# Strengthening Family Planning Project

# مشروع تعزيز تنظيم الأسرة

## Evaluation Report

### *Reach and Effect of the Social Marketing Campaign for Oral Contraceptive Pills, 2011-13*


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Special thanks are due to all project staff that cooperated with and supported the research team throughout various stages of the study, including Mr. Reed Ramlow, Project Chief of Party; Dr. Maha Shadid, Deputy Chief of Party; Houda Khayame, Social Marketing Manager; and Nisreen El Tell, Communications Manager.

Ms. Sarah Kamhawi, MPH, Monitoring, Evaluation, and Research Officer wrote this report.

The Nielson Company was subcontracted to provide technical assistance for data collection and entry for the tracking household survey, pharmaceutical sales estimates were purchased from IMS Health and the Ministry of Health (MOH) provided contraceptive supply data used to calculate couple years protection (CYP).

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# Executive Summary

**Background**

The purpose of this report is to present the findings from efforts aiming to evaluate the social marketing campaign to promote the use of oral contraceptive pills (OCPs); the campaign was implemented in phases extending over a period of 14 months in 2012-2013.

**Methodology**

A cross-sectional post-campaign survey fielded by the Nielsen Company relying on household interviews where married women of reproductive age (MWRA) reside. The study was conducted during May 2013 with a sampling scheme to produce 400 interviews with MWRA in the governorate of Amman and 200 interviews with MRWA in each of the governorates of Irbid and Zarqa. The survey instrument included questions about the respondents' demographic characteristics as well as questions related to exposure to the OCP campaign, respondents' interpretation and understanding of the relayed messages, and respondents' attitudes, intentions and behaviors relating to family planning and the OCPs in specific. The instrument also included questions about community health workers' visits relating to family planning (FP).

National service trends were tracked by calculating couple-years of protection (CYP) derived from the distribution or sale of OCPs. The project had two data sources for this indicator. The first is a monthly pharmacy FP method sales estimate produced by IMS Health. IMS Health has a sample of pharmacies distributed nationally from which they generate estimates for national pharmacy sales. Couple-years of protection (CYP) from OCPs were calculated using a CYP factor of 15.

The second source is the Ministry of Health in Jordan, which provides modern FP methods free of charge to UNRWA, the Jordanian Association of Family Planning and Protection (JAFPP), universities and the project, which supplies its network of private doctors with FP methods. The MOH collects distribution data from these private sector institutions on a monthly basis and generates a report reflecting all MOH FP method distribution. The report is stratified by institution and method. CYP from OCPs was calculated using a CYP factor of 15.

**Key findings**

- Exposure to the third wave of the OCP campaign was moderately high at 59% among all respondents who were prompted with images of two TV advertising spots, leaflets and press-clippings. Prompted recall was significantly higher among women aged 25 years and older as compared to those aged 18-24 years and did not vary significantly across educational attainment levels and socioeconomic status (SES).
- The most recalled components of the campaign were the TV advertisements promoting combined oral contraceptives (COCs) and progestin-only pills (POPs), with 62% and 41% of

respondents recalling them when prompted, respectively. Recall was lower for leaflets (26%) and newspaper clippings (18%).

- Television was the highest source of exposure to any FP messages at 84%, followed by leaflets and brochures (25%) and the radio (9%). Television was the greatest source for 93% of women aged 35-44 years and for those belonging to socioeconomic segment (SES) C1 and C2. Leaflets and brochures were the greatest source of exposure among those aged 18-24 years. Radio was the greatest source of exposure among those with higher education (19%) and those belonging to SES AB and C1 (26% and 14% respectively).
- Jordan TV allows for even reach across all SES strata while Ro'ya TV reaches those in higher SES.
- The most recalled campaign messages without prompting related to images of the campaign itself (21%) – the description of a woman going alone or with others to the doctor about FP (21%). Others recalled the campaign was about FP or the benefits of FP in general (17%). Nearly 8% recalled the key message that OCPs are safe and that they have benefits.
- When prompted, 91% recalled the slogan "family planning pills give you peace of mind", showing that the slogan was effective. The message "family planning pills are safe and effective" was recalled by 80%, followed by the call to action to consult a doctor regarding a FP method (56%) and to use family planning pills to space children (53%). Lower SES respondents were more likely to recall some of the messages compared to higher SES respondents.
- Overall likability of the campaign was very high, with 96% of respondents expressing that they liked it very much (77%) or liked it a little (19%). Likeability was high across all SES levels reflecting that it was relatable to all of society's strata.
- 93% of respondents wanted to keep watching or listening to the campaign when they first heard or saw it. A significantly higher proportion of lower SES respondents reported such an interest compared to higher SES. Moreover, those with lower SES had a higher measure of positive attitudes towards the campaign. However, satisfaction was generally high with over 85% of respondents agreeing with six positive statements relating to the campaign.
- The campaign was impactful.
    - Exposed respondents, compared to unexposed respondents, while comparing for potential confounders, were:
        - more likely to know benefits about OCPs without prompting and were less likely to state that they did not know about OCPs;
        - more likely to agree with positive statements about OCPs and FP in general;
        - more likely to be current users of FP methods and less likely to be non-users who do not intend to use FP methods in the future; and
        - twice as likely to express an intention to use OCPs in the future (among non-users)
    - A dose-effect was observed and confirmed through regressions controlling for potential confounders:
        - The mean number of mentioned benefits associated with OCPs was significantly higher with each increasing increment of exposure to the campaign.

        - The odds of being a current FP user were 1.3 times higher with each increasing increment of exposure to the campaign.
        - The odds of not currently using any FP method and not planning to do near the future decreased by 40% with each increasing increment of exposure to the campaign.
    - National CYP due to OCP distribution increased significantly over the period of the campaign when examining the public/NGO sector. A similar trend was noted through pharmacy sales estimates.
- Community health workers (CHWs) continue to be an important part of FP promotion among women of lower SES, with nearly half of women reported ever being visited by a community health worker for FP counseling. Of those, 10% reported that they were visited by the Ta'ziz outreach program specifically, however over two-thirds did not know the affiliation of the CHWs, which means that the 10% estimate probably under-reports the true reach of the Ta'ziz outreach program.
- A great majority of women (82%) reported that they were the main influencers on the decision to use FP methods, followed by 53% who reported the husband, 5% who reported the doctor, and 3% who said that their mothers were influencers. Interestingly, and perhaps contrary to general stereotypes, the strongest support for a woman's use of FP methods came from the husband (61%), followed by the mother (14%).

**Recommendations**

Method-specific campaigns are an effective way to reach a large proportion of the population in an impactful way. It is recommended to continue such long, multi-waved campaigns especially when the campaign is designed to be relatable to all Jordanian irrespective of their SES.

Media plans should continue to focus on television; however it is evident that brochures and leaflets are also an effective way to reach women.

Some of the benefits of OCPs, which were only printed out in the text of brochures, leaflets and newspaper ads should be emphasized in future mass-media television spots because less than 50% of respondents recalled those messages.

It is evident that the campaign impacted individuals' knowledge, attitudes and intentions towards OCPs and that the level of exposure significantly affected the extent of such positive effects. Moreover, the campaign likely contributed significantly in the observed increase in CYP measures due to OCP distribution nationally.

Community health workers (CHWs) should be a key factor in future campaigns due to their effectiveness in reaching lower SES women.

Future campaigns should consider relaying messages directly to husbands, not because they are opponents of FP, but because they are proponents and supporters of FP.

# Background

Research indicates a strong need for improved family planning in Jordan – over one-quarter of all births are mistimed or unwanted (2009 Jordan Population and Family Health Survey (JPFHS)). Currently, 61 percent of Jordanian couples practice some form of family planning, although only 42 percent use more reliable modern methods of contraception and only eight percent use oral contraceptive pills (2012 JPFHS). Scientific evidence shows that oral contraceptive pills are not only a safe and reliable contraceptive method but also convey a range of non-contraceptive benefits.

The USAID Strengthening Family Planning project aims to expand the availability, quality and use of family planning services through partnership with the private, non-governmental sector in Jordan. The project, an associate award under the global USAID Strengthening Health Outcomes through the Private Sector (SHOPS) project managed by Abt Associates Inc., seeks to boost the role of NGOs in providing family planning services, focusing on the Jordan Association of Family Planning and Protection (JAFPP). The project also works with the United Nations Relief and Works Agency (UNRWA) to strengthen its role in providing family planning services through its clinics that serve 1.2 million Palestinian refugees. In addition, the project seeks to expand the contraceptive market and increase choice in league with private pharmaceutical companies, clinicians and pharmacists. The program will contribute to increased availability and use of modern contraceptives, a reduction in high discontinuation rates, and a reduction in unmet need.

