CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

MASS COMMUNICATION AND FAMILY PLANNING
IN SRI LANKA

A thesis submitted in partial satisfaction of the requirements for the degree of Master of Arts in Mass Communication.

by

Lansage Piyasoma Medis

December, 1973
The thesis of Lansage Piyasometh Medis is approved:

Committee Chairman

California State University, Northridge
December, 1973
Dedicated to

ALL WHO HAVE SHOWN ME LIGHT
I wish to extend my appreciation to:

World Health Organization, Ministry of Health, Government of Sri Lanka and California State University, Northridge, for the opportunity given.

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ABSTRACT

MASS COMMUNICATION AND FAMILY PLANNING
IN SRI LANKA
by
Lansage Piyasoma Medis
Master of Arts in Mass Communication
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This study explores the possibilities of an expanded mass communication program for family planning in Sri Lanka, to include a public information strategy directed at newspapers. Generally, response to mass media differs from individual to individual, society to society and country to country. Response is also influenced by the individual's beliefs, customs and values. Motivation to adopt a new concept like family planning may take various forms in different countries.

Specifically, in a traditional society such as Sri Lanka, family planning is considered a new phenomenon. Therefore, in order to organize the public to accept and practice family planning, it is first necessary to provide the people with information about this new concept.
Before the strategy is put into operation, it is necessary to survey the knowledge, attitudes and practices of the people of Sri Lanka towards family planning. This is to determine the operational level of the mass media campaign. At present, population increase is an alarming problem in Sri Lanka. The most appropriate way to reduce its effects on health and overall socio-economic development is to make family planning an incidence of daily life through mass communication programs.
CHAPTER I

INTRODUCTION

Mass Health

Health—the physical and mental fitness of an individual—is an important factor which contributes to the continuous maintenance of the social equilibrium of society. The World Health Organization (WHO), which is dedicated to improving the health and welfare of people the world over, identifies health as a state of complete physical, mental and social well-being, not merely the absence of disease and infirmity.¹

Mass health—or mental and physical well-being of the mass society—enables the members of the society to carry out their day-to-day functions. If people are sick or mentally distressed, efforts for constructive socio-economic development may be jeopardized. If this situation arises in one society, it may influence other societies, since all societies today are closely knit. Long ago Emerson wrote these valuable words on health:

We must reckon success a constitutional trait . . . for performance of great mark, it needs extraordinary health. If Eric is in robust health and has slept well and is at the top of his condition, and thirty years old, at his departure from Greenland he will steer West and his ships will reach Newfoundland. But, take out
Eric and put in a stronger and bolder man,--Biorn or Therfin--and the ships will with just as much ease, sail six hundred, one thousand, fifteen hundred miles farther and reach Labrador and New England. There is no chance in results. With adults, as with children, one class enters cordially into the game, and whirls with the whirling world; the others have cold hands, and remain by-standers, or are only dragged in by the humor and vivacity of those who carry a dead weight. The first wealth is health. Sickness is poor spirited and cannot serve anyone: it must husband its resources to live. But health or fulness answers its own ends and has to spare, runs over and incendates the neighborhood and creeks of other men's necessities... One comes to value this plus health, when he sees all difficulties vanish before it.2

This statement shows that health is a matter of qualitative not quantitative value. It is the force which gives an individual a certificate to live and render best services.

Today, man has reached a high level of progress economically, socially and culturally. The present in which he lives can be described as the most advanced period known to mankind. Man's existence is indispensable to the undisturbed flow of the civilization which he himself has built up. If a minute chance is given to the hazardous forces which could deteriorate people's health standards, it would have a disastrous effect on the general well-being and progress of the country.

Developed nations have been able to eradicate a number of major diseases which were a threat to those countries, but certain problems are still affecting the well-being of the individual. In the United States, which
has well developed medical facilities, the incidence of
the common cold outnumbers other diseases about 25 to one.\textsuperscript{3}
In 1970, 80,000 cases of syphilis and over 2,000,000 cases
of gonorrhea were reported in the United States.\textsuperscript{4} In the
same year, there were approximately 921,540 deaths from
cardiovascular diseases and 265,260 deaths from cancer.\textsuperscript{5}

Now, a new danger is coming to the forefront.
Galloping technology has created or introduced many
unhealthy side effects. Problems such as air pollution,
water pollution, environmental pollution, mental dis-
orders, drug-related ailments and problems created by use
of insecticides and pesticides fall into this category.

Hence, health should be one of the major concerns
of the society. The lowering of health conditions particu-
larly would assail man's senses and destroy his activ-
ities.

\section*{Importance of Public Health}

In recent times society has realized the serious-
ness of the prevailing health problems, which have become
increasingly a matter of public rather than private con-
cern. It is true that the individual is the key element
in any health development program, but the vastness of
these health problems makes individual action prohibitive.
Unified efforts are needed to eradicate such widespread
problems.
The concept of public health has emerged as a result of this concentrated effort. To achieve best results and to maintain established health standards, public health plays an important role in the national development programs of all countries. Public health is important in present society as an approach of solving unsolved health problems and soliciting people’s participation in health work.

Commenting on public health, Mustard and Stebbins said:

A health problem becomes a public responsibility if or when it is of such character or extent as to be amenable to solution only through systematized social action. Its relative importance varies with the hazard to the population exposed. This hazard may be qualitative in terms of disability or deaths; quantitative in terms of proportion of population affected; it may be actual or potential.

Making public health an essential component of the community, Hanlon says:

Public health is dedicated to the common attainment of the highest level of physical, mental and social well-being and longevity consistent with available knowledge and resources at a given time and place; it holds this goal as its contribution to the most effective total development and life of the individual and society.

Public health is vital to developing countries, where the population boom is most conspicuous. At present, public health services in these countries are directed primarily towards prevention and cure of communicable diseases. A similar emphasis on population control would be
a worthy investment. A public health plan can be an effective means of helping people understand the dangers of population growth, which has reached "epidemic" proportions.

Today, public health activity is given wider recognition. The concept of preventive medicine is employed for health promotion, treatment and rehabilitation. However, continued population increase can threaten concentrated activities to protect the health of the people. Thus, there is a vital need to keep the people informed about the dangers of population increase and its effect on public health.

Population Increase and Family Health

The family is regarded as a biological and social unit organized primarily to transfer culture from one generation to another. Health is one of the important factors which directly influences the family in its efforts to maintain satisfactory living standards.

The concept of family health is considered a force which organizes the family unit to treat disease and take preventive measures to safeguard family members from ill health. Therefore, health sufficiency within the family is an important variable which keeps its members physically and mentally fit to contribute to the social activity of the society in which they live.
This suggests a direct sociological correlation between the health of the family unit and the social structure. Basically, society is an organization of a multitude of family units which are interrelated and interconnected. The activity of one family influences other families and finally affects all units in the organization. This suggests that if the health activity of even one family is weakened, it could affect the society as a whole.

The health of a family is affected by its environment--natural or man-made conditions, physical or mental disequilibrium, consumption of bad food and lack of proper hygienic standards. This situation was well defined by Dunn and Gilbert, when they said public health begins in the family. Today, family health is a priority in all countries to protect the health of the greater society.

Recent studies of disease patterns have shown that certain family health problems are related to childbirth and maternal and child care in general. If a woman bears too many children, too close together, it could seriously effect her health and well-being. Family planning is considered an acceptable technique to overcome the hazards of excessive childbirth. Family planning is considered a harmless and a healthy activity by medical specialists.
The health care of the family unit combines the health activities which were originally offered individually. It provides continuity in the attention given to individual members within their lifetimes and basically unites the preventive and curative services in the repulsion of diseases. Thus, family planning is a very important area of a comprehensive health care program for the individual family and the society at large.

The goal of the family planning process is to improve the quality of life for all people. If children were born when they were wanted, sufficiently spaced in years, it would enable parents to devote more time to the well-being of each individual child. The family environment would be more conducive to the proper emotional and physical development of the children. When the family unit is smaller, the individual members of the family can have better emotional relationships with one another and can share economic gains reasonably.

The World Health Organization indicates that the impact of family planning on family health occurs primarily in the following areas of human reproduction: (1) Avoidance of unwanted pregnancies and births and occurrence of wanted births that might not otherwise have taken place; (2) A change in the total number of children born to a mother; (3) Variation in the intervals between pregnancies; and (4) Changes in the time at which birth
occurs, particularly the first and last in relation to the age of the parents, especially the mother.9

Why Family Planning?

In the late 1940's Kingsley Davis, referring to the population growth, said:

Viewed in the long-run perspective, the growth of the earth's population has been a long, thin powder fuse that burns slowly and haltingly until it finally reaches the charge and then explodes.10

This statement indicates the alarming danger of population increase throughout the world and the grave effects it may have upon mankind. The growth of the world's population in the next 20 years is a serious threat to the existence of the human race, according to the social affairs division of the United Nations, which considers this the nucleus of the problems man is facing.

The rate of increase in the world's population has accelerated in the last 100 years. It took centuries for man to build up to a world population of one billion in 1850, but only 75 years to reach the second billion and 35 more years for the third billion.11 It is estimated that the world's population will total four billion by 1980 and seven billion by the year 2000. (Figure 1, page 9.)

It will be a problem for many to obtain sufficient food, clothing and shelter in the future. Many mouths
Source:

and hands with limited resources form a difficult equation. This was aptly pointed out by Berelson:

... among the great problems on the world agenda is the population problem; that problem is most urgent in the developing countries where rapid population growth retards social and economic development; there is a time penalty on the problem in the sense that other things equal, anything not done sooner may be harder to do later due to increased numbers; and accordingly everything that can properly be done to lower population growth rates should be done now.\textsuperscript{12}

The present demographic situation in the world calls for extensive family planning to control the rate of population growth to prevent a possible population explosion. Malthus, a student of the early school of demography, emphasizing this situation said:

Population when unchecked, increases in a geometrical ratio. Subsistence increases only in an arithmetical ratio. A slight acquaintance with numbers will show the immensity of the first power in comparison of the second.

This implies a strong and constantly operating check on population from the difficulty of subsistence. This difficulty must fall somewhere and must necessarily be severely felt by a large portion of mankind.\textsuperscript{13}

When family planning or limitation of family size is considered as a health gain alone, there are many conditions which confirm the need for such programs. For instance, family planning may lower maternal, infant and child mortality and morbidity rates, particularly if practiced by women in the high risk age groups. This suggests the avoidance of pregnancy in early adolescence (below the age of 18) and by older women (above the age of 35). The
effect of maternal age on morbidity and mortality is usually linked to the number of births experienced by the mother. 14

Therefore, WHO confirms mainly on medical grounds that:

Family planning is seen as both a preventive and promotive measure, since it can favourably influence the health, development and well being of the family and has a striking impact on the health of mothers and children. Family planning care is an integral part of the health care of the family . . . It is therefore of immediate concern to medicine and health. 15

Studies conducted by various organizations and countries have shown that there is also a direct relationship between population growth and economic development. Basically, population growth functions as a factor which impairs efforts to achieve better standards of living, resulting in low per capita income.

Per capita income cannot be increased satisfactorily unless output increases at a faster rate than the population. Coale's comment on the influence of demographic characteristics on the modernization of low income countries, clearly says a drop in birth rate would tend to increase per capita income. A reduction in the birth rate would also increase income per consumer by over 40 percent within a period of 30 years, by 86 percent in 50 years and over 100 percent in 60 years. Concluding his commentary he says:
After 150 years the low fertility population would have an income per consumer six times as high as the faster growing population with unchanged fertility. . . . The underdeveloped areas in the world for the next fifty years or so have choice at best between very rapid growth and moderately rapid growth in population.16

Under the present trends of population increase, says Coale, economic development is far beyond the horizon. The disparity between the "haves" and the "have-nots" is getting wider and wider with the population growth.

Insuring a supply of food alone for the growing population is a difficult task. Population growth creates an especially challenging situation in countries with inadequate resources and living standards. According to Hauser, realism compels us to recognize that to change the world outlook substantially would require major reallocation of present world resources and a combined program of economic development and population control that is not yet a prospect.17

Overcrowding is another factor which is substantially related to population growth. The rapid urbanization or exodus from village to city is a significant feature in the world today. Commercially oriented economies which promote large cities have attracted people to the city atmosphere since the world industrial revolution. This was clear in the 19th century in European and American societies. Although urbanization is an expected
by-product of economic success, the resultant overpopula-
tion in the cities creates problems which are harmful to
man. Physical and mental unrest, air pollution and the
possibility of epidemics are associated with overcrowding
in cities.

Urban and physical problems associated with the
rapid growth of population in cities are best illustrated
in the classic example of Calcutta--one of the largest
concentrations of population in the Asian hemisphere. In
1961 the estimated population in Calcutta was 6.5 million
and it is expected to exceed 12 million by 1986.\textsuperscript{18} By any
standards, the urban situation in Calcutta is reaching a
breakdown in terms of its economy, housing, transport,
sanitation and essential amenities of life. The city has
a poor water supply, inadequate sewage facilities and
traffic problems. Also, cholera is endemic to the area.
Although Calcutta can be considered an extreme example,
many cities in less developed countries are by no means
in favorable situations.

There are a great many problems associated with
population increase, which makes education, clothing,
food, health and other human needs--and the avenues of
meeting those needs--scarce. A practical and possible
solution to this situation is family planning.
Population Increase and Family Planning in Developing Countries

The population increase is severely felt in the less developed countries where the per capita income is $300 or less. Most of the countries in Asia, Africa and Latin America fall into this category. In recent times, these countries have increased their investments for national development to meet waves of population increases. However, most of them lack the necessary economic resources for such a development. Illiteracy, ill health, malnutrition and heavy dependency rates are still aggravating the situation.

The increase in population has reached explosion levels in the developing countries. (Table 1.)

