

Exposure to Information, and Women's Attitudes and Practices towards Family Planning in Pakistan

Ali, Ijaz and Waheed, Muhammad Shahid

IBA Karachi - Institute of Business Administration, Population Research Center, IBA Karachi

20 May 2022

Online at https://mpra.ub.uni-muenchen.de/116420/MPRA Paper No. 116420, posted 20 Feb 2023 09:26 UTC

Exposure to Information, and Women Attitudes and Practices towards Family Planning in Pakistan

Ijaz Ali¹, Muhammad Shahid Waheed²

May 20, 2022

Abstract

Information on family planning play vital role in awareness regarding family planning. In this term paper, the change in attitudes towards practicing family planning methods including contraception use, unmeet demands, and demands satisfiction by these methods among ever married of age (15-49) have been investigated. Exposure of information are from either source (TV, Radio, Newspaper or Mobile). The results suggests that women who have higher exposure to information are found to follow family planning methods more than who have less exposure. Moreover, socioeconomic status of women such as education, wealth are found to vary across family planning. Similarly, the results vary across demographic characteristics like age, region, province and ethnicity in terms of practicing different family planning. Considering the role of exposure, it is recommended the government increase access to information. Besides, there is need of incorporating the role of social media in DHS survey questionaires.

Keywords: Fertility; Family Planning; Mass media exposure; Logostic Regression.

¹ First author: Ijaz Ali, PhD Scholar at IBA, karachi. Email: ijazali@iba.edu.pk

² Co-author: Muhammad Shahid Waheed, PhD Scholar at IBA, karachi. Email: swaheed@iba.edu.pk

1 Introduction

If a woman has the ability to prefer fertility by her choice, she could control and regulate it, and will be mentally and physically in good health. Such a decision will ensure a better education, productive work and safe and good health not only for herself but for her child and whole family as well.

Comparing the recent census (2017) figure, 207.7 millions to that in 1951, 33.7 millions, there is six times increase. To controle such a trend and meet the SDG goals, considerable attention is required on family planning UNFPA (2019). The first such planning program was included in Pakistan's Third Five Plan (1965-70) Khan (1996). The trend of high fertility rate, 3.8 per women which is 31 percent above the suggested rate. Government efforts such as the "Sindh Reproductive Healthcare Rights Bill" are focusing on women rights in terms of reproductive health such as spacing of births, limiting pregnancy, also awareness about family planning. Pakistan's contraceptive prevalence rate is about 35 percent and modern contraceptive rate of 26 percent Ali et al. (2019).

To increase this rate and control the fertility rate, information on family planning play vital role. The current term paper invistigates how much exposure to information are effective in changing the attitudes of ever married women (15-49) years of age towards practicing differenct family planning methods including modern and traditional. It also incorporates the socioe-conomic status such as education, and demographic characteristics of women like age, region etc. It explores, the three broad dimensions of family planning, current use of contraceptive methods, unmeet and meet demands, and demand satisfiction by traditional as well modern family planning methods.

2 Review of Literature

Mass media (most commonly TV, radio, and newspapers) are extensively used for compaigns ranging from products marketing to focus on attitudes change in socioeconomic perspectives Wakefield et al. (2010). In this regard, the current study explore the role of family planning compaigns through mass media on attitudes of women towards practicing methods of family planning. Such compaigns were not as common as today even in devolped countries. In 1916,

when Margaret Sanger opened first clinic of birth control in New York, he was arrested for violating norms Horwitz (2019). However, the conservative nature in these developed societies change quickly. On the otherhand family plannings initives were becoming common in mid 20th century in developing countries. Such as in 1950s, Taiwan and 1960s, Thailand family planning methods were practicing Entwisle et al. (1996).

Before the fall of Dhaka, Ayub Khan's family planning had practiced in Pakistan and bangladesh both. However, after the event of 1971, Bangladesh promoted and priotrized family plannings Simmons et al. (1988), while Pakistan witnessed political turmoil Khan (1996). For example in 1990s, the contraception prevalence rate in Pakistan was 12 percent compare to 30 percent in Banladesh Sultan et al. (2002).

A vast literature have found a considerable impact of media exposure on family planning.? found a postive impact of media compaigns and contraceptive use, and remained influential in mobilizing an attitude change towards it. Further, women with meida exposure had desired fewer children than who had not exposed.