**Program Intervention**

Interspersed over a 14-month period in 2012-13, the Strengthening Family Planning project implemented an extensive social marketing campaign in two phases that promoted the use of oral contraceptive pills as a safe and effective method for couples who want to space their children and plan their family size. The national campaign featured advertisements on television and radio and in major daily newspapers, and information materials were made available in over 1,400 pharmacies and in nearly 160 private clinics. Prominent physicians guested on TV and radio interview programs popular among women to share the evidence on oral contraceptive pills. An extensive community outreach program in urban centers and in Palestinian refugee camps reached over 30,000 women and couples directly on the benefits of using oral contraceptive pills. Corporate partners Johnson & Johnson, Nuqul/Fine, Pharmacy 1, Nestle and NGO Jordan Volunteers provided consumer gifts and in-kind contributions for public outreach events in shopping malls/centers, refugee “camps” and other public places. The campaign also engaged social media with a Facebook page providing information on oral contraceptive pills with an interactive feature that allowed page visitors to ask questions about pills and receive evidence-based answers from a medical expert.

**Results from previous tracking surveys**

The first phase of the campaign implemented from February to May 2012 generated promising results – 73% of surveyed married women of reproductive age recalled the campaign, surpassing the ambitious target of 65%. The Jordan Ministry of Health, the Higher Population Council and the Jordan Association for Family Planning and Protection were sponsors of the campaign. The first phase campaign tracking survey showed that among the primary target audience, 84% of married women of reproductive age (MWRA) agreed that oral contraceptive (OC) pills are safe to use, surpassing the campaign goal of 60%. Another key objective of the campaign was to shift users of "traditional" family planning methods such as withdrawal and the rhythm method to modern methods such as the OC pill. Survey results showed that 86% of MWRA agreed that OC pills are more effective than traditional methods and 22% of traditional method users said they intend to shift to pills. In addition, 30% of "never users" of contraceptive methods said they intend to use pills. Tracking survey respondents ranked the campaign's advertising on Jordan Television (JTV) as the "most remembered" by a two to one margin over the next most popular TV ad and as the "most preferred".

The report herein present findings from the final tracking survey in evaluating the OCP campaign and from national service statistics.

# Methods

**Cross-sectional household survey**

A cross-sectional post-campaign survey fielded by the Nielsen Company relying on household interviews where married women of reproductive age (MWRA) reside. The study was conducted during May 2013 with a sampling scheme to produce 400 interviews with MWRA in the governorate of Amman and 200 interviews with MRWA in each of the governorates of Irbid and Zarqa.

For monitoring purposes, identifiers were collected by the Nielsen Company and kept in a separate log, such as questionnaires could not be linked to the respondents. The Abt Associates Institutional Review Boards (IRB) determined that the human subject research activity meets the criteria for Exemption under U.S. Federal Regulation 45 CFR 46.101(b), Category 2. Therefore, local IRB was not required.

Questionnaire

The survey instrument included questions about the respondents' demographic characteristics as well as questions related to exposure to the OCP campaign, respondents' interpretation and understanding of the relayed messages, and respondents' attitudes, intentions and behaviors relating to family planning and the OCPs in specific. The instrument also included questions about community health worker visits relating to FP.

Data entry and analysis

Data was entered by the Nielsen Company and delivered to the Ta'ziz Project in SPSS format. The file was then converted to STATA format, and analysis was completed by Ta'ziz Project using STATA version

12. Statistical significance was determined through Chi-square tests, ANOVA, Student's T-Test and multivariate logistic and linear regressions were used to control for potential confounders when needed.

**National service statistics from the public sector and the private sector**

The Ta'ziz project receives monthly pharmacy FP method sales estimates from IMS Health. IMS Health has a sample of pharmacies distributed nationally from which they generate estimates for national pharmacy sales. Couple-years of protection (CYP) from OCPs were calculated using a CYP factor of 15.

The Ministry of Health in Jordan provides modern FP methods free of charge to the UNRWA, the Jordanian Association of Family Planning and Protection (JAFPP), universities and the Ta'ziz project, which supplies its network of private doctors with FP methods, a number of other smaller NGOs with capacities for FP service provision. The MOH collects distribution data from these private sector institutions on a monthly basis and generates a report reflecting all MOH FP method distribution. The report is stratified by institution and method. CYP from OCPs was calculated using a CYP factor of 15.

# Post-Campaign Cross-Sectional Results

## Respondent characteristics

**Table 1: Respondent characteristics**

| | Total (%) n=800 | Amman (%) n=400 | Irbid (%) n=199 | Zarqa (%) n=201 |
|---|---|---|---|---|
| **Age** | | | | |
| 18-24 | 32.9 | 31.8 | 34.2 | 33.8 |
| 25-34 | 34.8 | 34.8 | 35.2 | 34.3 |
| 35-44 | 23.3 | 23.3 | 22.6 | 23.9 |
| 45-49 | 9.1 | 10.3 | 8.0 | 8.0 |
| **Education** | | | | |
| Illiterate | 0.1 | **0.3** | **0.0** | **0.0** |
| Literate without formal education | 0.3 | **0.5** | **0.0** | **0.0** |
| Some/finished elementary | 2.5 | **3.0** | **0.5** | **3.5** |
| Some/finished intermediate | 22.8 | **21.3** | **16.6** | **31.8** |
| Some secondary | 20.5 | **17.3** | **22.6** | **24.9** |
| Finished secondary | 29.3 | **27.0** | **37.7** | **25.4** |
| Some/finished college | 11.8 | **14.0** | **10.6** | **8.5** |
| Completed university | 12.4 | **15.8** | **12.1** | **6.0** |
| Post graduate degree | 0.5 | **1.0** | **0.0** | **0.0** |
| **Socio economic status (SES)** | | | | |
| A | 4.9 | **8.5** | **1.0** | **1.5** |
| B | 4.5 | **7.5** | **2.0** | **1.0** |
| C1 | 18.8 | **18.5** | **27.1** | **11.0** |
| C2 | 29.1 | **27.3** | **32.2** | **29.9** |
| D | 30.1 | **28.0** | **29.7** | **34.8** |
| E | 12.6 | **10.3** | **8.0** | **21.9** |

*** Statistically significant differences noted (p<0.05) when using Chi2 test**

All interviewed women were married and of reproductive age. Nearly one-third of respondents were aged 18-24 years, 35% were aged 25-34 years, 23% were aged 35-44 years and fewer than 10% were aged 45-49 years. Roughly one-fifth attained or completed some of the intermediate level of schooling, 21% attended but did not complete secondary school and 29% completed secondary school. Respondents in Amman were more educated than those in Irbid and Zarqa. Nearly one-third of respondents in Amman attended or completed college or higher; a significantly higher proportion that is seen in Irbid (23%) and Zarqa (15%). As for socioeconomic status (SES), less than 10% of all respondents belonged to classes A and B, slightly less than half belong to C1-C2 and 43% belong to classes D and E. Respondents in Amman are generally more well-off than those in Irbid and Zarqa. Educational attainment and SES are significantly positively associated ($r^2=0.4$, $p<0.0001$) therefore results will be stratified according to SES alone.

## Exposure to the campaign

As shown in Table 2, 55% of all respondents reported that they had read, heard or seen any advertising about OCPs in the previous 6 months. Unprompted response rates did not vary significantly when comparing regions and age-groups. Respondents of lower SES and educational attainment levels reported higher exposure.

**Table 2: Unprompted and prompted recall of the OCP campaign among all respondents**

| Recall of OCP campaigns | | Recall of any advertising about OCP in the previous 6 months (%) | Prompted recall of TV spots or printed materials (%) |
|---|---|---|---|
| Total | n=800 | 55.4 | 58.6 |
| Region | | | |
| Amman | n=400 | 55.3 | 58.3 |
| Irbid | n=199 | 56.8 | 59.8 |
| Zarqa | n=201 | 45.2 | 58.2 |
| Age | | | |
| 18-24 | n=263 | 49.8 | **49.8** |
| 25-34 | n=278 | 57.2 | **63.3** |
| 35-44 | n=186 | 57.0 | **61.8** |
| 45-49 | n=73 | 64.4 | **64.4** |
| Education | | | |
| Intermediate or lower | n=205 | **57.6** | 57.6 |
| Some secondary | n=164 | **43.3** | 53.7 |
| Completed secondary | n=328 | **59.8** | 60.1 |
| Completed university or higher | n=103 | **43.7** | 64.1 |
| Socio economic status (SES) | | | |
| AB | n=75 | **50.7** | 66.7 |
| C1 | n=150 | **48.0** | 50.7 |
| C2 | n=233 | **56.2** | 60.5 |
| D | n=241 | **55.6** | 58.9 |
| E | n=101 | **67.3** | 59.4 |

*** Statistically significant differences noted ($p<0.05$) when using Chi2 test**

Respondents were asked whether they recalled the campaign's TV spots, newspaper ads or brochures as they were shown printouts. Prompted recall was slightly higher, at 59%, than unprompted recall. Younger respondents, aged 18-24 years, were less likely to recall the campaign as compared to their older counterparts. No significant differences in prompted recall rates were noted when comparing SES and educational attainment.

