family planning. Since these health care facilities make family planning services available to all clients, the created variable is a good proxy for the number of women who visited a family planning site. Therefore, it is not surprising that the logo campaign promoting family planning services was related to the likelihood that women had visited health facilities (odds ratio, 2.2). Other media sources—the Zinduka! radio drama and newspapers—revealed a weaker, albeit significant, correlation.

Exposure to radio messages about family planning showed significant and strong associations with two behaviors. Women who were exposed to general radio messages about family planning were 1.7 times as likely as women who were not to discuss family planning with their spouses and 1.9 times as likely to be current users of family planning. However, because women who were exposed to Zinduka! were also coded as having been exposed to radio, the effect of radio separate from Zinduka! cannot be determined. Zinduka! had a significant effect on the three behaviors. After the effects of other variables were controlled, women exposed to the messages about family planning in Zinduka! were 1.4 times as likely to discuss family planning with their spouse, 1.3 times as likely to have visited a family planning service site and 1.3 times as likely to be currently using family planning as women not exposed to the radio drama.

The logo campaign was also strongly associated with two behaviors; it was especially effective in increasing use of health facilities. Newspapers, posters and leaflets were not distributed nationwide until two months before the survey fieldwork commenced, so their overall effect was minimal. Not surprisingly, television had no impact when other factors were controlled for in the multivariate analysis. Low rates of television ownership and the fact that television spots began broadcasting during the survey fieldwork period most likely explain the lack of significant impact for television exposure.

**Conclusion**

We have found that women’s exposure to media sources of family planning messages was associated with increased contraceptive use, especially that of modern methods. For example, only 3% of women who had not been exposed to any family planning messages in the media were using modern methods, compared with 18% of those who had been exposed to at least one media source of family planning information. Furthermore, use of modern methods rose as the number of media sources increased, reaching 45% among women exposed to six media sources.

The media campaign appears to have been associated with use of traditional contraceptive methods as well. Although the campaign emphasized modern contraceptive methods, some messages discussed the benefits of family planning in general and its contribution to the health of the entire family. It is likely that some women motivated to practice contraception because of exposure to these messages might first seek a method that is easily available and has low psychic and actual costs. Traditional methods would meet these requirements.

Women exposed to family planning messages in the media were more likely than other women to discuss family planning with their spouses and to visit health facilities. These effects persist even after the effects of place of residence, age, education, marital status, parity, approval of family planning, partners’ views on family planning and radio ownership are taken into account.

Each of the five media sources and the two specific program interventions (the Zinduka! radio drama and the Green Star logo campaign) were related to at least one of the three behaviors measured. Some of these relationships were not significant when controls for social and demographic variables were added. In general, however, the influence of media exposure, compared with social and demographic variables that are difficult or even impossible to influence, is impressive.

Of course, the issue of direction of causality is important: Did women recall multiple media messages on family planning because they were already using or intended to use family planning, or did the messages cause them to change their behavior? Total contraceptive prevalence in Tanzania in 1991–1992, before the national media campaign began, was only 10%, and modern method prevalence only 6%. Therefore, most of the women who recalled media messages on family planning were not already using or had not ever used contraceptives. Whether they were more predisposed toward use before exposure is impossible to tell without additional data or a longitudinal study following the same (or very similar) women over several years.11 Nevertheless, it is well-recognized that becoming a regular user of modern contraception is a gradual and complex process. Few women adopt contraception immediately upon exposure to information about family planning. Yet continued exposure to similar messages through different media channels changes knowledge and attitudes and helps to create a climate in which family planning is perceived as a social norm. Interestingly, by 1994, 30% of women thought that most of the women they knew were using family planning, and another 29% thought that some of their peers were users.12 In other words, about half thought that most or some of the women they knew were already family planning users—enough to make contraceptive practice normal and acceptable in many communities.

Using multiple media sources helps to extend the reach of family planning messages: The addition of each media source