Although, family planning methods have increased substantially across the countries, but still there is a huge unmeet demand exist. By fulfilling the demand, women can avoid unintended pregnancies and hence could lead to lower fertility Moreland et al. (2010). Some studies like Machiyama and Cleland (2014) have found that even though there is unmeet demand but it is not due to unavailability, but because women and men don't want practiced those.

3 Data and Methodology

The data use for this term paper is secondary data and taken from the Pakistan Demographic and Health Survey, 2017-18, conducted under the authority of the National Institute of Population Studies (NIPS) and Pakistan Bureau of Statitics. The 2017-18 Pakistan Demographic and Health Survey (PDHS-2017-18) is a nationally representative sample survey designed to provide information on vast social dimensions such as child mortality, family planning, domestic violance etc. The number of observations in the ever married sample is about 15,000. Dependent variable is dummy (1=yes, 0=no). The dependent variable is family planning. Which is measured in its three dimension, i.e. contraceptive use, unmeet and meet demand, and demand satisfiction by methods.

The main interest of this term paper is to determine the change in attitudes towards practicing family methods due to exposure to of mass media on, which is the main independent variable of the study. The exposure to information variable is constructed as dummy, it is 1 if a respondent has received family planning information from either TV, radio, newspaper or mobile phones. And is zero if not received from none of the mentioned sources. Few others demographic, socio-economic important factors are given in Table 1. These explanatory variables are identified based on literature and through chi-square test. The dependent variable is family planning. Which is measured in its three dimension, i.e. contraceptive use, unmeet and meet demand, and demand satisfiction by methods.

- 1. Use of recent contraceptive method is reported separately for three family methods:
 - i. Use of any contraceptive method
 - ii. Use of modern contraceptive method
 - iv. Use of traditional contraceptive method
- 2. Unmeet and meet demands for family planning is also presented for:
 - i. Unmeet demands for family planning
 - ii. Meet demands for family planning
 - iii. Total demands for family planning
- 3. And demands satisfiction is
 - i. Demand satisfiction by any method
 - ii. Demand satisfiction by modern method

Table 1.	Measure	mont of	Variab	log
Table E	- Measure	тень ог	varian	Hes.

Information On Family Planning (FP)	FP Message	Dumy variable (1= if heard message on either TV, Radio,	
		Newspaper or Mobile phone)	
Socioeconomic Status	Employment	Dumy variable (1=if working)	
	Education	Categorical variable (1=primary, 2=secondary, 3=higher)	
	Wealth Index	${\it Categorical\ variable\ (1=Poorer, 2=Middle, 3=Richer, 4=Richest)}$	
Demographic Characteristics	Age	Categorical variable (1=20-24,2=25-29,3=30-34,	
		4=35-39,5=40-44,6=45-49)	
	Mother Tongue	$Categorical\ variable\ (Punjabi, Sindhi, Pushto, Balochi, Barauhi, Siraiki,$	
		Hindko, Kashmiri, Shina, Brushaski, Wakhi,	
		Chitrali/Khwar, Balti, Pahari, Potowari, Marwari, Farsi, Other)	
	Urban	Dumy variable (1=urban)	
	Province	Categorical variable (1=Sindh,2=KPK,3=Balochistan,	
		4=GB,5=ICT,6=AJK,7=FATA)	

Because our dependent variable in all models is binary in nature, therefore the logistic regression has been used to estimate the odds ratios for all models.

4 Results and Discussion

4.1 Recent Use of Family Planning (Contraceptive Methods)

Table 2 presents odds ratios of logistic regression results separately for the three types of recent usage of contraceptive methods. The main independent variable of interest, exposure to information is significant for modern and any method of contraception. The use of contraception methods increase among women with higher exposure to family planning information through mass media. These information are effective in increasing the prevelance rate of modern contraceptive methods compare to traditional methods. This infers that the traditional methods maybe communicated via lady health woorker, colleagues etc.

The use of methods for women with secondary education, and with richest and middle wealthy are more common.

In terms of age, usage increases with age and decline age higher than 40. The mother tongue is a proxy for ethnicity. Among modern users, Punjabi, Sindhi, Siraiki, Kashmiri, Chitrali and balti are practiced higher than other ethnic groups. Similarly, in urban areas traditional methods are significant. In this way, across provinces modern methods are practiced more in KPK, GB, and ICT. While in FATA traditional methods are more common.