Table 3 shows prompted recall rates for each component of the campaign. Campaign advertisement number one (COCs) was recalled the most by respondents (62%), followed by the POP advertisement (41%), leaflets (26%) and newspaper ads (18%). Recognition of the COC ad was higher among those aged 35 and older as compared to those aged 18 to 34 years while the opposed trend was observed among those who recognized the leaflets. No significant differences were noted when considering SES and educational attainment.

**Table 3: Prompted recall and demographical distributions**

| Prompted recall rates | | Ad 1 COC (%) | Ad 2 POP (%) | Newspaper (%) | Leaflets (%) |
|---|---|---|---|---|---|
| Total (%) | n=469 | 62.3 | 40.9 | 18.1 | 25.6 |
| Age | | | | | |
| 18-24 (%) | n=131 | **57.3** | **45.0** | 21.4 | **26.7** |
| 25-34 (%) | n=176 | **58.5** | **33.0** | 18.2 | **31.8** |
| 35-44 (%) | n=115 | **67.8** | **50.4** | 14.8 | **20.0** |
| 45-49 (%) | n=47 | **76.6** | **36.2** | 17.0 | **12.8** |
| Education | | | | | |
| Intermediate or lower (%) | n=118 | 58.5 | 46.6 | 17.0 | 21.2 |
| Some secondary (%) | n=88 | 64.8 | 39.8 | 15.9 | 25.0 |
| Secondary (%) | n=197 | 65.0 | 37.1 | 17.3 | 26.9 |
| University or higher (%) | n=66 | 57.6 | 43.9 | 25.8 | 30.3 |
| Socio economic status (SES) | | | | | |
| AB (%) | n=50 | 64.0 | 46.0 | 20.0 | 16.0 |
| C1 (%) | n=76 | 69.7 | 36.8 | 13.2 | 25.0 |
| C2 (%) | n=141 | 59.6 | 46.1 | 22.0 | 29.8 |
| D (%) | n=142 | 63.4 | 39.4 | 14.8 | 25.4 |
| E (%) | n=60 | 55.0 | 33.3 | 21.7 | 25.0 |

*** Statistically significant differences noted (p<0.05) when using Chi2 test**

## Media sources

Table 4 presents the sources through which respondents recalled hearing, seeing or reading about OCPs during the previous 6 months. Eighty-four percent were exposed through the television, one-fourth through leaflets and brochures and nearly 9% though the radio. Few were exposed through newspapers, magazines (2%), the internet (1%), or through community-based activities (1%). Television was the highest source of exposure among those aged 35-44 years and those belonging to SES C1 and C2. Exposure through leaflets was highest among those aged 18-24 years. Exposure through the radio is highest among those who are well educated and of a higher SES.

| Table 4: Unprompted (Any messages about OCPs during the previous 6 months) recall by source | | | | | | | |
|---|---|---|---|---|---|---|---|
| % | | TV | Radio | Newspaper/ Magazines | Leaflets and Brochures | Internet/ Facebook | Roadshow/Malls, Parks/Lectures |
| Total (%) | n=443 | 84.0 | 8.6 | 2.3 | 25.1 | 0.5 | 0.7 |
| Age | | | | | | | |
| 18-24 (%) | n=131 | **74.1** | 8.4 | 2.3 | **32.8** | 0.8 | 0.0 |
| 25-34 (%) | n=159 | **86.8** | 6.3 | 1.9 | **25.8** | 0.6 | 1.3 |
| 35-44 (%) | n=106 | **92.5** | 10.3 | 1.9 | **17.0** | 0.0 | 0.0 |
| 45-49 (%) | n=47 | **83.0** | 10.7 | 4.3 | **19.2** | 0.0 | 2.1 |
| Education | | | | | | | |
| Intermediate or lower (%) | n=118 | 80.5 | **7.6** | 1.7 | 31.4 | 0.0 | 0.0 |
| Some secondary (%) | n=71 | 84.5 | **5.6** | 2.8 | 19.7 | 1.4 | 0.0 |
| Completed secondary (%) | n=196 | 85.7 | **7.1** | 2.6 | 24.5 | 0.0 | 1.0 |
| Completed university or higher (%) | n=58 | 84.5 | **19.0** | 1.7 | 20.7 | 1.7 | 1.7 |
| Socio economic status (SES) | | | | | | | |
| AB (%) | n=38 | **73.7** | **26.3** | 5.3 | 18.4 | 2.6 | 0.0 |
| C1 (%) | n=72 | **93.1** | **13.9** | 4.2 | 15.3 | 0.0 | 1.4 |
| C2 (%) | n=131 | **90.1** | **6.1** | 1.5 | 25.2 | 0.8 | 0.0 |
| D (%) | n=134 | **79.9** | **6.0** | 2.2 | 29.1 | 0.0 | 1.5 |
| E (%) | n=68 | **76.5** | **2.9** | 0.0 | 30.9 | 0.0 | 0.0 |
| *** Statistically significant differences noted (p<0.05) when using Chi2 test** | | | | | | | |

| Table 5: Prompted (shown cards) recall by source | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | TV | Radio | Newspaper/ Magazines | Leaflets and Brochures | Internet/ Facebook | Roadshow/Malls, Parks/Lectures |
| Total (%) | n=469 | 86.6 | 2.4 | 5.3 | 29.4 | 0.4 | 0.0 |
| Age | | | | | | | |
| 18-24 (%) | n=131 | 84.7 | 0.8 | 4.6 | **29.0** | 1.5 | 0.0 |
| 25-34 (%) | n=176 | 84.1 | 1.7 | 4.6 | **37.5** | 0.0 | 0.0 |
| 35-44 (%) | n=115 | 90.4 | 5.2 | 8.7 | **21.7** | 0.0 | 0.0 |
| 45-49 (%) | n=47 | 91.5 | 2.1 | 2.1 | **19.2** | 0.0 | 0.0 |
| Education | | | | | | | |
| Intermediate or lower (%) | n=118 | 86.4 | 4.2 | 5.9 | 28.8 | 0.9 | 0.0 |
| Some secondary (%) | n=88 | 85.2 | 0.0 | 4.6 | 29.6 | 0.0 | 0.0 |
| Completed secondary (%) | n=197 | 86.8 | 2.5 | 4.1 | 30.0 | 0.0 | 0.0 |
| Completed university or higher (%) | n=66 | 87.9 | 1.5 | 9.1 | 28.8 | 1.5 | 0.0 |
| Socio economic status (SES) | | | | | | | |
| AB (%) | n=50 | 86.0 | 2.0 | 8.0 | 22.0 | 0.0 | 0.0 |
| C1 (%) | n=76 | 89.5 | 4.0 | 4.0 | 27.6 | 0.0 | 0.0 |
| C2 (%) | n=141 | 87.2 | 2.1 | 5.7 | 32.6 | 0.7 | 0.0 |
| D (%) | n=142 | 85.2 | 2.1 | 4.9 | 28.9 | 0.7 | 0.0 |
| E (%) | n=60 | 85.0 | 1.7 | 5.0 | 31.7 | 0.0 | 0.0 |
| *** Statistically significant differences noted (p<0.05) when using Chi2 test** | | | | | | | |

Those who recognized the campaign after being prompted reported that they had seen it on television (87%), read about it in leaflets or brochures (29%) and heard it on the radio (2%) (Table 5).

As shown in Table 6, those who recalled viewing the campaign on television saw it on Jordan TV (97%) and on Ro'ya TV (11%). Reach through Jordan TV was consistent across SES's while exposure through Ro'ya TV was significantly higher between SES AB and C1 as compared to C2, D and E.

Those who were exposed to the campaign through the radio heard it most through Rotana (55%), Amman FM (27%) and Hayati FM (18%). Those who viewed the campaign in the newspapers did so in Al Rai (36%) and Ad Dustour newspapers (44%). Nearly one half of respondents who viewed the campaign elsewhere did so at medical clinics.