Table 1

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<th>Year</th>
<th>Asia</th>
<th>Lat. America</th>
<th>Africa</th>
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<td>1971</td>
<td>2104</td>
<td>291</td>
<td>354</td>
</tr>
<tr>
<td>1985</td>
<td>2874</td>
<td>435</td>
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Problems that have cropped up as a result of population growth have forced these less developed countries to introduce checks on population growth. Therefore,
family planning has emerged as a recent innovation to control the unfavorable growth rates. Emerging interest in family planning and massive campaigns started for fertility control in such countries as India, Pakistan, Taiwan, Korea and certain Latin American countries are good examples. But still these programs have not been widely accepted by the people, although they are being heavily pressed by national administrations. Perhaps, intervening variables such as religion, morals and culture may be preventing people from becoming voluntary participants in family planning. But Japan, a recently developed country, has shown that a reduction in the birth rate directly influences national development.

The Mass Communication Potential in Developing Countries

Countries with minimal socio-economic development are said to be "developing nations." As mentioned earlier, many countries in Asia, Africa and Latin America belong to this category. At present, they are at "take-off" stage for national development, and concentrated efforts are being made in this direction.

In the developed parts of the world, information channels play a prominent role in day-to-day activities. Media channels in developing countries perform the functions of message transfer from central administration to the people and from the people to central administration.
In many countries the media channels function as important sources of social change. History shows the extent of their contribution to social and economic progress in developed countries.

In order to solicit mass participation in the national development process of developing countries, it is first necessary to reach the populace with that message. Unfortunately, as in other areas of social progress, information facilities lag far behind in many developing nations.

Rogers has pointed out that this development process is a myriad of decisions that, taken together, constitute social change—a peasant's decision to move cityward or to join an agrarian reform project, an industrialist's adoption of a new manufacturing technique, the decision of a husband and wife to limit their family.19

Inadequacy of media facilities is a detrimental variable in social change and national progress. Yet, economic improvement in developing countries necessitates a mass information campaign, generally in areas such as health, agriculture and education. It is clear that traditional communication channels alone cannot help in accomplishing such a task. Experiences in developed countries indicate that economic progress has been supplemented by media channels which have enlisted the people as active participants in the economic activity. But,
media channels have not been fully established for this purpose in the less developed areas. Media channels and economic activity function on different levels in these countries.

Dearth of Facilities

The lack of media facilities in developing countries is the major set-back in planning a broad-based communication program. In certain advanced countries, there are as many as 58 copies of daily newspapers, 94 radio sets, 13 cinema seats and 32 television receivers for every 100 people. In some countries, such as the United States, this situation is more advanced. UNESCO research suggests that as an immediate target a developing country should attempt to provide at least the following for every 100 of its inhabitants:

Ten copies of daily newspapers
Five radio receivers
Two cinema seats
Two television receivers. 20

Still many of the developing countries are far away from these minimum goals. This, in turn, has prevented a high proportion of the world's population from enjoying freedom of information.

It is appropriate here to consider the following statement by UNESCO researchers:
As many as 100 states and territories in Africa, Asia and Latin America fall below this (minimum targets) very low "minimum" level in all four of the mass media. These countries have a combined population of 1,910 million or 66% of the world total. An additional 19 countries representing 2% of the world population fall below the "UNESCO minimum" in respect to three of the media. In short, nearly 70% of the world's people lack the barest means of being informed of developments at home, let alone in other countries.\(^\text{21}\)

In point of fact, the actual situation is even worse, because the above criteria do not take into account the distribution of media facilities within countries. In many underdeveloped countries, over 60 percent of the population live in rural area, while facilities for information are concentrated in a relatively few urban areas. The above general analysis does not fully reflect the lack of facilities in the rural areas of most underdeveloped countries and even in most semideveloped countries which otherwise stand above the "UNESCO minimum" level.

The need for mass communication media is very great in the underdeveloped countries. The unfortunate combination of the need for and the lack of facilities make the task of the communicator extremely difficult, if not wholly impossible.

**Hopes for the Future**

With the increase of various national development projects, it is essential that underdeveloped countries expand mass media channels. There are two major problems
which call for an immediate expansion in this area: (1) the expanding population and (2) the correlation of various branches of the society with rapid modernization. Therefore, to maintain uniformity in the society, it is necessary to provide well balanced media facilities.

The increasing interest in the mass media in developing countries is a satisfactory sign and can be considered a resurgence toward the mobilization of human resources for development. As Schramm said:

... new electronic developments in communication have swung the balance back toward communication in which one can see and hear the communicator. They have given the developing countries potential channels of information with which to reach fantastically large audiences, to communicate with underprivileged masses despite the literacy barrier, to teach difficult skills by "showing how" they are done, to speak almost with the effectiveness of face to face communication.

Further, Schramm says:

The less-developed countries have less-developed mass communication systems also, and less development in the services that support the growth of mass communication. Their systems are under-financed and underequipped, and as a result the flow of information is much less than it could be. However, there is an encouraging rate of growth throughout the developing regions, both in the mass media and in their supporting services. The question is whether it is fast enough for countries in a hurry.

Mass Communication and Health

Among many organized attempts and plans to improve standards of human life, public health has become a very important factor. When socio-economic development programs
throughout the world are taken into consideration the vital role played by health can be observed.

There is no sector of the economy—industry, agriculture, education or labor—which does not have a health aspect. As health cannot be differentiated from the socio-economic areas of development, so socio-economic areas cannot be separated from health. Generally, people want to be healthy and free from disease.

If health is a common need rather than a social urge, it is obvious that each member of the community (in the sense of a nation) should make an equal contribution and effort to obtain and maintain high health standards. Yet, the impact of health programs, particularly in developing countries, is not satisfactory, although great sums of money are spent for health development. It is generally accepted that the degree of effectiveness is rather low, considering the capital investment made. Perhaps, more pressing problems—insufficiency in food, clothing and housing have resulted in a low effectiveness in health programs.

To make the community aware of the latest developments in the field of public health and of the services and facilities provided through a national health program, and a mass communication plan which envelopes the whole population, is essential. In a broader sense, such a program can contribute to:
1. make health a way of life,
2. discourage misinformation and misconceptions,
3. lessen fears and suspicious attitudes,
4. provide information about the latest scientific and technological advancements of medical science and
5. obtain co-operation of the people for the national public health plan.

Taking Ceylon (now known as Sri Lanka) as an example, only through a proper mass communication program will it be possible to awaken the people to their latent health needs. Such a program can function as a strategy to stimulate awareness of public health needs and motivate people for necessary health action. The program would particularly prevent problems that could arise as a result of a population explosion. Preventable diseases like malaria, filariasis, VD, leprosy and tuberculosis seriously threaten that nation—in addition to the population explosion.

Mass Communication

Communication among human beings originated when man began to convey meaningful messages from one individual to another. It is not possible to determine exactly how and when human communication evolved into the art or science of transmitting symbols, ideas and attitudes from
one human being to another. It is safer to say that the origin of man was the origin of communication.

Even among animals, a systematic communication structure can be observed. Zoologists who conducted experiments on communication patterns of animals have shown that biological instincts triggered by odors, sounds, tactile or visual stimuli function as methods of communication, e.g., a hen summons her chicks by clucking. However, communication among human beings is a far more complex matter and an essential component of the social habitat.

Man's primary mode of communication is the act of imparting information through oral or written messages from one individual to another. Cherry suggests that speech and writing are not by any means our only systems of communication. Social intercourse is greatly strengthened by habits of gesture. With every yawn, shiver, laugh, nod, gesticulation or other physical movement, we send messages more-or-less effectively, sign language being the purest example. Stevens, as a student of an early school of psychology, describes communication as the discriminatory response of an organism to a stimulus. But later, in the 19th century, gestalt psychologists explained that communication is more than a stimulus response pattern and takes place as a complex whole in a particular situation.
However, with later technological developments, communication became an aspect of the human life style. It became indispensable and more and more instantaneous. With these changes the mass media came to the forefront in the art of communicating with a multitude of individuals. New inventions in the fields of transportation, industry and allied areas required a better means of communication. This was fulfilled by the techniques of mass communication.

At present, the mass media have become an inseparable component of our day-to-day life. Perhaps, communication with mass audiences can be the most significant phenomenon of man's activity as a social being on this planet.

If communication is a means of message conveyance, then mass communication is message conveyance to mass audiences--unlimited numbers of individuals. Today, in mass society and mass culture, mass behavior is important. For the continuous flow of mass behavior, a continuous flow of mass information is necessary. Perhaps, no developed country would have reached its present socio-economic standards if not for the role played by the media as in the diffusion of innovation. Therefore, a significant characteristic of the mass media is their ability to function as a stimulant to innovation.
The dependability of human society on the mass media is so heavy that it has become the carrier of culture from one generation to another. To a great extent, this has become a common feature of the present generation in all countries of the world, whether they are developed, developing or underdeveloped.

**What Mass Communication Can Do in Family Planning**

Considering the extent and potential of the mass media, one may conclude that they would function as effective vehicles to make family planning an easily accepted concept. Although in many countries the mass media are used as manipulative tools to further political ideology or economic development in a mass population, it is difficult to believe they would function with the same effectiveness in relation to family planning.

The concept of family planning demands a dramatic change in individual childbearing patterns. Unlike such development programs as food production or malaria eradication, family planning deals with a subject that people do not easily talk about in public. At the same time, family planning requires people to make a radical change in their personal behavior and personal beliefs. It is also difficult to demonstrate the future personal benefits of limiting family size.
The mass media are not capable of conveying complex ideologies or concepts, nor are they fully effective in changing strongly accepted social norms, such as persuading people to adopt various methods of contraception. Final acceptance of such methods almost always occurs as the result of direct, face-to-face communication with an extension worker or close relative or friend. If a medium is used to disseminate a message which is not suited to that medium, there will be little or no understanding of the message by the audience.

However, mass communication has the ability to provide a quick and fleeting exposure of the message. Thus, as a variable of social interaction, the mass media are important in family planning. In that field they can be useful:

1. to propagate the idea of family planning and bring about the realization that fertility control is possible,
2. to encounter any misconceptions that exist regarding family planning and build a favorable attitude,
3. to convince parents that fewer pregnancies ensure better health of both mother and baby,
4. to create an understanding about the importance of spacing pregnancies,
5. to ensure that once contraception has been adopted, it is regularly practiced,
6. to get people to talk about the subject,
7. to generate interest on the subject,
8. to ensure continued public and social support to family planning adopters and
9. to create an understanding that family planning can help parents give their children better health, better education, better food and better care.
Footnotes for Chapter I


14 Health Aspects of Family Planning, op. cit., p. 11.


21 Ibid., p. 17.


23 Ibid., p. 112.


26 Ibid.


CHAPTER II

BACKGROUND AND DIAGNOSIS OF THE PROBLEM

The Country

Sri Lanka (Ceylon) is an island (Figure 2, page 30) located in the Indian Ocean, southeast of India. It is approximately 25,000 square miles in size, about the same as West Virginia in the United States or the Republic of Ireland. From the early days, it has been a cosmopolitan country. People of many nationalities--Chinese, Arabs, Indians and Europeans--have lived and worked with the people of Sri Lanka. The strategic geographical position of the island made it a victim of several foreign invasions. Early invaders were Aryans from North India, followed by South Indians. From the early 16th century until the middle of the 20th century, the country was ruled by Europeans--first by the Portugese, then by the Dutch and finally the British.

Today, Sri Lanka is independent. At present, the population of the country is about 12.5 million. The major portion of the population is engaged in agriculture, although industry has become increasingly important in recent years. Basically, the country depends on an economy of agricultural exports--mainly tea, rubber and
Figure 2
Map of Sri Lanka

Source:
Adapted from Tourist Map of Ceylon, Surveyor General, Colombo: Dept. of Surveys, 1970.
cocunut. But people still depend on food items, such as rice, flour and sugar, imported for general consumption. A major part of the national income is set apart to purchase these food items.

**Ethnic Groups and Languages**

The present society consists of several ethnic communities. These groups are differentiated by language, religion, social customs and racial origin. The majority are Sinhalese, forming 70 percent of the population of 12.5 million. They are primarily agricultural people. A majority of the Sinhalese are Buddhists, and the culture of the country has been greatly influenced by their religion. Ruins which are thousands of years old reflect the glory of the old culture and civilization.

The second largest group, the Tamils who form nearly 22 percent of the population, is divided between the local Tamils who are descendants of the ancient indigenous Tamil kingdom of the northern part of the country and the Indian Tamils who are the descendants of the estate laborers brought from South India by the British in the beginning of the 19th century.

The third indigenous group, the aboriginal Veddhas whose residence in the country predates that of both the Sinhalese and the Tamils, has largely ceased to exist as an ethnic group and has been absorbed into the general society.
Several smaller but disproportionately influential groups owe their presence on the island to foreign trade and colonization in medieval and modern times. The Muslim community functions as an ethnically distinct group and accounts for about 7 percent of the population.

Three languages have occupied positions of importance in the modern history of the country—Sinhala, Tamil and English. Sinhala and Tamil are both identified with specific ethnic communities and are prevalent in particular geographic regions. By government action, English, which was once the exclusive official language, was replaced by the two vernaculars as the media of administration and education. English continued to be used, however, among the elite and, contrary to government policy, for government functions. But it is unlikely that English will long continue in a position of importance.

Religious Structure

Religious diversity characterizes Sri Lanka; four major world religions have significant followings. One religious community—the Theravada Buddhists—is numerically and culturally dominant, and its influence is growing. About 90 percent of the Sinhalese, or 64 percent of the population, are members of this community. Nearly 95 percent of the Tamils, or 20 percent of the nation, are
Hindus. Nine percent of the population is Christian; this group is divided among Sinhalese, Tamils and Burghers. The remaining seven percent are Muslims.

Although the Buddhist religion dominates the spiritual life of the country, the other religious communities have exercised influence for centuries and continue to do so. The cosmopolitan nature of religious life is indicated by the fact that religious festivals of four major religions are officially recognized and celebrated as national holidays.

**Political Structure**

The governmental system of the country is based on a constitutioned document called Constitution of Republic of Sri Lanka, adopted by the National State Assembly in 1972.