Table 2: Recent Use of Family Planning (Contraceptive Methods)

Table 2: Recent C	Variables	Any	Modern	Traditional
Information On Family Planning (FP)	FP Message	0.122*** (-0.046)	0.118** (-0.05)	0.046 (-0.072)
Socioeconomic Status	Employment	0.101* (-0.055)	0.107* (-0.058)	-0.005 (-0.09)
	- •	` ,	, ,	` ,
	Education	0.000	0.040*** (0.004)	0.444 (0.000)
	Primary	0.228*** (-0.059)	0.218*** (-0.064)	0.114 (-0.096)
	Secondary Higher	0.253*** (-0.057) 0.150** (-0.068)	0.239*** (-0.062) 0.146** (-0.074)	0.134 (-0.091)
	підпег	0.150 (-0.008)	0.146 (-0.074)	0.074 (-0.107)
	Wealth Index			
	Poorer	0.452*** (-0.068)	0.413**** (-0.074)	0.472*** (-0.134)
	Middle	0.711*** (-0.073)	0.599*** (-0.079)	0.773*** (-0.137)
	Richer	0.686*** (-0.079)	0.549*** (-0.086)	0.811*** (-0.145)
	Richest	0.783*** (-0.086)	0.587*** (-0.094)	0.940*** (-0.154)
Demographic Characteristics	Λ			
	Age 20-24	0.741*** (-0.145)	0.759*** (-0.169)	0.577** (-0.254)
	25-29	1.261*** (-0.14)	1.274*** (-0.164)	0.907*** (-0.245)
	30-34	1.794*** (-0.14)	1.701*** (-0.163)	1.370*** (-0.243)
	35-39	1.922*** (-0.14)	1.842*** (-0.163)	1.384*** (-0.244)
	40-44	1.959*** (-0.143)	1.872*** (-0.166)	1.407*** (-0.248)
	45-49	1.536*** (-0.146)	1.495*** (-0.17)	1.173*** (-0.254)
		,	, ,	, ,
	Mother Tongue			
	Punjabi	0.07 (-0.089)	0.038 (-0.096)	0.095 (-0.131)
	Sindhi	-0.049 (-0.1)	0.251** (-0.106)	-1.070*** (-0.201)
	Pushto	-0.006 (-0.105)	-0.106 (-0.114)	0.225 (-0.161)
	Balochi	-0.721*** (-0.149)	-0.446*** (-0.161)	-1.244*** (-0.308)
	Barauhi	-0.393** (-0.186)	-0.236 (-0.203)	-0.610* (-0.35)
	Siraiki Hindko	-0.034 (-0.104)	0.121 (-0.111)	-0.384** (-0.175)
	ніпако Kashmiri	-0.115 (-0.131) -0.132 (-0.244)	-0.196 (-0.143) 0.181 (-0.256)	0.123 (-0.194) -0.981* (-0.537)
	Shina	-0.132 (-0.244)	-0.018 (-0.313)	-0.175 (-0.448)
	Brushaski	0.152 (-0.333)	-0.013 (-0.313)	0.391 (-0.481)
	Wakhi	1.063 (-0.739)	-0.152 (-0.69)	1.310* (-0.736)
	Chitrali/ Khwar	0.233 (-0.27)	0.451 (-0.28)	-0.493 (-0.5)
	Balti	-0.05 (-0.305)	0.27 (-0.323)	-0.747 (-0.492)
	Pahari	-0.283** (-0.135)	-0.128 (-0.148)	-0.426** (-0.209)
	Potowari	-0.554*** (-0.2)	-0.318 (-0.212)	-0.839** (-0.386)
	Marwari	-0.243 (-0.289)	0.048 (-0.295)	-1.579 (-1.017)
	Farsi			
	Other	-0.152 (-0.15)	-0.085 (-0.164)	-0.181 (-0.243)
	Urban	0.159*** (-0.044)	0.031 (-0.048)	0.347*** (-0.072)
	Province			
	Sindh	-0.031 (-0.083)	0.005 (-0.089)	-0.101 (-0.131)
	KPK	0.019 (-0.093)	0.127 (-0.1)	-0.216 (-0.146)
	Balochistan	-0.469*** (-0.11)	-0.430*** (-0.122)	-0.342* (-0.185)
	GB	0.497* (-0.276)	0.35 (-0.293)	0.478 (-0.419)
	ICT	0.093 (-0.078)	0.227*** (-0.083)	-0.261** (-0.12)
	AJK	-0.231** (-0.107)	-0.271** (-0.118)	-0.024 (-0.16)
	FATA	-0.211* (-0.12)	-0.323** (-0.137)	0.08 (-0.182)
	Constant	-2.966*** (-0.173)	-3.268*** (-0.196)	-4.258*** (-0.297)
	Observations	15,053	15,053	15,053