**Table 6: Sources of prompted recall**

| Sources of prompted recall | | Socio-economic status | | | | |
|---|---|---|---|---|---|---|
| | Total (%) | AB (%) | C1 (%) | C2 (%) | D (%) | E (%) |
| Television | n=406 | n=43 | n=68 | n=123 | n=121 | n=51 |
| Jordan TV | 96.6 | 93.0 | 97.1 | 100.0 | 95.0 | 94.1 |
| Ro'ya TV | 10.8 | **16.3** | **19.1** | **4.9** | **12.4** | **5.9** |
| Radio | n=11 | n=1 | n=3 | n=3 | n=3 | n=1 |
| Hayat FM | 18.1 | 0.0 | 0.0 | 33.3 | 33.3 | 0.0 |
| Rotana | 54.6 | 100.0 | 100.0 | 66.7 | 0.0 | 0.0 |
| Amman FM | 27.3 | 0.0 | 0.0 | 0.0 | 66.7 | 100.0 |
| Hala FM | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Mazaj FM | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Newspapers | n=25 | n=4 | n=3 | n=8 | n=7 | n=3 |
| Al Rai Newspaper | 36.0 | 25.0 | 33.3 | 50.0 | 52.9 | 0.0 |
| Ad Dustour Newspaper | 44.0 | 25.0 | 33.3 | 25.0 | 71.4 | 66.7 |
| Other | n=138 | n=11 | n=21 | n=46 | n=41 | n=19 |
| Clinics | 47.8 | 45.5 | 71.4 | 43.5 | 36.6 | 57.9 |
| Pharmacy | 4.4 | 9.1 | 4.8 | 6.5 | 0.0 | 5.3 |
| Mall | 1.5 | 0.0 | 4.8 | 2.2 | 0.0 | 0.0 |

*** Statistically significant differences noted (p<0.05) when using Chi2 test**

## Campaign messages

As shown in Table 7, nearly one-fifth of respondents who recalled the campaign described images or the story line of the TV spots. Twenty-one percent recalled the image of a woman going to the doctor about FP and 10% described images of doctors or instructions to visit the doctor, 10%. As for recalled messages, 17% said that it was a campaign about FP in general or mentioned benefits of FP and 10% mentioned modern FP methods and their benefits. Nearly 8% mentioned OCPs, their safety and medical benefits to their use.

| Table 7: Spontaneous recall of campaign messages and/or images | | | | | | |
|---|---|---|---|---|---|---|
| Unprompted message recall | Total (%) | AB (%) | C1 (%) | C2 (%) | D (%) | E (%) |
| | n=443 | n=38 | n=72 | n=131 | n=134 | n=68 |
| Woman goes alone or with others to the doctor about FP | 21.4 | 10.5 | 26.4 | 26.0 | 16.4 | 23.5 |
| OCP are safe/the best method/benefits of OCP | 7.7 | 10.5 | 11.1 | 4.6 | 7.5 | 8.8 |
| FP campaign in general/benefits of FP | 16.7 | 23.7 | 9.7 | 15.3 | 17.9 | 20.6 |
| Images or stories from spots | 20.8 | 21.1 | 20.8 | 23.7 | 21.6 | 13.2 |
| Modern FP methods/use/benefits | 9.5 | 13.2 | 13.9 | 7.6 | 6.7 | 11.8 |
| Information through CHW visit | 0.5 | 2.6 | 0.0 | 0.0 | 0.8 | 0.0 |
| Pictured doctors/visit doctor | 9.5 | 18.4 | 9.7 | 11.5 | 6.7 | 5.9 |
| Other/unspecific | 6.3 | 10.5 | 5.6 | 4.6 | 8.2 | 4.4 |

Women who were familiar with the campaign were asked to indicate whether they recall a number of messages relating to the campaign (Table 8). The most recalled message is that OCP give peace of mine (91%), which was slogan of the campaign, followed by a message that OCPs are safe and effective (80%). Nearly 56% recognized the call to consult ones doctor regarding a FP method, and 53% recognized the call to use OCP to space their children. As for the benefits of OCP, 44% and 19% recalled messages that OCPs help regular menstruation and prevent anemia, respectively. Significantly more women in the lower spectrum of SES recalled the safety and effectiveness message and the call to consult one's doctor about FP methods as compared to upper and middle SES women.

| Table 8: Prompted recall of campaign messages | | | | | | |
|---|---|---|---|---|---|---|
| Prompted message recall | Total (%) | AB (%) | C1 (%) | C2 (%) | D (%) | E (%) |
| | n=469 | n=50 | n=76 | n=141 | n=142 | n=60 |
| OCPs give you peace of mind | 91.3 | 88.0 | 90.8 | 95.0 | 89.4 | 90.0 |
| OCPs are safe and effective | 80.0 | **78.0** | **71.1** | **75.9** | **87.3** | **85.0** |
| Return to fertility after stopping OCPs | 35.2 | 20.0 | 32.9 | 41.1 | 34.5 | 38.3 |
| Use OCP to space your children | 52.5 | 46.0 | 46.1 | 52.5 | 56.3 | 56.7 |
| Consult your doctor regarding a FP method | 55.7 | **52.0** | **47.4** | **47.5** | **68.3** | **58.3** |
| There are benefits (other than FP) to OCPs | 24.5 | 20.0 | 13.2 | 29.1 | 28.9 | 21.7 |
| FPPs help regulate menstruation | 43.9 | 44.0 | 32.9 | 40.4 | 50.7 | 50.0 |
| FPPs help prevent anemia | 19.2 | 8.0 | 13.2 | 23.4 | 19.7 | 25.0 |
| None | 1.1 | 0.0 | 1.3 | 1.4 | 0.7 | 1.7 |
| *** Statistically significant differences noted (p<0.05) when using Chi2 test** | | | | | | |

## Likeability

As shown in Table 9, the campaign was liked by the majority of its audience; 77% liked it very much and 19% liked it a little. Less than 5% were neutral or did not like it at all. Likeability did not vary significantly across SES. More than 90% of women were interested to continue watching or listening to the campaign when they first saw or heard it. The campaign was found to be most attractive among AB and C SES women.

**Table 9: Campaign likeability and attractiveness**

| | Total (%) | AB (%) | C1 (%) | C2 (%) | D (%) | E (%) |
|---|---|---|---|---|---|---|
| | n=469 | n=50 | n=76 | n=141 | n=142 | n=60 |
| Likeability | | | | | | |
| Like it very much | 76.6 | 68.0 | 76.3 | 80.9 | 73.9 | 80.0 |
| Like it a little | 19.0 | 24.0 | 22.4 | 15.6 | 20.4 | 15.0 |
| Neither like nor dislike it | 3.4 | 8.0 | 1.3 | 2.8 | 2.8 | 5.0 |
| Don't like it at all | 0.9 | 0.0 | 0.0 | 0.7 | 2.1 | 0.0 |
| Don't know | 0.2 | 0.0 | 0.0 | 0.0 | 0.7 | 0.0 |
| Attractiveness | | | | | | |
| Was interested to continue watching or listening to the campaign when first seen/heard | 92.5 | **94.0** | **100.0** | **94.3** | **88.0** | **88.3** |

**Table 10: Prompted attitudes and opinions towards the campaign**

| Agreed or strongly agreed with the following statements: | Total (%) | AB (%) | C1 (%) | C2 (%) | D (%) | E (%) |
|---|---|---|---|---|---|---|
| | n=469 | n=50 | n=76 | n=141 | n=142 | n=60 |
| Campaign tackled the most common and important family planning topics | 92.3 | **94.0** | **90.8** | **87.2** | **96.5** | **95.0** |
| Campaign corrected my misunderstanding of OCP | 88.7 | **76.0** | **88.2** | **89.4** | **92.3** | **90.0** |
| Informative in terms of OCP | 90.4 | **82.0** | **88.2** | **87.9** | **95.1** | **95.0** |
| Told me something new about OCP | 87.4 | 78.0 | 88.2 | 84.4 | 92.3 | 90.0 |
| Will make people reconsider their habits related to family planning | 92.8 | 88.0 | 93.4 | 90.8 | 95.1 | 95.0 |
| The campaign showed that modern OCPs are much better than the old ones | 91.0 | 86.0 | 92.1 | 88.7 | 94.4 | 91.7 |
| Mean number of agreed upon statements | 5.4 | **5.0** | **5.4** | **5.3** | **5.7** | **5.6** |

*** Statistically significant differences noted (p<0.05) when using Chi2 test**

Women who recognized the campaign were asked specify whether they strongly agreed, agreed, disagreed or strong disagreed with a series of statements aimed at gaging the effectiveness of the campaign (Table 10). Most women (>90%) agreed or strongly agreed that the campaign tackled the most common and important FP topics, was informative in terms of OCPs, will make people reconsider their FP habits, and showed that modern FP methods are better than old ones. Agreement with the statements was generally high, for on average, respondents agreed with 5.4 out of the 6 statements. On average, women belonging to SES D and E reported mean agreement scores of 5.7 and 5.6, respectively; significantly higher than those belonging to SES A-B who reported a mean agreement score of 5.0.