The Prime Minister and his cabinet ministers, the nucleus of national leadership, are chosen by the political party or a coalition of parties that wins the majority of seats in a National State Assembly election held at least every five years. For purposes of cabinet formation, political parties must win the majority of seats in the 157 member National State Assembly.

The people of Ceylon were granted universal adult franchise in 1931 and have exercised their right to vote and to be elected to public office in many national and local elections.
Educational Structure

At present, the people of the country are enjoying free compulsory education for children aged five to 14 and free secondary, college and university education. Nearly 84 percent of the five to 14 year olds attended school in 1967, a large portion going on to secondary school.\(^1\) Education is a prime responsibility of the state. All schools and the four university campuses are government operated, except for a few missionary colleges. Government plays a vital role in education, retaining responsibility for financing, curriculum planning, textbook writing and policy making.

The widespread demand for education and easy access to public schools resulted in a high literacy rate of approximately 80 percent by 1970.\(^2\)

Literacy tends to be higher in urban centers than in rural areas and higher in nonagricultural occupations than in farming. The literate population is comprised of those who have received formal education and are in the 15 to 20 age group. Although literacy in English is confined to a small proportion of the population, its importance in modernizing the country's scientific and technological knowledge is widely accepted.

Economic Structure

In modern times, the economy of the country continues to be a classic example of an export economy.
Operating as two separate entities are a foreign-owned plantation sector producing tea, rubber and coconut for export and a mini-scale agricultural sector producing foodstuffs for domestic consumption.

This dual production economy, a significant aspect of the country's economy as a whole, came into existence as a result of the rapid growth of plantations. The traditional methods that comprise the dual economy have been in use for over 100 years. A noticeable improvement has been evident in the plantation economy, however such development is still lacking in the traditional economy which is based on village agriculture.

There is great disparity between the commercially-oriented plantation economy and the self-supporting traditional economy. This disparity has created differences in income levels between the rural and urban sectors.

The economy of the country is young and not yet self-sufficient. Sri Lanka depends on others for food, clothing and raw materials for industry. A major economic problem is the shortage of foreign exchange for development programs.

Recent economic development plans have emphasized the importance of the increase of gross national product to maintain a uniformity in the country. Efforts to increase industrial output were intensified in the 1960's,
but this was restricted due to heavy dependency on imported raw materials and machinery.

Now, the noteworthy features of the economy are the concentrated efforts to increase agricultural output for domestic use and the restrictions on the import of rice and other agricultural products. This unstable economy has prevented the country from making investments in programs like mass media development.

Health of the People

Health services in Sri Lanka have a long history. Mahawansa and Chulawansa, which are ancient historical records, make references to significant health facilities available in the country in early times. The Mahawansa states that when King Pandukabhava (377-307 B.C.) reigned, a well organized indigenous health service existed in the city of Anuradhapura--the historical capital. In ancient times, it was the responsibility of the rulers to provide health facilities for the well being of the people. Today, the health of the people is protected by the government as a major welfare service.

Until the arrival of Europeans in 1505, the only medical system which prevailed in the country was the Ayurveda (indigenous) medical system. With the arrival of the Portugese, the western medical system was introduced. The Dutch, who captured power from the Portugese,
established several medical institutions with physicians and surgeons.

In the early part of the 19th century, when Ceylon became a crown colony of Great Britain, the British took charge of the medical affairs of the nation. The mass campaign against smallpox, which they established in 1798, developed into the civil medical department in 1859. Since that time, there has been gradual progress in the development of health activities in the country. Among the salient features of this development are:

1. 1913--The foundation of a separate sanitary branch.

2. 1916--The inauguration of the anti-Hookworm campaign with the co-operation of the Rockefeller Foundation.

3. 1926--The establishment of the first health unit at Kalutara.

4. 1928--Appointment of a Superintendent of Health Education.

5. 1931--The appointment of a separate Minister of Health under the Donoughmore Constitution.

6. 1936--The introduction of the malaria control and health scheme.

7. 1936--Replacement of the Superintendent of Health Education by a publicity officer.

8. 1952--The passing of the Health Services Act No. 12, which reorganized the Department of Health with a director and three deputy directors in charge of the divisions of medical, public health and laboratory services.
9. 1954--The decentralization of the department with 15 divisions and five special campaigns for malaria, tuberculosis, filariasis, venereal disease and leprosy under each superintendent.

10. 1955--The establishment of the Health Education Sub-Division, including a publicity unit under the Deputy Director of Public Health Services.

At the very early stages, the task of the health service was to control killer diseases such as cholera, plague and smallpox. Between 1844 and 1950 there were 133,337 cases of cholera with 81,600 deaths. Plague caused 2,955 deaths between 1914 and 1918, and there were 31,117 cases of smallpox during the 1877-1930 period. However, these numbers diminished and disappeared eventually with intensification of health activities in the country.

Major quarantinable diseases are nonexistent in the country, except for an occasional imported case. There are strict quarantine regulations to prevent these diseases from coming into the country. But, communicable diseases like malaria, filariasis, venereal disease and leprosy are still a threat to the people. Specialized campaigns formed to combat these diseases are making concentrated efforts to eradicate them. Sri Lanka was one of the first of the developing countries to implement programs against malaria and tuberculosis.

Malaria, which took many lives, was reduced successfully to only a few cases in the early 1960's. But
in 1969 there was a new outbreak of malaria, and spraying
of DDT was intensified again to control the spread.3

There was a dramatic reduction of the tuberculosis
rate from 53.3 per 100,000 population in 1950 to 10.3 per
100,000 population in 1968.4 As a means of tackling the
tuberculosis problem at the grass-roots level, all newborn
babies in 10 leading maternity hospitals are given B. C. G.
vaccinations.

There is a network of hospitals and health centers
scattered throughout the country. In 1967 the total num-
ber of government hospitals was 856, with a bed-strength
to patients in 1966 was about one to 4,000.6

The ratio of doctors
ratio of 3.2 per 1,000 population.5 The ratio of doctors
A well organized public health service carries on
the preventive aspect of the country's national health
program. At present, one of the most serious health
problems in the nation is the high incidence of virus and
parasitic diseases. Efforts are being made to maintain a
satisfactory sanitation program, high sanitation quality
and pure water for the people.

Under school health inspection, school children
are given medical examinations regularly through the joint
school health committee, a co-operative body of the
ministries of education and health.

Health expenditures have spiraled from 58.8
million rupees in 1949 to 206.8 million in 1969, taking a
major portion of the national budget. The health service is provided to the public at a very minimal cost. By 1970, health standards in the country were higher than the average for South Asia. Socialized medicine has extended the life span of the people and made them health conscious.

An Emerging Problem

Sri Lanka, with its health services and developing economy, is in a favorable position as a developing country. However, when limited resources and capital investment made during the past years are taken into consideration, it is difficult to agree that the country has achieved much. Poverty among the people has led to the introduction of free state services, starting with education and health. This, incidently, has become a heavy burden on the economy. Agricultural output in the country, after the first two decades, did not increase as conspicuously as did the population.

In accordance with the classification scheme of the United Nations, Sri Lanka belongs to the developing category. The United Nations defines "developing" or an "underdeveloped" country as one in which the annual per capita income is $300 or less. According to U. N. statistics, the per capita income in Sri Lanka for 1962 was between $180 - $300.
As the country is faced with poor capital investment, few natural resources and many free services, the strain of the population explosion is acutely felt.

The most important component of the problem is overcrowding. A population of 12.5 million in an area of 25,000 square miles is a heavy burden on national development. Overcrowding or overpopulation may lead to various hazards unfavorable to human conditions.

Research on animals has demonstrated the adverse effects of overcrowding. It is accepted fact that overcrowding among humans contributes to physical and mental ill health, food shortages, unemployment, rapid spread of communicable diseases and increased violence and juvenile delinquency. It also reduces the ratio of available health facilities to the growing population.

Wiggins describes the dilemma the country faces as a result of population increase:

Ceylon's population has been better served than any other people in Southeast Asia . . . To enlist popular support in the social and value changes implicit in economic development remained accomplished. Yet, a noticeable shadow of Malthus was on the horizon, already larger than a man's hand, failing more rapid improvement in national--and inescapably in individual--productivity, the approaching cloud might well bring darkness to the land.11

Population Increase and its Effects on Sri Lanka

The country's population is increasing at about 2.5 percent per year, adding about 280,000 persons
annually. Table 2 below indicates that the population composition of the country has increased geometrically within a short period of time—barely 80 years.

Table 2
Population Growth of Ceylon 1871 - 1969

<table>
<thead>
<tr>
<th>Year</th>
<th>Population (thousands)</th>
<th>Inter-censal annual percentage increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>1871</td>
<td>2,400</td>
<td></td>
</tr>
<tr>
<td>1881</td>
<td>2,760</td>
<td>1.5</td>
</tr>
<tr>
<td>1891</td>
<td>3,008</td>
<td>0.9</td>
</tr>
<tr>
<td>1901</td>
<td>3,566</td>
<td>1.9</td>
</tr>
<tr>
<td>1911</td>
<td>4,106</td>
<td>1.5</td>
</tr>
<tr>
<td>1921</td>
<td>4,499</td>
<td>1.0</td>
</tr>
<tr>
<td>1931</td>
<td>5,307</td>
<td>1.7</td>
</tr>
<tr>
<td>1946</td>
<td>6,657</td>
<td>1.6</td>
</tr>
<tr>
<td>1953</td>
<td>8,098</td>
<td>3.1</td>
</tr>
<tr>
<td>1963</td>
<td>10,582</td>
<td>2.9</td>
</tr>
<tr>
<td>1969</td>
<td>12,240&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.5</td>
</tr>
</tbody>
</table>

<sup>a</sup>Provisional mid-year estimate


The rate of population growth in Sri Lanka is one of the highest in the world. Among the reasons which may contribute to an increase in population in a country are:

1. Immigration of people from other countries. Population growth in the U. S. during the early 19th century
was greatly affected by immigrants from Europe and other countries; (2) A vast disparity between birth rate and death rate. This situation is evident in developed countries; and (3) A high fertility rate. This is a problem in many of the countries in less developed regions of the world.

Migration was formerly a major cause of population increase in Sri Lanka. The population doubled from 1871 to 1947, when labor was being imported to the country from South India to work on British plantations. Between 1948 and 1968, the population doubled again. A significant change in birth and death rates contributed to this latter increase.

Effective measures to control malaria epidemics helped lower the death rate, which declined from 21.5 per thousand population in 1945 to eight per thousand in 1963. The birth rate has remained relatively static showing a slight difference from 37.4 to 34.4 per thousand population in 1963.

However, the population distribution of the country indicates an unbalanced situation. (See Table 3 on page 44.) The population of Ceylon was young in 1968, which has given the country a high dependency rate. In 1963, every 100 persons who belonged to the productive age group supported 77 dependent persons. The corresponding figure for a developed country like Japan is 48.
The present rate of population growth in the country is a heavy burden on the existing economy and on the people. If the present rate of population increase is allowed to continue, unchecked, it will have severe effects on the country. Selvaratnam and the Social Affairs Division of the United Nations have worked on population projections from 1955 to 1980, which indicate that the country will pass the 20 million mark by 1980. The danger of this increase has received the attention of the government.

Referring to the health aspects of an increasing population, the Five Year Plan of the government says:

... a high birth rate in the context of low standards of living and malnutrition can lead to a general deterioration in the health of the population and to an increase in the incidence of disease and to a rise in infant mortality.
Effects on Health

For a considerable length of time, Sri Lanka has been providing free clinical and public health facilities to its citizens. The free medical scheme not only popularized the idea that "health comes first," but also expanded health facilities on a nationwide scale. This, in turn, resulted in increased expenditure. The present share of the national budget allocated to health services amounts to about two percent of the estimated gross national product and about seven percent of total government expenditure.\(^\text{15}\) This means about Rs. 16 is spent per year for the health of an individual.

To maintain and improve present services, it has been estimated that the following sums of money will be needed:\(^\text{16}\)

<table>
<thead>
<tr>
<th>Year</th>
<th>Expenditure (Rs. Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1971</td>
<td>219</td>
</tr>
<tr>
<td>1976</td>
<td>253</td>
</tr>
<tr>
<td>1981</td>
<td>293</td>
</tr>
</tbody>
</table>

If the population is allowed to grow unchecked, serious changes will have to be made in these estimates. For example, in 1966 there were 3.2 hospital beds per 1000 population. This is inadequate by any standard, and
almost all hospitals were overcrowded. However, to maintain this ratio with the present increase in population, 13,342 additional beds will be required at an expenditure of about Rs. 334 million. But if the rate of increase in the population is reduced through fertility control, only 11,508 beds will be needed, at a cost of Rs. 288 million, and a savings of Rs. 46 million.

This is also true of other facilities provided by the national health service. Thus, Selvaratnam projects that the population growth would increase the national health expenditure to about Rs. 275 million in 1976 and Rs. 325 million in 1981.17

**Effects on Overall Economy**

Besides few large industrial projects, the economy of Sri Lanka is primarily based on agriculture. Agricultural produce for export and domestic consumption functions as the main revenue earning source for the country.

But an ever increasing population does not create favorable conditions for an agricultural economy. Jones and Selvaratnam have shown that the number of people working in cultivatable lands in rural areas has increased from 1.34 persons in 1934 to 2.02 in 1969.18 However, the amount of cultivatable land area is limited, and population growth and land scarcity do not balance each other.
Snodgrass, who did a detailed study on the country's export economy and population composition, emphasized that:

The population boom in Ceylon has made a major contribution to the destruction of the classical export economy, though one which is difficult to assess with precision.

A similar situation exists regarding food supply. Whatever food is produced is used to feed the people, and the country still remains a food-deficient nation. In 1967, Rs. 970 million was spent to import rice and other food commodities. This figure will increase heavily in the near future. However, the relationship between the growing population and the existing economy have created incompatible hazards. Investments for future development programs are curtailed as the national income is set apart to meet the needs of the present population.