Standard errors in parentheses

*** p<0.01 , ** p<0.05,* p<0.1

Note: In this table the odd ratios of logistic regression have been reported. Where, the dependend variable in the third, fourth and fifth columns are respectively the recent use of any, modern or traditional contraceptive methods.

4.2 Unmeet and Meet Demand of Family Planning (Contraceptive Methods)

In Tabel 3, the odds ratios of logistic regression are reported for unmeet, meet and total demands. There is a positive and significant relationship between exposure to media and meeting demands for using family plannings for the purpose of birth spacing and limiting pragnancies. The demand meets as women exposure increase.

The exposure has a negative relationship with unmeet demands which, portrays that the more women are exposed, the more they are aware and thus the unmeet demand decreases. maybe because women can get alternatives plannings, they are unaware of. Similarly unmeet demand decrease with increase in education and wealth.

Table 3: Unmeet and Meet Demand of Family Planning (Contraceptive Methods)

	Variables	Unmeet Demand	Meet Demand	Total Demand
nformation On Family Planning (FP)	FP Message	-0.037(-0.059)	0.122***(-0.046)	0.097**(-0.044)
ocioeconomic Status	Employment	-0.292***(-0.07)	0.101*(-0.055)	-0.069(-0.051)
	Education			
	Primary	-0.118*(-0.071)	0.228***(-0.059)	0.119**(-0.055)
	Secondary	-0.039(-0.068)	0.253***(-0.057)	0.178***(-0.053)
	Higher	-0.021(-0.085)	0.150**(-0.068)	0.106*(-0.064)
	Wealth Index			
	Poorer	-0.087(-0.066)	0.452***(-0.068)	0.234***(-0.056)
	Middle	-0.243***(-0.076)	0.711***(-0.073)	0.340***(-0.062)
	Richer	-0.351***(-0.087)	0.686***(-0.079)	0.261***(-0.069)
	Richest	-0.450***(-0.098)	0.783***(-0.086)	0.321***(-0.077)
emographic Characteristics		, ,	, ,	, ,
	Age		a — a abatata / a a a a a	and a second of the second
	20-24	0.118(-0.109)	0.741***(-0.145)	0.415***(-0.095)
	25-29	0.202*(-0.106)	1.261***(-0.14)	0.824***(-0.092)
	30-34	0.238**(-0.107)	1.794***(-0.14)	1.299***(-0.093)
	35-39	0.038(-0.109)	1.922***(-0.14)	1.285***(-0.094)
	40-44	-0.358***(-0.12)	1.959***(-0.143)	1.112***(-0.098)
	45-49	-0.582***(-0.128)	1.536***(-0.146)	0.634***(-0.101)
	Mother Tongue			
	Punjabi	0.098(-0.127)	0.07(-0.089)	0.075(-0.086)
	Sindhi	0.402***(-0.133)	-0.049(-0.1)	0.119(-0.094)
	Pushto	0.537***(-0.138)	-0.006(-0.105)	0.220**(-0.099)
	Balochi	0.406**(-0.16)	-0.721***(-0.149)	-0.306**(-0.122)
	Barauhi	0.664***(-0.182)	-0.393**(-0.186)	0.151(-0.147)
	Siraiki	0.295**(-0.137)	-0.034(-0.104)	0.058(-0.097)
	Hindko	0.287*(-0.173)	-0.115(-0.131)	-0.005(-0.124)
	Kashmiri	0.464*(-0.27)	-0.132(-0.244)	0.103(-0.216)
	Shina	0.497(-0.364)	-0.106(-0.295)	0.139(-0.287)
	Brushaski	0.334(-0.416)	0.152(-0.333)	0.318(-0.331)
	Wakhi	-0.445(-1.107)	1.063(-0.739)	1.054(-0.828)
	Chitrali/ Khwar	-0.012(-0.367)	0.233(-0.27)	0.118(-0.26)
	Balti	0.712*(-0.371)	-0.05(-0.305)	0.339(-0.296)
	Pahari	0.561***(-0.171)	-0.283**(-0.135)	0.028(-0.126)
	Potowari	0.478**(-0.238)	-0.554***(-0.2)	-0.28(-0.182)
	Marwari	0.334(-0.281)	-0.243(-0.289)	-0.25(-0.182)
	Farsi	1.501**(-0.592)	-0.245(-0.289) -0.346(-0.693)	0.769(-0.591)
	Other	0.412**(-0.18)	-0.152(-0.15)	0.769(-0.591) 0.051(-0.136)
	Urban	-0.089*(-0.051)	0.159***(-0.044)	0.085**(-0.04)
	Province			
	Sindh	-0.066(-0.105)	-0.031(-0.083)	-0.065(-0.077)
	KPK	-0.144(-0.113)	0.019(-0.093)	-0.053(-0.086)
	Balochistan	-0.144(-0.113)	-0.469***(-0.11)	-0.335***(-0.096)
	GB	0(-0.34)	0.497*(-0.276)	0.449*(-0.267)
		` /	, ,	, , ,
	ICT	0.095(-0.105)	0.093(-0.078)	0.165**(-0.077)
	AJK FATA	0(-0.133) -0.562***(-0.14)	-0.231**(-0.107) -0.211*(-0.12)	-0.176*(-0.099) -0.485***(-0.108)
	Constant	-1.513***(-0.169)	-2.966***(-0.173)	-1.302***(-0.131)
	Observations	15,066	15,066	15,066