## Comparing unexposed and exposed* respondents

**Table 11: Unprompted knowledge about the benefits of OCP**

| Knowledge about the benefits of OCP (unprompted) | Unexposed | Exposed | Total |
|---|---|---|---|
| | n=331 | n=469 | n=800 |
| FPPs are safe to use | **65.3*** | **81.2*** | 74.6 |
| The breastfeeding pill is safe for nursing mothers and their babies | **25.7*** | **47.1*** | 38.3 |
| The breastfeeding pill is effective for birth control | **29.0*** | **35.4*** | 32.8 |
| FPP pills do not affect the fertility of women | **13.9*** | **27.1*** | 21.6 |
| FPP prevents Anemia | **6.7*** | **16.2*** | 12.3 |
| FPP helps get clear skin | **4.5*** | **11.1*** | 8.4 |
| FPP are more effective than traditional methods | **23.0*** | **29.4** | 26.8 |
| FPP helps in regulating menstruation | **25.1*** | **40.1*** | 33.9 |
| Helps protecting women from many diseases such as ovarian cancer | **9.1*** | **15.4*** | 12.8 |
| Spacing of births by three years is healthier for the mother and each of her babies | 39.3 | 40.3 | 39.9 |
| **Mean number of benefits mentioned** | **2.4†** | **3.4†** | 3.0 |
| Does not know | **16.0*** | **4.3*** | 9.1 |

*** Statistically significant differences noted (p<0.05) when using Chi2 test and confirmed through multiple logistic regression while controlling for educational attainment, age and SES**
**† Statistically significant difference in means noted (p<0.05) after regression while controlling for educational attainment, age and SES**

All respondents were stratified into two groups: Those who recognized the campaign (exposed) and those who did not recognize the campaign (unexposed) when prompted. In order to gauge knowledge about OCPs, all respondents were asked what they knew about the benefits of OCP (Table 11). On order of prevalence, respondents replied that OCPs in general are safe to use (75%), they help regulate menstruation (34%), they are more effective than traditional methods (27%), they do not affect the fertility of women (22%) and they help protect women from diseases (13%) and anemia (12%). Significantly more exposed respondents compared to unexposed respondents mentioned these benefits.

The breastfeeding pills in specific were believed to be safe for nursing mothers and their babies (38%) and provided effective birth control (33%). Significantly more exposed than unexposed women mentioned the safety of breastfeeding pills.

Women also mentioned that spacing births by three years is beneficial for mother and children's health (40%). This was not significantly associated with exposure to the campaign.

Significantly fewer exposed women (4%) than unexposed women (16%) did not know any benefits to OCP use. On average, women who recognized the campaign mentioned 3.4 benefits to OCP, a significantly higher proportion to unexposed women who mentioned 2.4 benefits on average.

**Family planning attitudes**

Attitudes toward modern family planning methods were generally positive. The majority (91%) of respondents believed that modern FP methods are effective that traditional methods (data now shown). Nearly 95% of exposed respondents compared to 86% of unexposed respondents believed that modern FP methods are more effective than traditional methods; however, this difference was not statistically different (data not shown).

All respondents were asked to gauge their agreement with a series of statements (see Table 12). Agreement was generally high (>85%) and was not associate with exposure to the campaign with regards to the use of OCPs for spacing, that spacing births by three years I healthier for mother and child and that one should consult a physician about FP methods. Women who recognized the campaign were significantly more likely to agree with all other statements listed in Table 12 as compared to women who did not recognize the campaign.

On average, women agreed with 10 out of the 14 statements. The mean number of agreed upon statements was significantly higher among exposed women (10.6 statements) as compared to unexposed women (9.3) statements.

Table 12: Prompted attitudes and knowledge about OCP

| | Unexposed | Exposed | Total |
|---|---|---|---|
| Agrees or strongly agrees with the following statements: | n=331 | n=469 | n=800 |
| FPPs are safe to use | **74.0*** | **86.1*** | 81.1 |
| FPPs gives you peace of mind | **70.7*** | **82.5*** | 77.6 |
| FPP are safe and effective | **68.6*** | **83.6*** | 77.4 |
| The breastfeeding pill is safe for babies | **59.5*** | **79.5*** | 71.3 |
| The breastfeeding pill is effective for birth control | **61.0*** | **79.7*** | 72.0 |
| FPP pills do not affect the fertility of women | **60.4*** | **75.5*** | 69.3 |
| You can return to fertility after stopping OCPs | **66.5*** | **78.5*** | 73.5 |
| FPP prevents Anemia | **51.1*** | **58.4*** | 55.4 |
| FPP are more effective than traditional methods | **74.9*** | **82.7*** | 79.5 |
| FPP helps in regulating menstruation | **73.1*** | **82.3*** | 78.5 |
| FPPs can be used to space your children | **84.9*** | **89.3*** | 87.5 |
| Spacing of births by three years is healthier for the mother and each of her babies | 91.2 | 88.7 | 89.8 |
| You should consult a physician regarding FP methods | 92.5 | 90.8 | 91.5 |
| Mean number of agreed upon statements | **9.3†** | **10.6†** | 10.0 |

*** Statistically significant differences noted (p<0.05) when using Chi2 test and confirmed through multiple logistic regression while controlling for educational attainment, age and SES**

**† Statistically significant difference in means noted (p<0.05) after regression while controlling for educational attainment, age and SES**

**Modern FP method use**

As shown in Table 13, nearly 63% of respondents reported current use of a FP method, 8% had used on in the past, 13% were non-users but intended to use a method and 17% never used a method and do not plan on adopting one in the near future. Interestingly, a significantly higher proportion of exposed (67%) compared to unexposed (56%) reported that they were currently using a modern FP method. Moreover, a significantly higher proportion of unexposed (23%) than exposed (13%) reported that they do not plan on using a modern FP method in the future.

| Table 13: FP method use | | | |
|---|---|---|---|
| Use of FP methods | Unexposed | Exposed | Total |
| | n=331 | n=469 | n=800 |
| Currently using | **55.9*** | **67.2*** | 62.5 |
| Used to use, but not currently | 7.3 | 7.9 | 7.6 |
| Not using, but planning to | 13.6 | 11.7 | 12.5 |
| No, and not planning to in the near future | **23.3*** | **13.2*** | 17.4 |
| *** Statistically significant differences in odds ratios noted (p<0.05) through multiple logistic regression while controlling for educational attainment, age and SES** | | | |

Current family planning method users are most likely to be using the IUD (42%), followed by contraceptive pills (21%), withdrawals (21%), and the male condom (11%) (Table 14). Nearly 2% or current FP method users rely on LAM or periodic abstinence, 1% use vaginal methods and less than 1% of current users rely on the injections, implants, and female sterilization. No significant differences were noted in method type use when comparing exposed and unexposed respondents.

| **Table 14: Types of family planning methods being used or previously used** | | | | | | |
|---|---|---|---|---|---|---|
| Methods currently or previously used | Current users | | | Previous Users | | |
| | Unexposed | Exposed | Total | Unexposed | Exposed | Total |
| | n=185 | n=315 | n=500 | n=24 | n=37 | n=61 |
| Contraceptive pills | 20.5 | 21.3 | 21.0 | 45.8 | 46.0 | 45.9 |
| IUD | 41.6 | 41.6 | 41.6 | 45.8 | 54.1 | 50.8 |
| Male condom | 12.4 | 9.8 | 10.8 | 0.0 | 10.8 | 6.6 |
| Injections | 0.5 | 0.0 | 0.2 | 4.2 | 2.7 | 3.3 |
| Implants | 0.5 | 1.3 | 1.0 | 0.0 | 0.0 | 0.0 |
| Vaginal methods(diaphragm / jelly/ tablets/foam) | 1.6 | 1.0 | 1.2 | 0.0 | 0.0 | 0.0 |
| Female sterilization (through surgery) | 0.0 | 1.0 | 0.6 | 0.0 | 0.0 | 0.0 |
| LAM | 1.6 | 1.9 | 1.8 | 0.0 | 0.0 | 0.0 |
| **The traditional methods** | | | | | | |
| Withdrawal | 20.5 | 21.0 | 20.8 | 8.3 | 10.8 | 9.8 |
| Periodic abstinence | 1.6 | 1.9 | 1.8 | 0.0 | 2.7 | 1.6 |

As for respondents who were not currently using a FP method but who had used on in the past, nearly half had used the IUD, 46% used contraceptive pills, 10% relied on withdrawal, 7% used the male

condom and 3% relied on injections. No significant differences were noted when comparing exposed and unexposed respondents with previous and not current FP method use.