The purpose of economic development is to improve production capacity and provide better standards of living. But due to the rapid population growth, achievement of such standards in Sri Lanka is becoming more and more difficult. The population boom is restricting expansion of the overall economy. If this situation continues, the country may not be able to reap the benefits of the efforts that have already been made.

If Sri Lanka as a nation desires to be free from want and intends to improve the living conditions of
present and future generations, it must at once take vital steps to reduce the increasing population.

A Solution to the Problem

Maintaining a balance between population growth and socio-economic development is a challenging task. Many developed countries believe a concentrated population program to be a suitable solution. In fact, in many heavily populated developing countries, such programs have gained confidence as a measure of controlling fertility and gaining the best results from health and economic investments. As a country in the less developed category, it would be advisable for Sri Lanka to follow the other developing countries and institute checks on population growth.

The first step in this direction was taken when a family planning clinic was established in the late 1930's. A policy decision of the government in 1965 gave the population program national importance and made family planning vital for the progress of the nation. The importance of this fact was emphasized in the recent Five Year Plan:

The size of Ceylon's future population depends on changes in fertility . . . In the circumstances the importance of family planning work cannot be overemphasized.

Thus, a check on population growth has become necessarily important in Sri Lanka. The success of this
program depends both on the public's contributions to the program and the support of the national administration as the innovator.

Goals and Problems Facing the Present Program

The goal of the present family planning program is to reduce the birth rate of Ceylon from 33 births per 1,000 population to 25 births per 1,000 population by 1976. To achieve this, a target was set: 550,000 couples practicing family planning by the end of 1976, or 55,000 new and effective users of family planning methods each year throughout the 10-year period. It was estimated that about 115,000 new acceptors per year would be necessary to gain 55,000 effective users.23

It is difficult to predict whether it is possible to achieve these goals due to certain intervening variables. The minority Tamils have feared that a government population program would further weaken their minority position, without correspondingly affecting the Sinhalese. Among the Sinhalese, there is also considerable uneasiness resulting from a fear that the Tamils will not limit their growth and will become a more formidable body of competition in the future.

Social class and ethnic identification is an important area in family planning communication in Sri Lanka. The fears of the ethnic and religious groups that
their numbers would be reduced by family planning hinder the development of the positive attitudes needed to practice such methods. Generally, non-practicing people are motivated easily by an ethnic appeal. The importance of ethnic identification was clearly shown by Jenkins who conducted a study of three ethnic groups and three social classes to observe dependability on the socio-ethnic variable as a determinant of behavior.24

The fears of the ethnic groups of Sri Lanka could be countered to a greater extent by demographic facts, since no organized political or religious opposition has appeared. But the existence of such fears has caused a reluctance on the part of the national health center to attempt a vigorous and highly visible family planning communication effort.

Although the program is well supported by an adequate number of qualified personnel (physicians, nurses and midwives) and satisfactory facilities, the public information program on family planning has not kept pace with the training of personnel or the expansion of facilities. To make family planning a widely accepted concept, available mass communication channels could be used as a potent carrier of that concept.
Footnotes for Chapter II


4. Ibid., p. 256.

5. Ibid., p. 252.


7. Ibid., p. 44.


15. Ibid., p. 113.

16. S. Selvaratnam, op. cit., p. 44.

17. Ibid.


CHAPTER III

MASS COMMUNICATION IN SRI LANKA

From Word of Mouth to Mass Media

The traditional mode of communication in Sri Lanka, as in other countries of the world, has been word of mouth. This simple mode of communication, although time and energy consuming, was practiced till the advent of modern communication techniques.

Communication by word of mouth was eventually broadened through inscriptions displayed at important gathering places, a drummer who went around the village beating his drum and shouting out the news, temple bells and religious gatherings. These traditional techniques of communication were used effectively by governments and religious and societal organizations to send messages to the people at large.

Since modern times, widely circulating newspapers, journals, radio and cinema have gained importance in the dissemination of information. However, this does not suggest that the traditional modes of communication have given way completely. The drummer, for instance, still plays a vital role as a communicator in rural areas.
At present, the country has reached a fairly high level of modernization, compared to certain other countries of the developing world. This was aptly put by Wijesekera:

The alienation of land to British capitalists at nominal rates for the purpose of plantations quickened the pace of communication. Cart and coach were replaced by rail and car. Messenger service was supplanted by postal, telegraphic and telephonic facilities. Rail and aeroplane will in future take the place of the more older methods of communications whilst the omnibus will become the poor man's conveyance. Whatever motives may be attributed for locomotion the Ceylonese benefited on the whole.¹

Sri Lanka is far behind the developed countries and even some of the developing countries in the use of television. However, the available media have penetrated deeply into the society, as was evident in Ryan's 1957 study of the village of Pelpola.

The presence of such a well informed community in this rural village, Ryan said, might come as a surprise to those who have noted results of similar informational surveys in the United States, with its massive development of information media.² The Ryan study revealed that the people of Pelpola were well informed about incidents taking place both inside and outside the country. Nearly two-thirds of the subjects could name a nation that had recently gained its independence, and a fourth could name two such countries. When considering the country's remoteness from affairs of the western world during that time, it is notable that one-half of the community
recognized the existence of tensions between the United States and the Soviet Union. Ryan observed that the crucial test of the village's contact with the world lies in the degree of perception and awareness of facts and events lying beyond the horizon of village experience. ⁴

The present situation in Sri Lanka is much different from the 1950's. People now have wide access to the mass media which has become a part of their lives. Newspapers, radio and films, the current media of communication in the country, have become a platform for discussion of various national issues. They are informants and opinion creators, and they guide national development.

Primary Mass Media Channels

Newspapers

Newspapers are the oldest in the mass media tradition of the country and are published in three languages—Sinhalese, Tamil and English.

There is no historical evidence to indicate that there were mass circulated newspapers before the British occupation of the country. The Government Gazette, which appeared in 1802, was the first newspaper, followed by the Observer in 1824. The first Sinhala newspaper appeared in 1860 and the first Tamil paper four years later.

In 1918, there was a dramatic change in the evolution of newspaper tradition in Ceylon which gave new life
to the newspaper industry. D. R. Wijewardene, a Ceylonese, started the \textit{Ceylon Daily News} and linked his paper with the national movement of the country, which helped to popularize newspapers and increase readership.

Today, there are three leading publishing establishments which publish newspapers in all three languages. These are primarily morning dailies and weekend publications. Separate weekly and monthly publications on subjects of special interest are also published. (A detailed description of newspapers published by the three leading publishing establishments is presented in Appendix I.)

Added to the number of these publications is the political press, which publishes the weekly newspapers of political parties.

At present, the national press is watched by the Press Council of Sri Lanka, which was appointed by the government in 1972 to regulate newspaper publishing, to offer advice on matters pertaining to the press and to investigate offenses related to the publication of certain matters in the newspapers.\(^4\) It is too early to determine whether or not the press council will be successful.

At present, newspapers have a wide and well developed audience. Circulation has almost reached saturation level. As far as effectiveness is concerned, it has been found that newspapers have a clear edge over radio. About half of the total number of newspaper readers reside in
the heavily populated western province. Newspapers are well circulated in all parts of the country, and they even reach remote villages with fewer broadcasting facilities.

Those who read newspapers regularly depend primarily upon the vernaculars, which capture a large portion of the newspaper audience, as shown in Table 5.

Table 5
Percentage of Ceylon Population Who Regularly Read Newspapers. 1964

<table>
<thead>
<tr>
<th>Language of Publication</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various (Language not specified)</td>
<td>53.0</td>
<td>23.0</td>
</tr>
<tr>
<td>Only Sinhala</td>
<td>42.0</td>
<td>16.0</td>
</tr>
<tr>
<td>Only Tamil</td>
<td>3.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Only English</td>
<td>3.0</td>
<td>4.0</td>
</tr>
<tr>
<td>English and Sinhala</td>
<td>4.0</td>
<td>3.0</td>
</tr>
<tr>
<td>English and Tamil</td>
<td>0.5</td>
<td>--b</td>
</tr>
<tr>
<td>Sinhala and Tamil</td>
<td>--b</td>
<td>--b</td>
</tr>
</tbody>
</table>

\[a\] 104 Males to 100 Females, 1963.

\[b\] Too small a figure to be measured accurately.


Broadcasting

With a history of over 40 years in the country, broadcasting is second to newspapers as an information medium. Broadcasting is the sole responsibility of the
government, except for a few amateur radio stations and a rediffusion service, which is a cable radio service. The air waves belong to the state.

Broadcasting has grown considerably since its introduction in 1925, and there are now 500,000 receiving sets in the country. This growth has been halted temporarily due to a ban on the import of radio sets and restriction on the import of parts for assembly and repairs. However, it has been calculated that the number of sets in use would double within a very short time if the ban were lifted.5

The Broadcasting Corporation of Sri Lanka operates 521 broadcast hours per week through its national and commercial channels. Channel one is the national service which broadcasts in three languages--92 hours in Sinhala, 63 1/4 hours in Tamil and 45 hours in English. This is exclusive of 27 hours devoted to school services (all three languages) and 18 1/2 hours of external service in English, beamed to Europe and Southeast Asia.

Channel two offers commercial service consisting of 61 hours of Sinhala, 26 hours of Tamil and 74 hours of English. Its external service broadcasts 18 1/2 hours of Tamil and 52 hours of Hindi, beamed to India and Southeast Asia, and 44 3/4 hours in English, beamed to Europe and Southeast Asia. (For a breakdown of radio transmissions by the Broadcasting Corporation, see Appendix II.)
Cinema

Screening of films as a medium of mass communication was started in the country as early as 1903. People look forward to going to the movies for entertainment, as it is the only audio-visual communication technique available in the country. Imported and locally produced movies have made moviegoing very popular.

The cinema industry of the country can be divided into two groups—the government movie industry and the private movie industry. The government-sponsored movie industry produces documentaries and newsreels on national development activities. The private movie industry produces feature films based on human interest stories and documentaries.

Movies in Sinhala, Tamil and English are screened throughout the country. All Sinhala movies are made in Sri Lanka. English movies are imported from Great Britain and the United States, and almost all Tamil films are imported from India. Movies in other foreign languages are also exhibited, Hindi being the most popular.

In addition to the government film production unit, there are two fully functioning studios for feature film production associated with the leading distributors and producers. In 1965, there were about 300 cinema circuits catering to an audience estimated at 31,000,000. (Appendix III.)
A Secondary Mass Media Channel

Mass communication activities are supplemented to a great extent by a secondary media channel--the special interest periodicals, which cover such fields as literature, recreation and education. In 1969, there were 150 periodicals with a combined circulation of approximately three million. The Departments of Health, Information, Agriculture and Education reach the public through their own specialized publications.

Organization of Mass Media

Mass communication media in Sri Lanka are excessively centralized, with the concentration of all media in the capital city of Colombo. Almost all national newspapers are published and distributed from Colombo, with only one provincial newspaper published in Jaffna in the northern part of the country.

Broadcasting also has its base in the capital, with no regional broadcasts except for the relay transmissions. As a result of this over-centralization, there has been very little participation at the regional level, not to mention the village level, on an island where life is still semi-traditional and predominantly rural.

Contents of Mass Media

Utilization of the mass media as a vehicle of national integration, national development and
modernization is a recent occurrence. The mass media are used primarily to provide news and entertainment, rather than as a means of communicating ideas and changing attitudes.

This has motivated the Broadcasting Corporation to concentrate on satisfying the entertainment interests of the people. While its channel one (national service) provides a cultural outlook based on traditional interests; channel two (commercial service) captures the audience with pop music and other entertainment.

Generally, mass media contents are rich in information on politics, day-to-day happenings, consumer interests, literature and sports. In recent times, the media have been used to stimulate national development, especially in the sphere of agriculture. They have also created a resurgence of traditional rituals and practices. This is quite evident from the excessive use of the media by astrologers, palm readers, faith healers and religious devotees.

Consequently, mass media managers tend to organize contents to cater to a particular audience. Invariably, the same newspaper chain varies its editorial comment according to the language and interests of one particular group. The Sinhala press, for example, has been described as provincial and parochial both editorially and in news coverage. The English language press gives greater
attention to foreign affairs, and the Tamil press reports Indian news, particularly South Indian. The rather free attitude towards sex in the Western oriented English language press is a constant target of criticism by the more conservative newspapers.

**Attitudes Towards Mass Media**

The mass media play an influential role in the life of the people. Most people consider newspapers, rather than radio, to be the most authoritative source of information, especially on domestic affairs.

At present, education, family and community are the main factors determining newspaper readership and radio audience. With constantly increasing readership and listening audience, it appears that the people of Sri Lanka have a positive approach towards the media.

**Problems Facing the Mass Media**

In Sri Lanka, population increase and development programs in other socio-economic areas have made use of the mass media essential in communication. But intervening variables are preventing the mass media from adequately promoting the national development effort.

For a considerable period of time, Sri Lanka has been struggling to expand economic development, and far-reaching economic development programs have been implemented since independence in 1948. Although these plans
have not brought the expected results, they helped greatly to push the economy in the direction of progress. However, the lack of finances within the country has created "balance of payments" difficulties, and the national administration was compelled to discontinue some low-priority services. Since the country depended heavily on imported raw materials for those services, the lack of foreign exchange resulted in a compulsory cut of import allocation.

Unfortunately, the mass media fell into this low-priority category, and government was forced to withdraw certain import privileges. The print media were severely affected when the import quotas of newsprint and machinery were reduced. The resulting scarcity of newsprint has forced the three leading publishers to reduce the number of pages in their newspapers. Consumers have to pay higher prices for newspapers with fewer pages and less information. At present, the publishers are involved in a struggle for survival due to the shortage of facilities and materials.

This situation also affected the publication of news stories in the national interest. Branches of national administration, such as health, education and agriculture, which depend on privately owned newspapers for conveyance of their messages, were badly hit. Except for stories with immediate news value, publication of
articles of educational and motivational value has become very difficult.