Standard errors in parentheses

*** p<0.01 , ** p<0.05,* p<0.1

Note: In this table the odd ratios of logistic regression have been reported. Where, the dependend variable in the third, fourth and fifth columns are respectively the recent unmeet demand, meet demand, and total demand. Unmeet and meet demand includes both respective demand for spacing and limiting. While the total demand then includes both unmeet as well meet demands

4.3 Demand Satisfiction of Family Planning (Contraceptive Methods)

From the odds ratios in Table 4, it is found that the relationship between demand satisfiction and mass media exposure are insignificantly related.

Table 4: Demand Satisfiction of Family Planning (Contraceptive Methods) by Methods

	Variables	Any Method	Modern Method
The state of the s	ED M	0.001/ 0.00	0.107/.0.007)
Information On Family Planning (FP)	FP Message	0.081(-0.06)	0.105(-0.067)
Socioeconomic Status	Employment	0.214***(-0.072)	0.297***(-0.081)
	Education		
	Primary	0.197**(-0.077)	0.254***(-0.083)
	Secondary	0.183**(-0.075)	0.229***(-0.08)
	Higher	0.099(-0.089)	0.099(-0.098)
	Wealth Index		
	Poorer	0.365***(-0.086)	0.469***(-0.086)
	Middle	0.529***(-0.093)	0.778***(-0.095)
	Richer	0.529***(-0.102)	0.863***(-0.106)
1. 6	Richest	0.540***(-0.112)	1.014***(-0.118)
emographic Characteristics	Age		
	20-24	0.546***(-0.188)	0.557***(-0.174)
	25-29	0.875***(-0.182)	0.939***(-0.168)
	30-34	1.068***(-0.181)	1.279***(-0.168)
	35-39	1.266***(-0.182)	1.525***(-0.169)
	40-44	1.473***(-0.187)	1.900***(-0.178)
	45-49	1.416***(-0.192)	1.869***(-0.186)
	Mother Tongue		
	Punjabi	-0.034(-0.116)	-0.036(-0.138)
	Sindhi	0.217*(-0.132)	-0.431***(-0.151)
	Pushto	-0.365***(-0.138)	-0.433***(-0.156)
	Balochi	-0.316*(-0.187)	-0.908***(-0.199)
	Barauhi	-0.461**(-0.229)	-0.902***(-0.235)
	Siraiki	0.112(-0.136)	-0.241(-0.154)
	Hindko	-0.272(-0.17)	` ,
	Kashmiri		-0.296(-0.192)
	Shina	0.11(-0.308)	-0.549*(-0.323)
		-0.108(-0.385)	-0.407(-0.427)
	Brushaski	-0.282(-0.428)	-0.147(-0.48)
	Wakhi	-0.553(-0.752)	0.977(-1.149)
	Chitrali/ Khwar	0.651*(-0.371)	0.305(-0.419)
	Balti	0.162(-0.395)	-0.45(-0.436)
	Pahari	-0.185(-0.177)	-0.615***(-0.196)
	Potowari	-0.229(-0.261)	-0.766***(-0.277)
	Marwari	0.087(-0.36)	-0.52(-0.372)
	Farsi Other	-0.433(-0.775) -0.183(-0.195)	-1.552**(-0.79) -0.458**(-0.212)
	Urban	-0.033(-0.057)	0.184***(-0.061)
	Province		
	Sindh	0.087(-0.108)	0.102(-0.121)
	KPK	0.223*(-0.121)	0.128(-0.132)
	Balochistan	-0.266*(-0.141)	-0.336**(-0.148)
	GB	0.051(-0.363)	0.269(-0.403)
	ICT	0.202**(-0.1)	-0.014(-0.116)
	AJK	-0.245*(-0.141)	-0.183(-0.155)
	FATA	0.017(-0.161)	0.328*(-0.168)
	Constant	-1.680***(-0.225)	-1.300***(-0.226)
	Observations	7,500	7,500