**Intention to switch method (current users)**

Current FP method users were asked whether they intended to switch methods in the near future. As shown in Table 15, 12% of all current FP method users intend to switch methods. Perhaps unsurprisingly, a significantly higher proportion of traditional method users intend to switch (23%) as compared to modern method users (9%). Among all current users, slightly more than half intend to switch to the IUD, 23% intend to switch to contraceptive pills, and 11% do not know or will consult a doctor. The order of preference is maintained when stratifying data across traditional and modern method users.

It is important to note that although the IUD is the most preferred family planning method among married Jordanian women of reproductive age, a higher proportion of exposed respondents intends to switch to OCPs as compared to unexposed respondents; however, these differences were not statistically significant possibly due to the small sample sizes.

**Table 15: Current FP method users' intention to switch methods**

| | All current users | | | Traditional method users | | | Modern method users | | |
|---|---|---|---|---|---|---|---|---|---|
| | Unexposed | Exposed | Total | Unexposed | Exposed | Total | Unexposed | Exposed | Total |
| | n=185 | n=315 | n=500 | n=41 | n=71 | n=113 | n=144 | n=243 | n=387 |
| Intend to switch methods in the near future | 13.0 | 12.1 | 12.4 | 24.4 | 22.2 | 23.0 | 9.7 | 9.1 | 9.3 |
| Intends to switch to: | n=24 | n=38 | n=62 | n=10 | n=16 | n=26 | n=14 | n=22 | n=36 |
| Contraceptive pills | 12.5 | 29.0 | 22.6 | 0.0 | 25.0 | 15.4 | 21.4 | 31.8 | 27.8 |
| IUD | 66.7 | 44.7 | 53.2 | 80.0 | 43.8 | 57.7 | 57.1 | 45.5 | 50.0 |
| Male condom | 0.0 | 7.9 | 4.8 | 0.0 | 6.3 | 3.9 | 0.0 | 9.1 | 5.6 |
| Implants | 8.3 | 5.4 | 6.5 | 10.0 | 6.3 | 7.7 | 7.1 | 4.6 | 5.6 |
| Periodic abstinence | 0.0 | 2.6 | 1.6 | 0.0 | 0.0 | 0.0 | 0.0 | 4.6 | 2.8 |
| Do not know, will consult a doctor | 12.5 | 10.5 | 11.3 | 10.0 | 18.8 | 15.4 | 14.3 | 4.6 | 8.3 |

**Current pill users**

Respondents who were currently using the OCPs were asked why they chose that method. Nearly one-fifth replied that the method suited their bodies and had no side effects, 19% cited ease of use, and 12% reported that it is comfortable and safe and that they had used it for a long time (Table 16). No significant differences were noted when comparing exposed and unexposed respondents.

Nearly 11% of pill-users did not know the brand of the pills they were using (Table 16). The most commonly used brand was Microgynon 30 (41%), followed by Yasmin (19%), Marvelon (17%), Balera (5%), Gracial (2%) and Neogynon (1%). Nearly 40% of pill-users get their pills from the public sector and 21% and pharmacies (29%). Wholly one-fifth got their pills from the UNRWA and only 8% relied on the private doctor. Exposure to the campaign was not significantly associated with the brand or the source from which the women attained it.

**Table 16: OCP use**

| Reasons for using the pill | Unexposed | Exposed | Total |
|---|---|---|---|
| | n=38 | n=67 | n=105 |
| It's comfortable and safe and been using it for a long time | 13.0 | 12.1 | 12.4 |
| Cannot use another method due to C-section with last birth | 5.3 | 3.0 | 3.8 |
| Suits her body and has no side effects | 23.7 | 20.9 | 21.9 |
| It's easy to use | 26.3 | 14.9 | 19.1 |
| It's better than other methods | 2.6 | 4.5 | 3.8 |
| Pills regular menstruation / protect against anemia | 7.9 | 3.0 | 4.8 |
| The doctor at the health center advised me | 5.3 | 10.5 | 8.6 |
| Brands used | | | |
| Microgynon 30 | 47.4 | 37.3 | 41.0 |
| Yasmin | 26.3 | 14.9 | 19.1 |
| Marvelon | 10.5 | 20.9 | 17.1 |
| Belara | 0.0 | 7.5 | 4.8 |
| Gracial | 2.6 | 1.5 | 1.9 |
| Neogynon | 0.0 | 1.5 | 1.0 |
| Other | 2.6 | 4.5 | 3.8 |
| Does not know | 10.5 | 10.5 | 10.5 |
| Source of pills | | | |
| Public sector / MoH | 39.5 | 38.8 | 39.1 |
| UNRWA | 21.1 | 13.4 | 16.2 |
| JAFPP | 2.6 | 3.0 | 2.9 |
| Pharmacy | 29.0 | 38.8 | 35.2 |
| Private doctor | 7.9 | 4.5 | 5.7 |
| Other | 0.0 | 4.5 | 2.9 |

**Non-users – methods they intend to use in the future**

Women who were not currently using a FP method were asked whether they intended to use a method in the future. Interestingly, nearly 35% of non-users who had been exposed to the campaign intended to use contraceptive pills as compared to only 16% of those who were unexposed to the campaign. No significant differences between exposed and unexposed non-users' intentions were noted with regards to other methods. Unsurprisingly, the IUD remained as the most preferred method among women; however, this preference was 44% among unexposed non-users as compared to 36% among exposed users. Roughly 16% of women were unsure of which method they would like to use.

| Table 17: Non users' intentions to use FP methods in the future | | | |
|---|---|---|---|
| Methods those who do not currently use FP methods intend to use in the future | Unexposed | Exposed | Total |
| | n=45 | n=55 | n=100 |
| Contraceptive pills | **15.6*** | **34.6*** | 26.0 |
| IUD | 44.4 | 36.4 | 40.0 |
| Male condom | 6.7 | 1.8 | 4.0 |
| Injections | 4.4 | 0.0 | 2.0 |
| Traditional methods † | 8.9 | 7.3 | 8.0 |
| Does not know | 17.8 | 14.6 | 16.0 |

*** Statistically significant differences in odds ratios noted (p<0.05) through multiple logistic regression while controlling for educational attainment, age and SES**

†Traditional methods: Withdrawal, periodic abstinence, LAM

## Dose-effect of the campaign on knowledge and attitudes and intentions to use modern FP methods

Respondents were categorized according to their level of exposure to the campaign such that they were assigned into four groups: Unexposed, exposed to the campaign through one mode, exposed to the campaign through two messages, exposed to the campaign through 3-4 messages. Messages include either of the two campaigns, leaflets and newspaper ads. Nearly 41% of respondents were unexposed, 36% recalled one message, 15% recalled two messages and 8% recalled 3-4 messages (data not shown).

As can be seen in Table 17, there is a clear dose effect when examining the mean number of positive associations to OCPs among all respondents when unprompted. On average, those without exposure mentioned 2.4 benefits while those with 1, 2 or 3-4 message recollections mentioned a mean of 3.1, 3.3 and 5.1 benefits, respectively. Logistic linear regression while controlling for potential confounders revealed that the mean number of benefits increases by 0.715 degrees with each increasing level of exposure.

Current family planning use also increases positively with increasing exposure to the campaign. As shown in Table 17, the proportion of respondents who reported current use of FP methods increased steadily from 56% among unexposed respondents to 73% among those exposed to 3-4 messages. This was confirmed through logistic regression while controlling for potential confounders, revealing that the odds of being a current family planning user are 1.3 times higher with each increasing increment of exposure to the campaign. Moreover, the proportion of those who were non users and who do not intend to use any FP methods was significantly higher among unexposed respondents (23%) as compared to those who were exposed to 1, 2, or 3-4 messages (15%, 14%, 3.2%, respectively). This was also confirmed through logistic regression while controlling for potential confounders, revealing that the odds of being a non-user with no intention of future use decrease by 40% with each increasing increment of exposure to the campaign.