Broadcasting, a government monopoly, is also undergoing great hardships. Government expenditure for information and broadcasting, which increased from Rs. 1.6 million in 1967-1968 to Rs. 10 million in 1968-1969, dropped to Rs. 5.6 million in 1969-1970.  

Individual ownership of radio receiving sets has also been affected by the foreign exchange situation. Private companies became licensed radio assemblers after the 1960 import ban on radios, but, the amount of components and spare parts these firms were permitted to import was too low to maintain a steady business. As a result, the price of locally assembled radio sets went up. In addition, dry battery set owners in rural areas have been badly handicapped by the scarcity of batteries. Rural people have either had to pay high prices for batteries or abandon their sets.

Despite these conditions, however, a commission appointed in 1965 reported that the demand for new radios was over 300,000, the bulk of it from rural areas.

Due to the lack of funds, little improvement can be seen in the technical side of broadcasting. Programs on the medium wave can be heard satisfactorily only within an area of about 2,000 square miles surrounding the relay stations. The country has a total area of 25,000 square
miles, therefore the coverage achieved by medium wave band is inadequate. To overcome this problem, programs are broadcast on the short wave bands. Although these broadcasts are heard throughout the country, they are sometimes disturbed by signals from overseas stations.

It is difficult to predict whether it would be possible to introduce a technically advanced system of broadcasting into the country in the near future. At present, the Broadcasting Corporation depends primarily on foreign aid for its development programs. However, in order to reach the masses with these development appeals, it will be necessary to update with proper equipment the only instantaneous medium available in the country.

Although it has been accepted that movies can be used as an artistic and cultural medium and as an instrument of mass communication, the cinema industry, both in the private and government sectors, is experiencing difficulties. Lack of equipment, raw films and chemicals has handicapped the producers. The underdeveloped movie industry has prevented communicators from making the maximum use of the motion picture film as a powerful medium of mass communication.

At present, television plays an important role in developing nations around the world. But the expense of establishing a television network in Sri Lanka is
prohibitive and regarded as a luxury in the present state of the country's finances. The dearth of foreign exchange is a limiting factor in the introduction of television. All equipment needed—transmitting as well as receiving—would have to be imported.

The country should not ignore the fact that the mass media are a potent vehicle of social change. As Lerner said, the media play a strategic role in the passing of traditional society to modernity. In particular, the role that the mass media played in Sri Lanka's recent national food drive, made it clear that the media are satisfactory innovators, capable of enlisting people's participation.

The question is how to direct the mass media in the most effective use of the few resources available. First, it is necessary to study the information flow within the country and the relationship between mass media and inter-personal channels. Although the mass media are able to confer status, broaden the policy dialogue, enforce social norms and affect attitudes lightly held, they cannot influence the decision-making process which requires, in many cases a change in strongly held attitudes. This change comes about only through inter-personal communication. Hence, the integration of mass media activity with inter-personal communication channels is vital.
In order to popularize a subject, constant discussion of the topic is necessary in the mass media. Participation of societal leaders in these discussions would be very influential in changing people's attitudes towards that subject.

Media campaigns have to be designed to suit the media channel and the audience. For instance, if information on a subject is widely available in the vernacular mass media which reach local audiences, there is no need to do the same in the English language mass media which reach the elite (who, in this culture, are not necessarily opinion leaders).

At present, time and equipment in the mass media are wasted in covering insignificant events. For example, the opening of a dental clinic is considered a national event which all media should carry with equal interest. This could be avoided and the time and material more profitably utilized. In other words, there should be a clear policy on priorities.

It is also necessary to evaluate what media managers have done generally to improve national development efforts in areas such as education, agriculture and health. Such a study would determine where further emphasis is needed and would encourage a better understanding between government, media managers and the people.
For effective use of existing mass media resources, trained personnel are needed. The professional training of all media personnel is an expensive and time-consuming effort. However, to ease present problems, short-term training programs can be helpful. On a long-term basis, professional training in the mass media should be included in the national education program.

Finally, for the future development of the mass media channels, restrictions that have been imposed—on the importation of raw materials and on investments for improvements—should be minimized. This can be done gradually. At present, such restrictions impede the free flow of information. In addition to the improvement of existing media, audience research should be regarded as an integral part of the initial development of the media.

Mass Media Research--An Area Overlooked

Mass media research is of great importance for the efficient use of the media within the socio-cultural framework in which they operate.

The impact of the mass media in Sri Lanka has not been well studied to evaluate their potentialities and their effectiveness. Perhaps the lack of sufficient professionalism and academic interest may have led to this situation. Except for the media survey by the Audit Bureau of Circulation in 1967, intermittent listener
research by the Broadcasting Corporation and periodic
commissions and committees of inquiry into different
aspects of the mass media, no other significant research
has been done. However, a modest beginning was made by
the research division of the Department of Information in
1972, with its investigation into the effectiveness of
mass media to focus people's attention on the government's
New Five Year Plan.

In the past, the government used the mass media in
its efforts toward national development. The usual design
of these efforts was a propaganda drive with massive radio
and newspaper publicity. The impact or the success of
these efforts is a fact yet to be ascertained. However,
when an effort is made to use the mass media as an inte-
gral part of the development program, it is necessary to
be aware of the precise nature of the media and their
limitations in the context of the social and psychological
climate of the society in which they operate.

It is in this context that mass media research
would function as a guideline to show how a media campaign
could be formulated in the most useful manner. This is
mainly true when the mass media are utilized as conveyors
of a new concept, such as the importance of fertility
control for better economic and social standards.
A Challenge for Mass Communication in Sri Lanka

Limiting the size of the family is now regarded as a basic element of health and socio-economic planning. Although the first steps towards family planning were taken in the 1930's the response to this appeal has been significantly low, and limiting family size still has not gained national recognition. Perhaps insufficient flow of information on the appeal may be the cause.

To reduce the rate of population increase and make people active participants in family planning, the message should flow to a larger portion of the population -- parents and productive age groups. Schramm states that flow of information is of the greatest importance in regulating the level of social tension, and communication is a kind of temperature controlling agent. The mass communication networks of the country could be utilized effectively to convey this message of family planning to the masses.

In 1961 UNESCO, submitting a report to the United Nations on mass communications in developing countries, stated:

It is self evident that the raising of educational standards in the underdeveloped countries calls for the dissemination of knowledge of farming and industrial techniques, health and community development, among other things. But when one is attempting to accomplish in a matter of years a task which has taken centuries to complete in the advanced countries, the traditional means of education alone prove inadequate. It is here that the mass media,
unsurpassed in speed, range and force of impact, offer the greatest possibilities for effective action . . . Yet, in a broad sense, development of the media may itself be treated as an essential in pre-investment, and thus forms an integral part of any general program of economic and social progress.13

Insufficient use of mass communication media to promote family planning is an integral part of the problem of population growth in Sri Lanka. Today, this problem has emerged as a challenge to the country's mass media networks to test their efficiency as motivators of a large segment of the population to accept the idea of family planning.
Footnotes for Chapter III


3 Ibid., p. 141.


9 Ibid., p. 61.


CHAPTER IV

REACHING THE PEOPLE

Would the Entire Population Practice Family Planning?

The main motive of the national family planning program is to get 45 percent of the estimated 2.2 million couples to practice contraceptive methods to achieve a reduction of the population increase from 2.5 percent to 1.7 percent by 1975, and finally a "zero growth"—two persons producing two children. This target was set in 1965 after the acceptance of a national population policy.

The crucial question is whether it will be possible for such a program to cross all societal barriers and reach the masses effectively. Basically, the society in Sri Lanka is of a traditional nature. It is heterogeneous and complex. The 2.2 million couples consist of educated and uneducated, literates and illiterates, conservatives and radicals, and rich and poor. At the same time their attitudes, their perceptions and concepts about life vary. The success of family planning, as a new societal movement, is difficult to predict. Some may see it as being introduced for their welfare, while some may consider it as affecting their health, and others may disapprove of it.
totally. Some members of the black community in the United States have perceived family planning as a form of genocide. The problem of transferring ideas to individuals in differing societies was pictured by Foster:

The U. S. Navy landed on a Pacific island in World War II. The health officer felt that the presence of flies contributed a health problem that, with the assistance of the natives could be easily conquered. He asked the chief to assemble his people to whom he gave a health lecture illustrating the horrors of fly-borne diseases with a foot long model of the common fly. He believed he had made his point until the chief replied, "I can well understand your preoccupation with flies in America, we have flies here too, but unfortunately they are just little fellows" and he gestured with thumb and forefinger to show their small size and, by implication lack of menace to health.  

Basically, many think of family planning as an individual decision. This makes it difficult for family planners to reach the masses with the intended message. A program of this nature cannot function incognito or in a vacuum. It should identify and associate with the masses.

Thomlinson emphasized three major aspects of family planning. The first is the ideological, which is concerned with ethics and religion. The second is the motivational, which is concerned with social influences on behavior. The third is technical, which is concerned with methods and techniques of family planning. There are people who have never heard or thought about family planning. There are those also who can conceive of the possibility of fertility limitation, but think it is not
suitable for anyone under any circumstances. In addition, some believe fertility planning is proper for certain groups but reject it for others (very often themselves). There are those who consider family planning to be desirable both for themselves and for others. And, lastly, there are those who believe that failure to plan one's fertility is an irresponsible and immoral act.

Unless the atmosphere is made positive toward family planning, it is difficult to expect support and cooperation from people. Cooperation can be obtained only by making fertility control a subject matter discussed widely and by making it a vital component of a behavioral pattern. To get a large community to adopt family planning as a way of life, therefore, it is necessary to increase the level of motivation of that community by creating awareness and persuasion for practice.

**Family Planning Motivation and Communication**

In many countries, government-sponsored family planning projects have been started in the past few years. But, what is important is to get the population to adopt family planning as a method of improving family life. To make government plans in family planning a success action should follow.

However, lack of psychological research in the family planning area makes it difficult to observe the
presence of the motivational component. According to Rainwater:

It is all the more curious then, that aside from demographers, social scientists have shown only a casual interest in how couples come to have the particular number of children. While the ethnographer may note in passing the value a group places on having many children, or the child training specialist may comment upon the importance of older siblings in socializing the child, there has been little concentrated attention devoted to number as an important variable in how parents and children live their lives.  

When an individual acts, perhaps he is unaware of why he is doing so. Sometimes a motive which moves that individual to act is strong or weak. Each person has his own motivational process. Commenting on family planning within this framework, Bogue hypothesizes that there can be motives common to the entire population. Further he categorizes the motives that might influence people into family planning: the needs which people satisfy when they do not plan their reproduction and the effects when they do so.

Generally, like many other social issues, there are groups who do and who do not favor family planning. Some are motivated to do so by the following reasons:

1. To protect health of the mother and assure better health for children.
2. To improve the economy of the family and provide better facilities to children.
3. To allow better standards of living.
4. To offer more chances to save for the future and for emergencies.
5. To promote better relationships within the family.
6. To lessen subdivision or liquidation of property and land holdings.
7. To help avoid overpopulation.
8. To help the country with industrial, agricultural and overall economic development.

Some do not favor family planning. They think high fertility is better and vital for the following reasons:

1. A large family is needed to expand the family income and children are an economic asset.
2. Children are a social security when parents are old.
3. A large family is stronger and richer in manpower.
4. The large family confers status in the community and is looked up to.
5. Family planning is immoral and against religious convictions.
6. Use of contraceptives is not healthy and deteriorates sex relations.
7. It is the responsibility of the state to take care of the increasing population.

Thus, the factions for and against family planning show that it is not a concept accepted by each with equal emphasis. By starting with individuals who have positive attitudes, perhaps it would be possible to establish an effective family planning program.

Considering the social structure of Sri Lanka, it would be best to use attitudes toward health and economic gain to intensify the present activities in family
planning. At present the health component in family planning has been well recognized, but less emphasis has been shown in economic aspect. In an independent study conducted in the greater Colombo area in Sri Lanka, it was observed that people who are interested in family planning are both future oriented and present oriented for economic advantages. Eighty-seven percent of the subjects of the study said that their income was inadequate, and a major portion of this percentage thought about family planning due to economic insufficiency within the family.

Perhaps a mass information campaign might be helpful to reinforce the beliefs and attitudes of individuals who consider adopting family planning for economic gains.

Future oriented people come from the middle class of the society. They have a reasonable education and a limited income. They are conscious about the future and they anticipate economic improvements for their children—better education and better social conditions. They are more modern in their thinking and life styles while seeking economic achievements. Present oriented people, on the other hand, tend to be traditional, satisfied with the existing facilities, and less concerned about future economic betterment of their children.

But, the problem is in a different segment of the society. It lies mainly within the lower income groups. Pregnancy rates in this class are very high. Their
families are large. It is important to get the people in the lower income classes to practice family planning at an early age before they have many children who become a burden to their own families and to society in general.

The success of a family planning program depends primarily on the extent of motivation of these low income groups. Usually they understand the seriousness of a combination of a low income and a large family, but realization almost always comes too late. To motivate these groups, a well balanced mass communication program can be considered a useful vehicle. Studies done in Sri Lanka have shown that information programs are useful to reach a population with the message of family planning. Yet, these programs used primarily inter-personal communication, but limited use was made of mass media as a tool of message conveyance on the concept of family planning.

But, studies done in many other countries where mass media were used as a means of family planning communication have shown that they are effective in reaching and persuading a community. In fact, the communication theorists, Berelson (in 1963 and 1964), Bogue (in 1962 and 1967), Bogue and Heiskanen (1963), Smith (1965) have emphasized the possible application of mass media in family planning work. Field study projects conducted on family planning in many developing countries such as India, Thailand, Pakistan, Taiwan, Korea and Hong Kong.
and studies done under experimental situations in Columbia and Jamaica also have indicated the importance of mass media.