Standard errors in parentheses

*** p<0.01 , ** p<0.05,* p<0.1

Note: In this table the odd ratios of logistic regression have been reported. Where, the dependend variable in the third, fourth and fifth columns are respectively the recent use of any, modern or traditional contraceptive methods.

5 Conclusion

In this term paper, it is investigated that how exposure to mass media (TV, radio, newspaper and mobile phone) can impact a women attitudes towards practicing different family methods. The family planning methods have been expolred in all its three dimensions (use of contraception methods, unmeet and meet of demands for these contraception methods, and third the demand satisfiction through modern or traditional methods). Exposure to information was the main variable of interest. The results suggests that women who have higher exposure to information are found to follow family planning methods more than who have less exposure. Moreover, socioeconomic status of women such as education, wealth are found to vary across family planning. Similarly, the results vary across demographic characteristics like age, region, province and ethnicity in terms of practicing different family planning. Considering the role of exposure, it is recommended the government increase access to information. Besides, there is need of incorporating the role of social media in DHS survey questionaires.

References

- Ali, M., Azmat, S. K., Hamza, H. B., Rahman, M. M., and Hameed, W. (2019). Are family planning vouchers effective in increasing use, improving equity and reaching the underserved? an evaluation of a voucher program in pakistan. *BMC Health Services Research*, 19(1):1–12.
- Entwisle, B., Rindfuss, R. R., Guilkey, D. K., Chamratrithirong, A., Curran, S. R., and Sawangdee, Y. (1996). Community and contraceptive choice in rural thailand: a case study of nang rong. *Demography*, 33(1):1–11.
- Horwitz, R. (2019). First american birth control clinic (the brownsville clinic), 1916. *Embryo Project Encyclopedia*.
- Khan, A. (1996). Policy-making in pakistan's population programme. *Health Policy and Plan*ning, 11(1):30–51.
- Machiyama, K. and Cleland, J. (2014). Unmet need for family planning in ghana: the shifting contributions of lack of access and attitudinal resistance. Studies in Family Planning, 45(2):203–226.
- Moreland, S., Smith, E., and Sharma, S. (2010). World population prospects and unmet need for family planning. Washington, DC: Futures Group, 62.
- Simmons, R., Baqee, L., Koenig, M. A., and Phillips, J. F. (1988). Beyond supply: the importance of female family planning workers in rural bangladesh. *Studies in family planning*, 19(1):29–38.
- Sultan, M., Cleland, J. G., and Ali, M. M. (2002). Assessment of a new approach to family planning services in rural pakistan. *American journal of public health*, 92(7):1168–1172.
- UNFPA (2019). Advocacy Strategy for Rights Based Family Planning In Pakistan (Population Council). https://fp2030.org/sites/default/files/Advocacy%20Strategy% 20for%20Rights%20based%20FP%20in%20Pakistan.pdf [Accessed: 20221905].
- Wakefield, M. A., Loken, B., and Hornik, R. C. (2010). Use of mass media campaigns to change health behaviour. *The Lancet*, 376(9748):1261–1271.