As for non-users' intentions to use OCPs in the future, the extent of exposure did not reveal a positive trend. The small sample size of non-users could contribute to the inability to detect a trend.

| Table 17: Non users' intentions to use FP methods in the future | | | | | Regression Analysis | |
|---|---|---|---|---|---|---|
| | Unexposed | 1 message | 2 messages | 3-4 messages | Linear | Logistic |
| | n=331 | n=285 | n=122 | n=62 | n=800 | n=800 |
| Mean number of benefits associated with OCPs- unprompted (Statements in Table 11)* | **2.4** | **3.1** | **3.3** | **5.1** | **0.715*** | N/A |
| % currently using any FP methods | **55.9** | **66.3** | **66.4** | **72.6** | N/A | **β=0.233* OR 1.3** |
| % not currently using any FP methods and not planning to in the near future | **23.3** | **15.1** | **13.9** | **3.2** | N/A | **β=-0.505* OR 0.6** |
| | n=45 | n=33 | n=12 | n=10 | n=100 | n=100 |
| % of non-users who intend to use OCPs in the future | 15.6 | 36.4 | 33.3 | 30.0 | N/A | β=0.377 OR 1.5 |

**Statistically significant differences in means when comparing all groups except for messages 1 and 2 noted (p<0.05) through ANOVA and t-test w/ Bonferroni adjusted α. Statistically significant differences in proportions (p<0.05) detected through Chi2 test**

***Coefficient for exposure dose statistically significant (p<0.05) through multiple linear or logistic regression while controlling for educational attainment, age and SES**

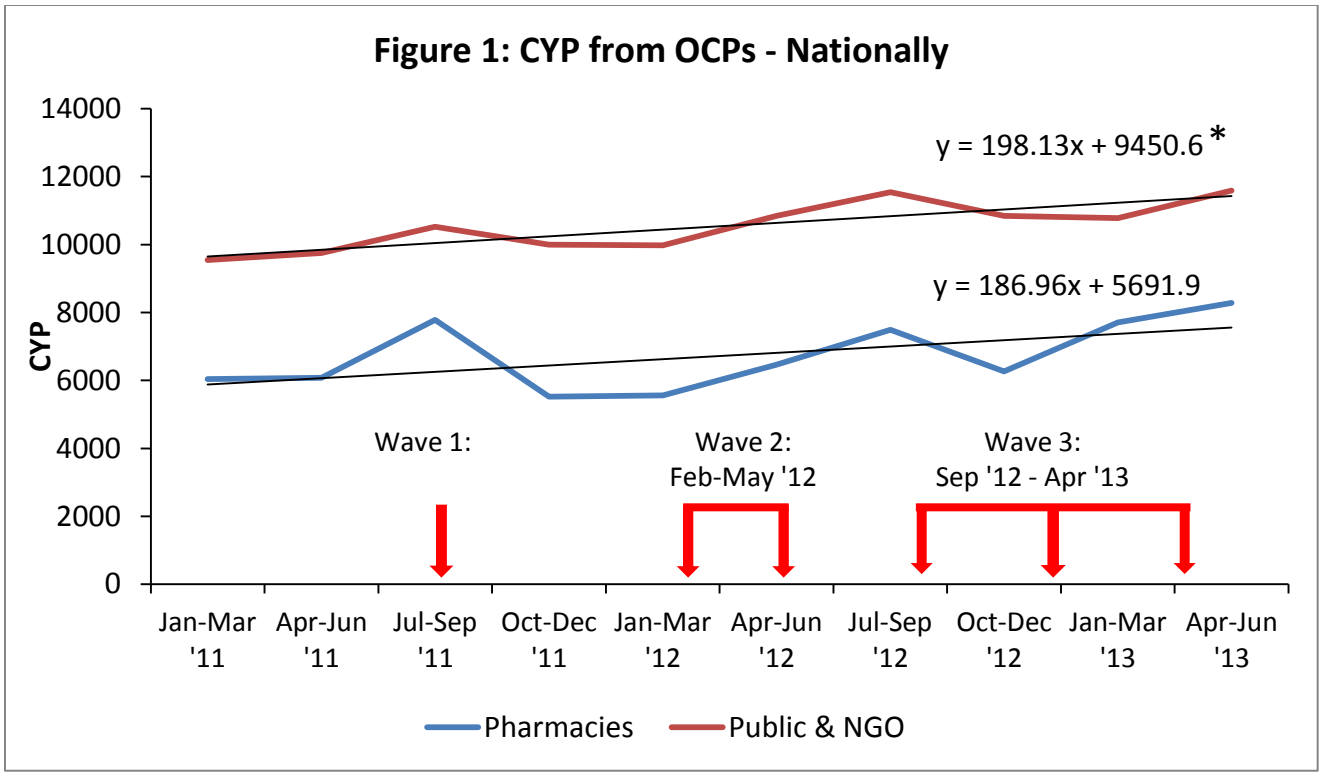
OR Odds Ratio

N/A not applicable

†Traditional methods: Withdrawal, periodic abstinence, LAM

## Service statistics

The Strengthening Family Planning project monitors sales of OCPs in both the private and public sector. The most recent Jordan Population and Family Health Survey (2012) showed that 48% of women who use the OCPs received them from the public sector (MOH and Royal Medical Services) and 52% received them from the private sector. Within the private sector, 67% of sales take place at the pharmacies and 27% through UNRWA clinics. The Strengthening FP project attains a national estimate of OCP pharmacy sales from IMS on a monthly basis and it attains a quarterly report of OCP distribution through the MOH, UNRWA, RMS, universities and other NGOs on a quarterly basis. Figure 1 shows CYP for OCPs (conversion factor 15) from pharmacies and the public/NGO sector. On average, the CYP calculated by from the distribution of free OCPs through the public sector and through other NGOs increased by 198 with each increasing 3 month time-interval. While a positive trend was noted in pharmaceutical sales, this trend was not statistically significant.




## Community health workers

| Table 18: Reported visits relating to FP counseling by community health workers | | |
|---|---|---|
| **Reception of visits by community health workers (CHWs)** | | |
| | | Ever been visited by CHWs about FP methods |
| Total (%) | n=800 | 44.9 |
| Age | | |
| 18-24 (%) | n=265 | **36.6** |
| 25-34 (%) | n=281 | **49.8** |
| 35-44 (%) | n=182 | **52.8** |
| 45-49 (%) | n=72 | **36.1** |
| Education | | |
| Intermediate or lower (%) | n=205 | **51.7** |
| Some secondary (%) | n=164 | **50.0** |
| Completed secondary (%) | n=328 | **46.0** |
| Completed university or higher (%) | n=103 | **19.4** |
| Socio economic status (SES) | | |
| AB (%) | n=75 | **16.0** |
| C1 (%) | n=150 | **36.7** |
| C2 (%) | n=233 | **45.5** |
| D (%) | n=241 | **52.7** |
| E (%) | n=101 | **58.4** |
| Exposure to the OCP campaign | | |
| Unexposed | n=331 | 40.8 |
| Exposed | n=469 | 47.8 |
| **Statistically significant differences noted (p<0.05) when using Chi2 test** | | |

Ta'ziz dedicates a great amount of effort for its outreach program. Community health workers (CHWs) visit women in their houses and provide them with FP counseling, referrals and vouchers for free services for those who require financial assistance. As shown in Table 18, nearly 45% of all respondents reported that they had been visited by a CHW who spoke to them about family planning methods. A significantly higher proportion of women aged 25-44 years were reported being visited as compared to younger (18-24 year old) and older (45-49 year old) women of reproductive age. Educational attainment was significantly negatively associated with having received a visit from a CHW (nearly half for those with some secondary or lower and 19% for those who completed university or higher). Unsurprisingly, the higher SES class, the lower the proportion that were visited by a CHW. Thus, it is evident that CHWs target lower SES women with lower educational attainment in their prime years of conception. Exposure to the campaign was not significantly associated with a CHW visit.