**Family Planning Communication Within the Context of Mass Communication**

The mass media audience is all but unlimited and consists of a multitude of personalities with different behavioral practices. This was established by Blummer, who distinguished mass behavior from a behavior of a crowd.

A mass of people would not know each other intimately, but the behavior of a mass is composed of the collective individual behavior. To guide the mass towards a certain goal through a media campaign, it is necessary to channel the individual behavior in the desired direction. Yet, the complex intermingling of the individual with the mass makes his position inseparable from it. This has made the individual become more mass oriented than individual oriented. In this context of mass behavior, individual effort is rather insignificant.

It is important to consider mass behavior, particularly when a mass communication plan is prepared and launched to motivate people toward family planning.

Family planning is obviously an individual decision, and access to mass media is an individual right. Therefore, the media have the opportunity to feed members
of the audience to reinforce existing beliefs and to achieve acceptance. This can be identified as the motivational aspect of mass media.

As many psychologists have pointed out, motivation has proven useful in predicting different kinds of behaviors and also as a stimulating condition which initiates and directs action. In fact, individuals behave according to what they hear, see and perceive. The behavior of an individual depends upon and is governed by a barrage of data which he experiences throughout his life. This was well defined by Allport:

Human behavior has two aspects, the adaptive and the expressive, which however, always appear simultaneously as aspects of concrete units of behavior actions.

This would be true with a family planning program conducted in a country such as Sri Lanka, where various social, cultural and religious variables are interconnected.

Since motivation is a personal experience, two persons may become motivated differently because of different attitudes, expectations and personalities. Blumner identified four categories of people who may come within the area of an audience.

Firstly, casual--such as a temporary street crowd watching a performance, secondly, conventional--such as spectators at a game where behavior is expressed in established ways. Thirdly, acting aggressive--such as in a revolution and fourthly, expressive--excitement is expressed in physical movement, such as in religious experiences.
Blummer draws a specific distinction between mass and crowd. He says a mass is distinguished from a crowd in that it is made up of people who participate in or are excited by a national event which focuses their attention outside of their local cultures. This is vital to a mass communication program planned for family planning motivation. When such a program is aimed at emphasizing the importance of people's participation, it is necessary to base it on the mass and make it a national event. The media program must make the people understand that personal gains of family planning extend to national goals.

Perhaps that may be why Rao treats mass communication as a new vehicle which brings new ideas from outside and explains and discusses them within the local situations. In his view, it helps a person find alternate ways of making a living and creating demands for goods, motivation and local initiative. Basically, he is correct when he says that there is an economic aspect of mass communication as it helps the economy in any country. It has a right, as a medium, to inform the people about various national economic hazards of a population boom.

Eisenstadt suggests types of communication:

- technical which helps in orientation, cognitive which relates to social relationships and normative which maintains social norm.

Thus, the pattern of a family planning mass media program has to be very broad. It should give technical
information and develop cognition. It also should be in accordance with existing social norms. This helps the understanding and acceptance of the message.

Particularly when the need for differing levels of communication support for family planning work is taken into consideration, it is important to know the people, their socio-economic level and culture before the program is launched. We know that modern methods of family planning are innovations to traditional societies such as Sri Lanka, particularly when religion and culture are greatly attached to the way of life of the people. As Crane pointed out, this can be a possible area of difficulty. 26

Sometimes a communicator believes what is being conveyed by him is readily accepted by his audience. But it is not so at all times. Although repetition is used as a common technique to motivate people, this may not be useful in an area such as family planning.

Such a program may merely continue to produce unanswered questions for the audience, such as why family planning should be practiced. This situation can arise when a communication program is carried on with loaded, one-sided facts. When this authoritative type of communication comes into conflict with the audience, the results can be minimal. Family planning is different from selling a commercial product. It proposes a change in life style.
This suggests the importance of presenting two-sided information on family planning, particularly for educated audiences. A study done by Hovland and others shows that presenting arguments on both sides of an issue was more effective than giving only facts supporting one side of the point.\textsuperscript{27} They found that the better educated were more favorably affected by presentation of facts on both sides while the poorly educated were more affected by the communication which used only the supporting facts.

One of the important steps of a family planning communication program is to convey the message from source to receiver effectively. The channel plays a key role. It can be either mass media or inter-personal. For family planning, as increasing the interest on the subject is necessary, both channels should be used. If both channels are used with an equal emphasis, broader results could be obtained. Mayone found a teacher in a Greek village by the name of Kalos, who was the only link between the community and the outside world.\textsuperscript{28} The teacher read the newspaper and passed on some of the contents to others who sought news from him. They in return related the news to the rest of the community.

One way of overcoming the operational difficulties of a family planning media program is to execute a well balanced media campaign keeping opinion leaders as the
targets. As Katz said of his theory of "the two step flow of communication:

Opinion leaders and the people whom they influence are very much alike and typically belong to the same primary groups of family friends and co-workers. While the opinion leader may be more interested in the particular sphere in which he is influential, it is highly unlikely that the person influenced will be very far behind the leader in their interest. Influentials and influenced may exchange roles in different spheres of influence. Most spheres focus the group's attention on some related part of the world outside the group, and it is the opinion leader's function to bring the group into touch with the relevant part of its environment through whatever media appropriate. 29

It has been observed that comparatively few people would respond to an appeal through media. But, these few fall within the opinion leader category. In Sri Lanka, despite the fact that the literacy rate is high and education is widespread, these opinion leaders play a prominent role in the society. If the media strategy is able to sell the idea of family planning to them, it would be possible to increase the rate of new acceptors.

The significance of personal communication and influence was recognized in a large number of studies on the diffusion and adoption of new ideas and practices. Rural sociologists working in diverse culture settings consistently found that the farmer leans heavily on personal information and advice from others in making decisions in accepting new practices. 30 Therefore, in a mass media program to motivate people for family planning, both mass media and inter-personal communication are
equally important as channels. A well balanced mass com-
munication campaign launched utilizing available mass
media, necessarily should be supplemented by an inter-
personal communication campaign. For instance, some
family planning methods and techniques which are difficult
to explain in the mass media could be explained in face-
to-face or intimate communication. To cite Rogers, when
localite (inter-personal communication) which originates
within the social system of the receiver is combined with
the cosmopolite (mass media) which comes from outside to
the receiver, a high degree of effectiveness can be
obtained.31

But a communicator using these channels has to be
cautious about what he communicates. Messages transmitted
through the channels should be clearly stated and designed
to accomplish a specific objective. Giving information on
birth control often leads to presenting a great deal of
material, much of which may be irrelevant and confusing.
The message conveyed should be within the immediate com-
prehension of the audience. Broadly speaking, the effec-
tiveness in adoption of the family planning message
depends on how far the meaning to the receiver is isomor-
phic with the meaning of the source who initiated the
message.
Guideline for Effective Use of Mass Media

When offering a new concept or organizing a persuasive campaign through mass media, six important conditions should be present as the basis of a campaign. When all six exist and continue for a considerable period of time a high rate of adoption is possible. Incidentally, if that concept is one not totally against the accepted social norms of the people, it would gain a high degree of acceptance.

However, if any one of these conditions is not present or exists in a less powerful manner, the success of the program would remain a question. Hence, a mass media program that attempts to persuade a group of people to adopt a new practice such as family planning should try its utmost to create these essential six steps as rapidly as possible and to cause them to exist throughout the entire population it is attempting to influence.

The six essential steps are as follows:

1. The audience is well aware of the new concept or practice.
2. The audience is satisfactorily informed about the new concept or practice. They know the benefits and advantages that can be gained by becoming adopters.
3. **Confidence** among people about the program is established. People believe that the data and information they have been given is accurate and has not been twisted to suit the persons or agency attempting to persuade them to adopt it.

4. A **favorable attitude** toward the new concept or practice develops. It consists of a belief that adopting the new concept or practice results in advantages and gains that are beneficial to individuals and to the community.

5. There is **self conviction and self participation** with the new concept or practice. The person is aware that the new concept concerns him, that he is a participant to become a new adopter.

6. There is **social co-operation** for those who adopt. Those who adopt must feel that their behavior is socially accepted in the eyes of at least some group whose opinion they respect.

These six steps then, can be suggested as guidelines in motivating a target population in Sri Lanka to accept family planning as a way of life:

First, would be to make the entire audience aware that it is healthy and possible to regulate human reproduction. They should come to know that there are at least a half a dozen methods of family planning that can be used
and that those methods are dependable and not hazardous to one's health.

Second, the entire target population should be kept satisfactorily informed about methods of contraception that are available, how each method works, and the degree of its reliability. They should be informed of the possible side effects that may accompany the use of various methods along with what steps to take in such instances.

Third, the information given to the target population should be precise and credible to gain the confidence of the people. If this is not done a family planning communication program runs the risk of developing a credibility gap between the program and its target population, especially among the educated and the opinion leaders.

Fourth, positive attitudes cannot be developed as directly as awareness, knowledge and belief. Therefore, the mass media should induce positive attitudes by promoting favorable discussions and linking family planning to persons, institutions, ideas or programs which the members of the target population already like or accept. Endorsement by an opinion leader or a certain national leader may contribute to creating positive attitudes. Another way to create positive attitudes is to link the family planning program with the other national development programs. Linkage of family planning to maternal
health, better upbringing and better education for children, or greater achievement of personal benefits would develop positive attitudes to a high degree.

Fifth, under self conviction and self participation, a mass media campaign has to consider that the family planning program should seek to establish a condition whereby every pregnancy would be followed by contraception either for family limitation or spacing. By this, the target population should come to believe that this is the normal or expected pattern of behavior. At the same time, each person who does not practice family planning should be confronted with the need to reconsider his behavior and make a decision to practice family planning.

Finally, through social co-operation, mass media should establish that the target population is not alone and that they are a segment of increasing numbers of family planners. Basically, they should see their other friends adopting family planning. Broadly speaking, they should come to consider family planning a moral behavior, widely accepted socially.

If a family planning information program conducted through mass media in Sri Lanka could establish the above, it would help the action program greatly. Primarily, the information program should neutralize rumors that develop, inform the target population about the usefulness of the program, and keep up a sustained flow of messages to
increase awareness, knowledge and credibility, and to
develop positive attitudes, self participation and social
cooperação. Finally, through this guideline a communi-
cator should be able to develop a pyramidal combination
of mass communication, family planning and motivation to
influence the population to achieve the intended effect--
decrease in population growth. (Figure 3.)

Figure 3
Pyramidal Combination and Effect

The creative and imaginative mass media in Sri
Lanka, particularly newspapers, have had experience in
doing this with other new ideas and practices. Mass
media have a capacity to raise the aspirations of the people in traditional societies. They also function as stepping stones for new ideas and they are more useful when tied into programs which utilize group or face-to-face methods.
Footnotes for Chapter IV


5 Ibid., p. 188.


8 Ibid., p. 22.


10 Ibid., pp. 58-61.

11 Ibid., pp. 92-94.


21 Ibid., p. 110.


23 Ibid.


31 Ibid., p. 145.
recommending family planning for Sri Lanka, the mission said:

The government of Ceylon should take advantage of the present psychological moment and boldly declare in favor of family planning in the interest of both parents and the coming generation. Information on family planning and facilities for it should be made available at provincial and district hospitals for the present, and in due course at all government hospitals, dispensaries and health centers. Advice should be given to those whom it is considered essential on medical grounds and to others who may ask for it.}

Since that time a satisfactory improvement in family planning services have been noticed at national and local government institutions. In addition, efforts are being taken by the Family Planning Association to make family planning a part of life. Still, many are
not yet aware of the services and techniques and some are not in favor of birth control.

The terminology of family planning mass communication is sometimes categorized in Sri Lanka as health education and sometimes as propaganda. Mass communication differs significantly from these areas, and it functions differently. Mass media take messages to a mass audience to create the need for change. Primarily, they motivate or create the atmosphere needed for a behavior change, while health education utilizes that atmosphere to bring about change in attitudes and practice through individual approach and group discussions.

When mass media broadcast the message and prepare the community psychologically for change, it becomes easier for health education to implement a broad educational program of wide acceptance. It is imperative that in the family planning area mass communication stimulate people to action.

Shaw and Nevel conducted a study to observe the information value of medical science news, and 60 percent of their subjects picked information about new medical research developments within their own specialities from the mass media. Of these respondents 92 percent read such information in newspapers, or in general news magazines. Two percent received such information from radio or television. The remaining six percent picked these from such
sources as books and special magazines, such as Scientific American or Science. This study indicated that mass communication is effective in carrying information on medical science, hence it has the capacity of carrying information on family planning with effectiveness.

**Basic Steps of Mass Communication Strategy**

When planning a mass media strategy it is important to consider the following steps: investigation, prediction, consideration of alternatives, and selection of a final plan.

At the investigation stage a communicator should gather all necessary data and facts related to the subject matter. He should consider the audience and their attitudes, behavior and responses to the message. At the prediction stage he should be able to predict the reaction of the audience to his message. Based on his previous experiences, he should be able to consider the size of the radio or television audience and the newspaper readership that might be expected to respond to his message favorably. He should decide what mass medium channel is most effective for the deliverance of the particular message. And, the selection of a final plan gives the communicator a chance to compare his alternatives with available resources—funds, time and labor.
Once he completes those steps carefully, the communicator is free to operate his strategy. To make his operation a success he has to be decisive about the target population which he is going to approach through his media strategy and main objective and sub-objectives he intends to achieve.

**Target Population**

The target population of the strategy should consist of both males and females of the productive age group, which would include potential adopters of family planning. They should come from literates, semi-literates, illiterates and other special audiences such as politicians, social workers, government officials, businessmen, school teachers and religious leaders, mass media professionals and students.

