully and to administer their life safely. The study found out that the level of women's participation and participatory communication implementation in the empowerment of community members about family planning program are relatively low in the planning, implementation, monitoring, and evaluation stages. Furthermore, the overall premise of the health belief model, which is knowledge will bring change is not working in the family planning program.

5.2 Recommendations

Health army group should be restructured to include both sexes because this is likely to help develop men's awareness that might help communities find culturally appropriate ways to change existing beliefs, attitudes and social norms that restrict gender equity and equality. It would better if there access to radio for obtaining information about family planning. The infrastructure problem, social mobilization skill the health extension expertise and social influences and networks knowledge should be solved. The family planning program should be work based on the health belief model which is before going to directly implement effort on build knowledge will bring change The planning on the family planning program should be communicate based on identifiable purposes by the community members in order for them to be accepted and implemented as recommended.

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