**Table 19: Unprompted self-reported changes in knowledge or actions due to CHW visits**

| | Total (%) | ABC1 (%) | C2 (%) | D (%) | E (%) |
|---|---|---|---|---|---|
| | n=359 | n=67 | n=106 | n=127 | n=59 |
| The visit corrected my misunderstanding of OCP | 37.9 | 40.3 | 38.7 | 40.2 | 28.8 |
| Informative in terms of OCP | 41.0 | 47.8 | 41.5 | 44.1 | 25.4 |
| Told me something new about OCP | 24.5 | **23.9** | **17.0** | **34.7** | **17.0** |
| Made me reconsider my habits related to family planning | 16.4 | **6.0** | **14.2** | **24.4** | **15.3** |
| Helped me decide to start using modern FP method | 10.6 | **9.0** | **7.6** | **7.9** | **23.7** |
| The CHW convinced me that modern FP methods are much better than the traditional ones | 20.1 | 16.4 | 20.8 | 19.7 | 23.7 |
| I enjoyed the CHW visit | 34.0 | 31.4 | 33.0 | 33.9 | 39.0 |
| The CHW was good at her Job | 35.9 | 25.4 | 34.0 | 38.6 | 45.8 |
| The visit was very useful | 29.5 | **17.9** | **31.1** | **29.1** | **40.7** |
| I did not enjoy the visit | 2.0 | **0.0** | **0.9** | **1.6** | **6.8** |
| The visit did not provide me with any useful information (or influenced me) | 4.5 | 7.5 | 3.8 | 3.2 | 5.1 |
| The visit did not make me change my habits regarding family planning | 6.7 | 7.5 | 3.8 | 8.7 | 6.8 |
| Other | 4.5 | 3.0 | 8.5 | 3.2 | 1.7 |
| **Mean number of positive responses** | 2.5 | 2.2 | 2.4 | 2.7 | 2.6 |
| **Mean number of negative responses** | 0.1 | 0.5 | 0.1 | 0.1 | 0.2 |
| **Statistically significant differences noted (p<0.05) when using Chi2 test** | | | | | |

Of the women who had ever received a visit form a CHW, 88% were visited a few months ago, 11% were visited during the previous month and 1% of the women were visited during the week of the interview (data not shown). Women reported having benefited from the visits. As shown in Table 19, 41% of women who were visited by a CHW reported that the visit was informative about OCPs and 38% reported that the CHW corrected misunderstandings relating to OCP.

Women who took up a FP method because of the CHW's visit were asked which methods they chose. Out of 38 women, 37% chose OCPs, 47% chose the IUD and 16% chose condoms (data not shown). Women were asked about the affiliation of the CHWs who visited them. Of the 359 women who were

visited by a CHW, nearly 69% did not know the affiliation of the CHW who visited them. Of the remaining, 13% said that the CHW was from the MOH (though the MOH does not have a community outreach program in the areas surveyed ), 11% from the JAFPP, 10% from the Ta'ziz outreach program, 1% from UNRWA and 1.5% mentioned other affiliations (data not shown).

## Information to support future campaigns

All respondents who were ever users or non-users who intend to use FP methods were asked to identify individuals who influence the woman's decision to use FP methods. A great majority of women (82%) reported that they were the main influencers on the decision to use FP methods, followed by 53% who reported the husband, 5% who reported the doctor, and 3% who said that their mothers were influencers. Interestingly, and perhaps contrary to general stereotypes, the strongest support of a woman's use of FP methods was the husband (61%), followed by the mother (14%). The mother in law was only mentioned as a supporter among 6% of respondents while she was mentioned as the opponent by 3% of women. The husband was mentioned as an opponent by only 3% of the women, again showing that husbands are not the negative influence they are sometimes thought to be in Jordan.

**Table 20: Supporters and opponents of FP use**

| | Respondent-reported influencers on her decision regarding using a FP method | Supporters of her FP use (among those close to her) | Opponents of her FP use (among those close to her) |
|---|---|---|---|
| | n=661 | n=661 | n=661 |
| She/herself | 81.5 | n/a | n/a |
| Her husband | 53.0 | 61.2 | 2.7 |
| Her mother | 3.2 | 13.9 | 1.1 |
| Her mother-in-law | 1.2 | 5.6 | 3.2 |
| Her sister | 0.8 | 4.5 | 0.2 |
| Her neighbor | 0.5 | 0.8 | 0.0 |
| Her friend | 0.2 | 1.1 | 1.2 |
| Her doctor | 4.5 | n/a | n/a |
| Media campaigns | 0.5 | n/a | n/a |
| Others | 0.2 | 0.3 | 0.9 |

## Conclusions

- Exposure to the third wave of the OCP campaign was moderately high at 59% among all respondents who were prompted with images of the two TV spots, leaflets and press clippings. Prompted recall was significantly higher among women aged 25 years and older as compared to those aged 18-24 years and did not vary significantly across educational attainment levels and socioeconomic status (SES).
- The most recalled components of the campaign were the TV advertising for COCs and POPs, with 62% and 41% of respondents recalling them when prompted, respectively. Recall was lower for leaflets (26%) and newspaper clippings (18%).
- Television was the highest source of exposure to any FP messages at 84%, followed by leaflets and brochures (25%) and the radio (9%). Television was the greatest source among 93% of

women aged 35-44 years and among those belonging to SES C1 and C2. Leaflets and brochures were the greatest source of exposure among those aged 18-24 years. Radio was the greatest source of exposure among those with higher education (19%) and those belonging to SES AB and C1 (26% and 14% respectively).

- Jordan TV allows for even reach across all SES strata while Ro'ya TV reaches those in higher SES.
- The most recalled campaign messages without prompting related to images of the campaign itself (21%) with a description of a woman going alone or with others to the doctor about FP (21%) leading the way. Others recalled the campaign was about FP or the benefits of FP in general (17%). Nearly 8% recalled the key message that OCPs are safe and that they have benefits.
- When prompted, 91% recalled the slogan "family planning pills give you peace of mind", showing that the slogan was effective. "Family planning pills are safe and effective" was recalled by 80%, followed by the call to action to consult a doctor regarding a FP method (56%) and to use family planning pills to space children (53%). Lower SES respondents were more likely to recall some of the messages compared to higher SES respondents.
- Overall likability of the campaign was very high, with 96% of respondents expressing that they liked it very much (77%) or liked it a little (19%). Likeability was high across all SES levels reflecting that it was relatable to all of society's strata.
- 93% of respondents wanted to keep watching or listening to the campaign when they first heard or saw it. A significantly higher proportion lower SES respondent reported such an interest compared to higher SES. Moreover, those with lower SES had more a positive attitude towards the campaign. Satisfaction was generally high with over 85% of respondents agreeing with six positive statements relating to the campaign.
- The campaign was impactful
    - Exposed respondents, compared to unexposed respondents, while comparing for potential confounders, were:
        - more likely to know benefits about OCPs without prompting and were less likely to state that they did not know about OCPs;
        - more likely to agree with positive statements about OCPs and FP in general;
        - more likely to be current users of FP methods and less likely to be non-users who do not intend to use FP methods in the future; and
        - twice as likely to express an intention to use OCPs in the future (among non-users)
    - A dose-effect was observed and confirmed through regressions controlling for potential confounders:
        - The mean number of mentioned benefits associated with OCPs was significantly higher with each increasing increment of exposure to the campaign
        - The odds of being a current FP user were 1.3 times higher with each increasing increment of exposure to the campaign

        - The odds of not currently using any FP method and not planning to in the near the future decreased by 40% with each increasing increment of exposure to the campaign
    - National CYP due to OCP distribution increased significantly over the time-period of the campaign when examining the public/NGO sector. A similar trend was noted through pharmacy sales estimates.
- Community health workers (CHWs) continue to be an important part of FP promotion among women of lower SES, with nearly half of women reported ever being visited by a community health worker for FP counseling. Of those, 10% reported that they were visited by the Ta'ziz outreach program specifically, however over two-thirds did not know the affiliation of the CHWs, which means that the 10% estimate probably under-reports the true reach of the Ta'ziz outreach program.
- A great majority of women (82%) reported that they were the main influencers on the decision to use FP methods, followed by 53% who reported the husband, 5% who reported the doctor, and 3% who said that their mothers were influencers. Interestingly, and perhaps contrary to general stereotypes, the strongest support of a woman's use of FP methods was the husband (61%), followed by the mother (14%).

## Recommendations

Method-specific campaigns are an effective way to reach a large proportion of the population in an impactful way. It is recommended to continue such long, multi-waved campaigns especially when the campaign is designed to be relatable to all Jordanian irrespective of their SES.

Media plans should continue to focus on television; however it is evident that brochures and leaflets are also an effective way to reach women.

Some of the benefits of OCPs, which were only printed out in the text of brochures, leaflets and newspaper ads should be emphasized in future mass media television spots because less than 50% of respondents recalled those messages.

It is evident that the campaign impacted individuals' knowledge, attitudes and intentions towards OCPs and that the level of exposure significantly affected the extent of such positive effects. Moreover, the campaign likely contributed significantly in the observed increase in CYP measures due to OCP distribution and sales nationally.

CHWs should be a key factor in future campaigns due to their demonstrated high reach to lower SES women.

Future campaigns should consider relaying messages directly to husbands, not because they are opponents of FP, but because they are proponents and supporters of FP.