**Objectives of the Strategy**

The realistic main objective of the mass communication strategy on family planning in Sri Lanka would be to get one million couples, or 45 percent of the estimated 2.2 million couples, to practice family planning regularly. To attain this objective it is necessary to achieve the following sub-objectives.
Strategy Sub-objectives

1. To increase the knowledge of family planning.

2. To increase knowledge about family planning services.

Achievement of Awareness

Recipients of information should be able:

1. To learn that fertility can be controlled by means of contraception.

2. To state that use of contraceptives does not affect sexual pleasure.

3. To discuss that contraceptives are used on a world wide basis.

4. To state the contraceptive methods available in the country.

5. To identify the advantages and disadvantages of the techniques.

6. To understand that these techniques are harmless and healthful.

7. To identify that family planning is a part of the national health service.

8. To discuss that family planning services are available at government medical institutions for people who are interested.
<table>
<thead>
<tr>
<th>Strategy Sub-objectives</th>
<th>Achievement of Motivation</th>
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<tr>
<td>3. To develop positive attitudes toward family planning.</td>
<td>Recipients of information should be able:</td>
</tr>
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</table>

1. To accept that spacing children is beneficial for the health of mother and child.
2. To accept that a small family is more economical.
3. To accept that family planning directly influences the improvement of maternal and child health.
4. To accept that family planning reduces infant and maternal mortality.
5. To accept that family planning brings over-all social advantages, more job opportunities, better education, better transport.
6. To accept that family planning is a moral behavior.
7. To accept that family planning is practiced throughout the country by all communities.
8. To accept that the methods are inexpensive, simple and easy to use.
Strategy Sub-objectives

4. To increase the number of regular users of family planning methods.

Achievement of Adoption

Recipients of information should be able:

1. To use available family planning facilities.

2. To practice family planning as a way of life.

Utilization of Media for Strategy

Once the target population and main objective are decided upon, to launch the information strategy it is necessary to consider all available mass media, assess all media, select best medium, and consider all messages.

Consider All Media

For a communicator who plans to execute a mass media strategy for family planning, it may not be difficult to take an inventory of all existing mass media in the country. Preparation of such an inventory is important as it would help to specify the potency of each in relation to its capacity to convey different types of messages--primary awareness, technical information, promotion of a particular technique, persuasion to visit a family planning clinic and urging a specific action. This consideration also makes it possible to rate media with regard to such variables as dissemination of information and broadness of coverage. Incidentally, when making
such a list, it is important to observe every communicating outlet of each medium for possible use. Media outlets in Sri Lanka which could be useful for family planning communication can be categorized in the following manner:

1. Newspapers:
   a. News stories
   b. Feature articles
   c. Editorials
   d. Letters to the editor
   e. Opinion columns
   f. Technical articles
   g. Cartoons
   h. Photographs
   i. Special supplements
   j. Advertisements

2. Broadcasting:
   a. News
   b. Dramas
   c. Documentary features
   d. Interviews
   e. Panel discussions
   f. Talks
   g. Spot announcements
   h. Commercials
3. Cinema:
   a. Full length feature stories
   b. Documentaries
   c. Newsreels
   d. Advertisements

4. Magazines:
   a. Feature articles
   b. Short stories
   c. Advertisements
   d. Cartoons
   e. Technical articles
   f. Stories
   g. Photographs

In family planning communication, detailed newspaper materials and movies, for example, can achieve acceptance, if not adoption, among individuals who are already well informed and highly inclined toward family planning.

Assess All Media

Before the media program is launched, it is necessary to assess the strength and acceptability of each medium. Here the communicator should be able to choose the best of the available media. Perhaps, in this respect he could pose the following questions: Which is the quickest and the most inexpensive medium? Which medium
is potent enough to achieve simple awareness or detailed information? Which is best to counter resistance? What is the coverage of the intended medium among opinion leaders, the educated, and rural people? How long need the message stay before the audience when it is conveyed through that medium? Would that medium adequately support family planning programs?

An assessment of this nature on media would help the communicator in speedy communication, to increase volume of information transmitted at lower costs, and to ease face-to-face motivation at the moment of possible adoption.

Select the Best Medium

The medium selected should be easily accessible to the people and have a widespread audience. Broadly, that medium should be one which the audience cannot escape. In that respect, the communicator gives prime recognition to the audience. He has to consider his audience as two separate groups, first the informed who are already motivated to some degree or ready for adoption, and second the uninformed who need a barrage of mass media exposure, beginning possibly with the knowledge that the control of human reproduction is possible.
Consider All Messages

Once the media are selected, the communicator has to be cautious about the messages conveyed. If vague or generalized messages are included in the communication program, the success of that campaign may remain in doubt. Messages and materials used for family planning communication must motivate the audience to adoption. They must be brief and meaningful.

Media penetration depends on the characteristics of the society, the audiences and the state of media development. But, it is accepted that the effectiveness of mass media decreases as it moves from first awareness, interest, trial, acceptance and to sustained practice. This is true to a great extent with family planning. Hence, all media messages and material conveyed through family planning communication programs should correspond to the progressive steps in the adoption process.

A set of messages that would correspond to the adoption process may take the following form:

1. **Awareness**  "Small family is a happy family . . . prevent unwanted pregnancies."

2. **Interest**  "Only two children . . . healthier mothers."

3. **Trial**  "Only two children . . . each after two years."

4. **Acceptance**  "Two children in the family? Go to the family planning clinic."
5. **Sustained Practice**  "Only two children... use contraceptives."

These sample messages can be useful perhaps only as newspaper advertisements or broadcast spot announcements. Yet, when media are utilized for longer exposure with detailed information the same procedure could be practiced.

**Mass Communication Strategy with Special Reference to Newspapers**

A communicator utilizing mass media to operate his family planning communication strategy in Sri Lanka should learn to think of them as facilitators. Very often change of behavior does not take place through information campaigns. The audience usually consists of a heterogeneous group of people with different cultural backgrounds. The information received by the public is interpreted in different ways depending on past experiences, educational background and degree of motivation from the information received. Mostly, information campaigns are geared to the achievement of specific objectives. Great reliance is placed on information given through such campaigns hoping for quick results. But results of such campaigns can become very frustrating, for the audience does not always react to information in a positive manner.

In order to attract public attention to a message and try to get the audience to react in a given way,
information given should be made eye-catching and easily accessible. Most important of all, information material conveyed should be prepared in such a way so that people are able to comprehend easily and grasp the message. If this is done in accordance with the culture and way of life of the people, such an information program should appeal to the needs of the people. It is also important to decide upon a medium which is very effective and has a great audience. In these two areas, it has been found that newspapers in Sri Lanka have a clear edge over broadcasting, the nearest rival medium.

A recent survey was conducted by the Ministry of Information in Sri Lanka to evaluate the effectiveness of publicity given to the Five Year Plan of the government. This study was conducted in one of the remotest areas of the country--150 miles from the capital, economically poor and culturally least westernized. Ninety percent of the subjects questioned said that they came to know about the plan through the newspapers. About 50 percent mentioned both the newspapers and radio. These findings about media preferences are important. Because the area studied was remote, the information planned and conducted from the capital do not reach the people quickly. The findings favor the utilization of newspapers for such information campaigns. But it should be remembered, as Blum said,
newspapers alone cannot achieve maximum motivation in family planning. It is one of the many factors.

Before newspapers are fed with family planning information, several items have to be considered, particularly by a government communicator. At present, due to financial difficulties, no money allocation has been made in the government family planning budget for a vigorous newspaper communication campaign. This makes carrying special advertisements, commissioning journalists and running special supplements impossible. This situation may continue for many years. Thus the plight of the government communicator is a difficult one. The success of the efforts of government communicator depends largely upon voluntary convictions of newspaper managers. Their voluntary convictions are determined by availability of space in newspapers. In fact, the government family planning communicator is not the only person they have to oblige. They are pressed with several similar requests of government and non-government authorities. Therefore, some days it would be possible for a newspaper to oblige with family planning news and features and some days it would not be feasible.

To overcome this uncertainty, materials sent out for publication in the press have to be strategically planned. For example, detailed feature type information should be requested to be published on Mondays. The
chances are that the newspaper managers would publish it. Sunday is a holiday and sources of hard news are not available, hence there would not be much material for publishers on Monday. Of course, if the family planning information shows a direct change of the policy of the national administration, or it is of health or economic importance, it would be welcomed by the press at any moment.

Unless it is of utmost importance and reflects need of broad coverage, informative materials similar in nature should not be sent to every newspaper. Articles of technical statistics and educational value would be examples. This selectivity would help avoid waste and misuse of privileges extended by newspapers.

Stories sent on family planning should win the confidence of the newspaper managers and should be able to hold the interest of the people. The most practical way is to introduce such stories through human interest. Feature stories, for example, may have an element of built-in news, but the approach of such stories appeal to the motives of the people favoring family planning. Generally, feature stories are space consuming, therefore the materials sent to the newspapers should have a sufficient selling value.

Another important way to gain confidence and interest is to attribute the article to a person
acceptable to a large portion of the community. If the author of the article is a famed gynecologist or public health personnel, it would help gain a wide acceptance of the material. This is especially true with reference to technical information. Similarly, articles written by other famous national figures also would gain wider recognition. Yet, the producing of such newspaper articles remains a responsibility of the communicator. Trustworthiness and authorship, however, can be considered two important ingredients in the acceptance of such material.

Information given by the communicator should help the people understand that the program is a people's program, and that family planning is a responsibility and function of the people. This could be emphasized by getting the newspaper managers to carry information on the activities of the people rather than government officials. For example, a good news photograph showing the people's participation in family planning would have more impact than a picture of the activities of officials.

It is also advantageous to get a reputed columnist to write on the importance of family planning. Another vital area of a newspaper is the editorial. This is a difficult area for a government communicator to reach. Still, if an editorial appears telling why family planning is important, the influence would be great. Similarly, all information outlets of a newspaper such as the science
section, women's page, cartoon, and opinion section should be fed with relevant material on family planning.

When information is disseminated, it is necessary to be aware of the audience. In Sri Lanka, the newspaper audience consists of two main groups, a vernacular group and an English-educated group. It is the vernacular language group that is important. Members of this group need more, perhaps one-sided, information to make them effective family planners. Generally family planning is a new concept for people who read vernacular language newspapers. Therefore, to minimize their opposition, it is necessary to offer them strong and accurate information. Most members of the target population belong to this category, that is, they read only vernacular language newspapers. It is important to develop positive attitudes among them.

People who read English language newspapers are considered more elite. Most of them consider family planning moral, and they practice it as a way of life. For them, information is needed for sustained practice. They should be exposed to two sides of the story.

To achieve favorable results, data should be correctly transmitted, received by the target population, well understood, and effective. To this end, the information given through the newspapers:
1. should not miss the target, but should be able to draw attention and generate favorable responses,
2. should not be redundant, but should try to motivate people toward an end they have not already accepted,
3. should be well managed,
4. should not be overdone, and
5. should not produce undesired effects.

For Sri Lanka, newspapers can be considered a potent vehicle for dissemination of information because of their availability and the country's literacy rate. Japan, when it had high figures of population increase, utilized newspapers widely for family planning communication in the 1940's for similar reasons. Commenting on newspapers in family planning in Japan, Noda says:

It should be stressed that newspapers were the first to consider seriously the problem of overpopulation in Japan after the war, and to positively support family planning in their editorial policy. As a matter of course, the primary job of newspapers was to awaken people to the critical state of overpopulation and also to public opinion in favor of planned parenthood as an immediate step to limit the uncontrolled, explosive growth of population. We believe that this work has been successfully done by newspapers owing to their nationwide circulation.

Although a vast cultural and social differences exist between Japan and Sri Lanka, when literacy rate and circulation of newspapers are considered, the experience in Japan favors the utilization of newspapers in Sri Lanka.
All-Year Strategy

January - March: Dissemination of information on population increases of the preceding year, increases in the proportion of new acceptors and new clinics, and coverage of people-oriented service programs and targets of the new year.

April - June: Two major events of great interest to the native people take place during this period, the Sinhala and the Tamil New Year in April and Vesak, the Birth and Death Anniversaries of Lord Buddha in May. During this time of the year, people depend on newspapers for information on these events. Newspapers increase the number of pages and the circulation normally increases. In addition, the first week in June is celebrated nationally as the health week. Perhaps this time could be used to submit feature articles on various aspects of family planning, articles emphasizing implications of population increase, activities done in other countries, benefits family planning could bring to Sri Lanka, and family planning activities during health week.

July - September: Follow-up materials related to family planning activities during the health week, reports with photographs on healthy, happy mothers and children connected with family planning, information on pilot programs.
October - December: Releases on the success of the program and future plans, results of surveys on attitudes towards family planning, statements of national leaders confirming family planning, stories indicating social support.

Other Media Support

A media campaign on family planning through newspapers must be supported by other media. It is true that newspapers reach a large audience and most of the people usually read them. But, newspapers lack dramatization value. Broadcast media have an advantage in this respect. People are tending to devote more time to radio broadcasts in the form of documentaries and dramas. Straight discussions and interviews are not well received by the average man, but they are by the educated groups. Radio broadcasts can be useful in reinforcing the information received through the newspapers. If a family planning message is conveyed over radio with dramatic importance or it is embodied in other popular dramas over a period of time, it would support newspaper information in developing positive attitudes.

Cinema is the other area which could be used satisfactorily to support newspaper information programs. It is a popular medium in the country. This popularity is due mainly to the fact that the average man considers it the cheapest source of entertainment. It gives some
relief from the daily drudgery of life by taking him for some time to an imaginary world. Generally, people of Sri Lanka are not fond of social and club life and an average man finds it beyond his means to attend musical performances or stage plays. Thus, movies attract a large audience.

Despite the language barrier, movies have a ready-made audience. If the number of locally produced short feature movies on family planning are increased and shown to this audience at regular movie theaters, they would support information found in newspapers.

Finally, billboards and posters should be included in the program, as they help to reach a large audience with instant, short messages.

Evaluation

Evaluation is necessary to make future programs more effective. It also allows measurement of positive behavior by the people. Generally, there are two stages of evaluation. One is concurrent, the other is final. A concurrent evaluation has to be undertaken from the time the communication strategy is begun. At the end of the operational phase, final evaluation has to be done to assess the achievements.
Footnotes for Chapter V


3 Department of Information, The Effectiveness of the Publicity Campaign on the Five Year Plan: Preliminary Report (Colombo: Department of Information, 1972), pp. 1-4. (Mimeographed.)

4 Ibid., p. 2.


CHAPTER VI

SUMMARY AND RECOMMENDATIONS

Summary

Population increase is an alarming global problem. Its effects are manifold. It has caused scarcities in many areas of basic human needs such as food, clothing, energy and shelter. Family planning has emerged as a potential solution to these problems. Therefore, the success of national development programs and the well being of future generations demand a change in the rate of multiplication of human numbers. The major portion of the population, however, is not aware of the services and facilities provided for family planning. Still, the interest that some have shown and the dire need for a fertility control program cannot be overlooked.

To take the family planning message to the people a well balanced communication program is important. Existing mass media channels of the country are resourceful ingredients in this. A media program concentrated around the newspapers with other print media agents, broadcasting, cinema and interpersonal communication supporting it, would be effective. A purposeful and effective media program can build interest and understanding
and would lead to develop positive habits towards family planning.

**Recommendations**

At present Sri Lanka does not have an extensive public information program for family planning. The infrequent reports in the press, sometimes supporting and sometimes challenging the family planning program, confirm the absence of an organized public information effort. Radio broadcasts on family planning organized by the Ministry of Health are few, but frequent radio programs are conducted by the family planning association in the commercial service.

The following steps are recommended to formulate a strong public information program in order to make the family planning program of the national health center a success:

1. A complete study should be undertaken through content analysis in order to assess the family planning communication content in the media with special reference to newspapers.

2. Knowledge, attitude and practice survey (KAP study) on family planning should be conducted in a well represented sample area, determined by the national health center. In all communication work a clear understanding of all targets is essential; exactly which sections
of the public are being covered and how the message can be presented to them so that they will benefit. The questionnaire suggested in this respect may be tried. (Appendix IV.)

3. Commission recognized journalists to write on family planning to newspapers and other journals.

4. Enlist the active cooperation and support of the newspaper editors and other media managers through a one-day conference to be used to give basic data on the importance of fertility control. If necessary, frequent conferences could be held.

5. The press should be fed more family planning information than at present.

6. Although financial commitments are heavy, the introduction of television should be reconsidered, as audio supported video communication has proved to be successful in accelerating national development activities. However, until such time, videotape should be introduced to the 15 health areas. Initial cost for this project will be about Rs. 200,000. The assistance of an international agency might be sought for needed equipment. Through this medium, complicated facts on family planning
could be explained. This would prove especially helpful because of the unavailability of trained personnel in this field.

7. Introduce sex education in schools as an aim to diminish the fear and shyness which often accompanies discussions of family planning.

8. Indigenous movie production on family planning should be increased. At present, Sri Lanka has the potential to handle this task. Initially, movies based on a few themes are recommended. One could approach the subject from a controversial point of view by showing different kinds of people expressing their views. Another could be based on direct exposition of the principles of health of the mother and child. A third could include family health and a fourth on program promotion. A film in song and music, expounding the developments of both present and future, could bring out the population and environmental problems in an entertaining way. They should be both in Tamil and Sinhala and the number of movies produced should increase gradually according to needs and requirements. These movies could be produced at the government film unit, or free lance movie producers could be commissioned. Another way to increase the
production of movies on family planning would be to give awards. Perhaps this could be an incentive to get dramatic films made by the competent movie makers. The Government Film Unit and its exhibition outlets are all working on 35mm films. This is true to a great extent of private movie industry also. There are no facilities to reduce the 35mm films to 16mm. Locally produced 35mm movies are unusable to many government departments who are working with 16mm mobile movie vans. Therefore, steps should be taken to either provide reduction facilities or introduce 16mm production facilities.

9. At least Rs. 100,000 should be allocated annually for the family planning program. A program of this nature cannot function without adequate funds. If the financial resources of the national health center do not permit an immediate financial allocation for a mass communication program, efforts should be made to establish a fund to meet the needs of a national family planning mass communication program. This fund should be established within the health ministry with financial provisions made by the other ministries and national organizations interested in the problem of
population increase. Perhaps the help of international agencies also may be sought in this respect.

10. While intensifying the contents of family planning information in newspapers and other mass media, interpersonal communication should be strengthened through the extension health workers.

This descriptive study is an attempt to explore the possibilities of expanding family planning communication activities in Sri Lanka and to prepare a strategy for media information on family planning. It is a guideline for the determination of utilization of mass communication for public information about family planning, which is felt to be an immediate need in Sri Lanka.
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### APPENDIX I

**PRINCIPAL NATIONAL NEWSPAPERS AND PERIODICALS IN SRI LANKA**

<table>
<thead>
<tr>
<th>Name of Publication</th>
<th>Year Established</th>
<th>Language of Publication</th>
<th>Average Net Sales per Publishing Day</th>
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<td><strong>NEWSPAPERS</strong></td>
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<td><strong>Morning Dailies</strong></td>
<td></td>
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<td>Tamil</td>
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<tr>
<td>Dinapathi</td>
<td>1964</td>
<td>Tamil</td>
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<tr>
<td>Ceylon Daily News</td>
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<td>English</td>
<td>16,632</td>
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<td>Sun</td>
<td>1964</td>
<td>English</td>
<td>18,000</td>
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<td>1966</td>
<td>Tamil</td>
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<tr>
<td>Thanthi</td>
<td>1967</td>
<td>Tamil</td>
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<td>1834</td>
<td>English</td>
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<td>The Times of Ceylon</td>
<td>1848</td>
<td>English</td>
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<td>Star</td>
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<td>1923</td>
<td>English</td>
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<tr>
<td>Sunday Mirror</td>
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<td>17,933</td>
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*a* Denotes bilingual newspapers.
<table>
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<th>Year Established</th>
<th>Language of Publication</th>
<th>Average Net Sales per Publishing Day</th>
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<td><strong>NEWSPAPERS</strong></td>
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<td><strong>Weeklies</strong></td>
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<td>Sinhala</td>
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<td>Visitura</td>
<td>1962</td>
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<td>60,000</td>
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<tr>
<td>Tikira</td>
<td>1963</td>
<td>Sinhala</td>
<td>12,500</td>
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<tr>
<td>Mihira</td>
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<td>Sinhala</td>
<td>86,479</td>
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<tr>
<td>Gitanjali</td>
<td>1964</td>
<td>Sinhala</td>
<td>15,000</td>
</tr>
<tr>
<td>Iranama</td>
<td>1964</td>
<td>Sinhala</td>
<td>34,000</td>
</tr>
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<td>Rasakatha</td>
<td>1965</td>
<td>Sinhala</td>
<td>15,000</td>
</tr>
<tr>
<td>Budusarana</td>
<td>1965</td>
<td>Sinhala</td>
<td>30,030</td>
</tr>
<tr>
<td>Vathkama</td>
<td>1966</td>
<td>Sinhala</td>
<td>5,000</td>
</tr>
<tr>
<td>Lassana</td>
<td>1966</td>
<td>Sinhala</td>
<td>11,000</td>
</tr>
<tr>
<td>Jothy</td>
<td>1966</td>
<td>Tamil</td>
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</tr>
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<td><strong>Fortnightlies</strong></td>
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<td><strong>Monthlies</strong></td>
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<tr>
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<td>Sri</td>
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*aBuddhist holiday replacing Sunday. Shifted to Sunday weekends again in 1971.*

## APPENDIX II

### RADIO TRANSMISSION BY CEYLON BROADCASTING CORPORATION IN 1963

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency (kiloohertz)</th>
<th>Wavelength (meters)</th>
<th>Power (kilowatts)</th>
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<td><strong>National</strong></td>
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<td></td>
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</tr>
<tr>
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<tr>
<td></td>
<td>6,075</td>
<td>49.38</td>
<td>10</td>
</tr>
<tr>
<td>Tamil</td>
<td>870</td>
<td>344.8</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>4,868</td>
<td>60.38</td>
<td>10</td>
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<td></td>
<td>6,005</td>
<td>49.96</td>
<td>10</td>
</tr>
<tr>
<td>English</td>
<td>920</td>
<td>326</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>5,020</td>
<td>59.76</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>6,130</td>
<td>48.94</td>
<td>10</td>
</tr>
<tr>
<td>&quot;Sandhya Sévaya&quot;</td>
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<td>294</td>
<td>10</td>
</tr>
<tr>
<td>(Sinhala)</td>
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<td>59.76</td>
<td>20</td>
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<td>10</td>
</tr>
<tr>
<td></td>
<td>6,075</td>
<td>49.38</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>870</td>
<td>344.8</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>6,005</td>
<td>49.96</td>
<td>10</td>
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<tr>
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<td></td>
<td>15,120</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Sinhala</td>
<td>640</td>
<td>469</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>4,870</td>
<td>61.60</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>6,185</td>
<td>48.50</td>
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<td>Service</td>
<td>Frequency (kilohertz)</td>
<td>Wavelength (meters)</td>
<td>Power (kilowatts)</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------</td>
<td>---------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tamil</td>
<td>920</td>
<td>326</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>6,130</td>
<td>48.94</td>
<td>10</td>
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<tr>
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<td>5,020</td>
<td>59.76</td>
<td>10</td>
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<td></td>
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<td>5,076</td>
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<tr>
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<tr>
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<td>6,075</td>
<td>49.38</td>
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<tr>
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<td>9,670</td>
<td>31.02</td>
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<td>15,120</td>
<td>19.84</td>
<td>100</td>
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<td></td>
<td>9,670</td>
<td>31.02</td>
<td>100</td>
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APPENDIX III

CINEMA CIRCUITS IN SRI LANKA

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<tr>
<th></th>
<th>Cinemas in the Circuit</th>
<th>Operated by Distributors</th>
<th>Operated by Independent Exhibitors</th>
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<tbody>
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<td>108</td>
<td>19</td>
<td>89</td>
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<tr>
<td>Cinemas Ltd.</td>
<td>125</td>
<td>10</td>
<td>115</td>
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<tr>
<td>Ceylon Entertainment Ltd. and Liberty Cinemas</td>
<td>28</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>Odeon Cinemas</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Cinetone Ltd.</td>
<td>6</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Unattached</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Totals</strong>:</td>
<td><strong>274</strong></td>
<td><strong>36</strong></td>
<td><strong>238</strong></td>
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</table>

APPENDIX IV

SUGGESTED QUESTIONNAIRE FOR AUDIENCE
SURVEY FOR FAMILY PLANNING KNOWLEDGE AND MEDIA PRACTICES

1. Age:
2. Sex:
3. Religion:
4. (a) Education: (b) Profession:
5. Nationality:
6. Marital Status:
7. Do you have children? YES/NO
8. If you are a woman, how many times have you been pregnant?
9. Do you wish to have more children? Explain:
10. Did you ever consider limiting the size of your family? YES/NO
   If NO, please go to question No. 14 and proceed.
11. Do you know anything about the following items? IUD, condom, the pill, contraceptive foam, contraceptive jelly, diaphragm YES/NO
12. Do you use any of those items? YES/NO
    If yes, go to question NO. 14 and proceed.
    If no, why?
13. Do you propose to use any of the contraceptive methods in the future? YES/NO
14. Do you buy a newspaper daily?
   ____ YES
   ____ NO
   ____ Once a week
   ____ Once a month

15. What parts of the newspaper do you like reading best?
    (Check three in order of priority.)
   ____ Home news
   ____ Editorials
   ____ Foreign news
   ____ Political columns
   ____ Sports news
   ____ Literacy section
   ____ Crime news
   ____ Advertisements
   ____ Others, please specify:

16. How often do you listen to the radio?
   ____ Daily
   ____ Few times a week
   ____ Few times a month
   ____ Not at all

17. Which channel do you listen to most frequently?
   ____ Channel one (National Service)
   ____ Channel two (Commercial service)

18. What kind of program do you appreciate most?
    (Check three in order of priority.)
   ____ News
   ____ Interviews
   ____ Musicals
   ____ Dramas
   ____ Talks
   ____ Songs
   ____ Others, please specify:

19. How often do you go to the movies?
   ____ Once a week
   ____ Once a month
   ____ Few times a month
   ____ Once a year
20. What language movies do you see most often?
   [ ] Sinhala
   [ ] Tamil
   [ ] English
   [ ] Hindi

21. What kind of movie do you like most?
   (Check three in order of preference)
   [ ] Thrillers
   [ ] Adventures
   [ ] Musicals
   [ ] Comedies
   [ ] Newsreels
   [ ] Cartoons
   [ ] Others, please specify:

22. Do you recall how you first came to know about family planning? (Check three in order of priority.)
   [ ] Friend
   [ ] Newspapers
   [ ] Spouse
   [ ] Radio broadcast
   [ ] Family planning social worker
   [ ] Cinema
   [ ] Public health field worker
   [ ] Journals
   [ ] Others, please specify:

23. Do you recall reading family planning information:
   In newspapers? YES / NO
   In journals? YES / NO

24. If NO would you consider reading such information in the future?
   In newspapers? YES / NO
   In journals? YES / NO

25. Do you recall listening to radio programs on family planning? YES / NO

26. If NO would you consider listening to such programs in the future? YES / NO

27. Do you recall seeing a film or an advertisement on family planning at a cinema theater? YES / NO
28. Do you object if material on family planning is shown at cinema circuits? YES/NO

29. Do you object to showing family planning movies to open public audiences by health extension workers? YES/NO

30. Do you think that the information you receive on family planning through newspapers, journals, radio, cinema and other mass media channels is:
   ___ Sufficient
   ___ Insufficient

31. Do you consider information on family planning conveyed by mass media immoral? YES/NO

32. Would you seek family planning information on your own in the media? YES/NO

33. Do you think that the family planning information conveyed through mass media should be:
   ___ Continued
   ___ Increased
   ___ Decreased
   ___ Discontinued

This is the end of the questionnaire and you have been very helpful. Thank you.