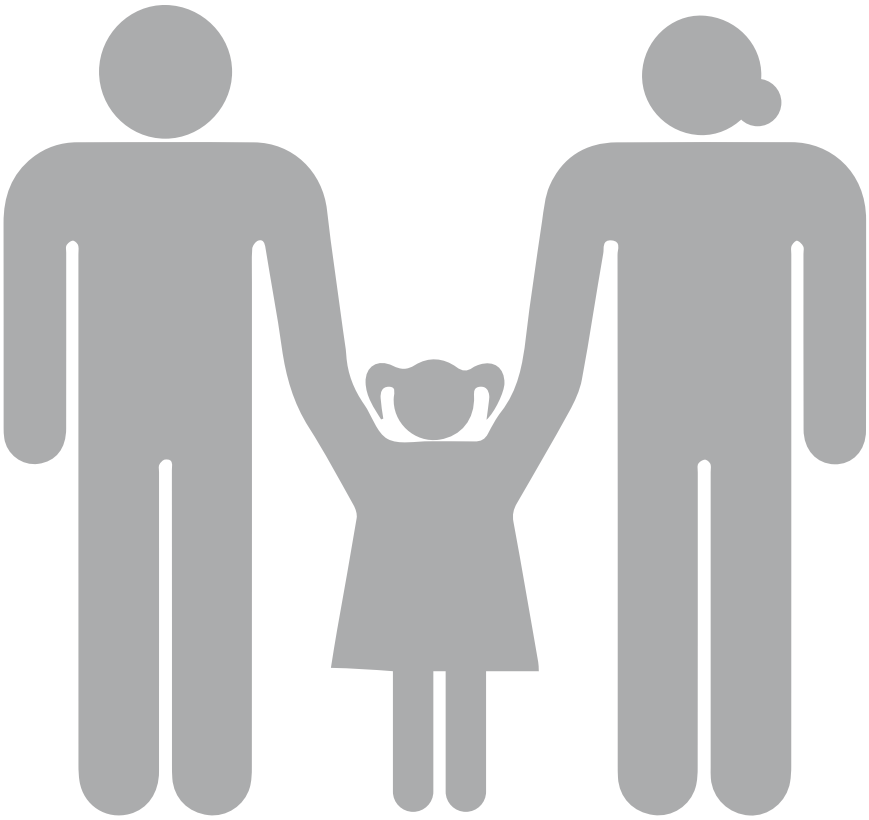
Family planning

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन
NRHM Chattisgarh



FAMILY PLANNING

Reach & Recall Study in Chhattisgarh

2014
Department of Health & Family Welfare
Chhattisgarh

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Reach and Recall of a Family Planning Media Campaign in Chhattisgarh, India

June 2014

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FOREWORD

The National Health Mission (NHM), Government of Chhattisgarh, implemented the family planning (FP) media campaign across the state during July to September 2013. The mass media component lasted for four weeks, while the other components like Mid Media and IPC continued for longer duration of time. To find out the reach and effectiveness of the campaign, Improving Health Behaviours Program (IHBP) conducted a recall study. The findings of the study provide a wealth of information on a number of parameters like the reach of different media in Chhattisgarh, viewership pattern and media habits among the target audience.

I am sure, these findings from Reach and Recall Study will prove to be reliable reference in nature and it will be incorporated into the Information, Education and Communication (IEC)/ Behaviour Change Communication (BCC) strategy of the department to improve future campaigns and planning.

The department lauds the efforts of the Improving Health Behaviours Program (IHBP) for executing this task in a timely and efficient manner.

(Dr. Ayyaj Fhakirbhai Tamboli, IAS)
MD, NHM, Chhattisgarh

LIST OF ACRONYMS

AHS	Annual Health Survey
BPL	Below Poverty Line
FP	Family Planning
GoI	Government of India
IHBP	Improving Healthy Behaviors Program
IIPS	International Institute of Population Sciences
IUCD	Intrauterine Contraceptive Device
MoHFW	Ministry of Health and Family Welfare
NFHS	National Family Health Survey
NRHM	National Rural Health Mission
OCP	Oral Contraceptive Pills
PPS	Probability Proportion to Size
PSU	Primary Sampling Unit
SBCC	Social and Behavior Change Communication
SPSS	Statistical Package for Social Sciences
SRI-IMRB	Social and Rural Research Institute-International Market Research Bureau

EXECUTIVE SUMMARY

BACKGROUND

India has made great strides in increasing use of contraception among its population. According to the National Family Health Surveys (NFHS), the contraceptive use prevalence rate among married women has increased from 41 percent in 1992–93 to 56 percent in 2005–06. Notwithstanding these achievements, a significant proportion of pregnancies continue to be unplanned; the contraceptive needs of millions of women remain unmet; and contraceptive choice remains conspicuous by its absence. In light of these issues, the National Rural Health Mission (NRHM), Government of Chhattisgarh, implemented a 4-week mass media family planning (FP) communication campaign across the state in July 2013. The campaign's goal was to promote the healthy spacing of childbirths by encouraging women and their husbands to use modern contraceptive spacing methods.

OBJECTIVES

This post-campaign study was undertaken in the state of Chhattisgarh to determine target audience recall of the media campaign, determine the extent of recall of FP messages (by measure of recall of the target audiences of the two key campaign messages), and explore respondents' motivation and intention to act upon the media campaign's messages, in both rural and urban areas of the state.

METHODS

FHI 360 subcontracted the research firm SRI-IMRB to carry out data collection in 86 selected sites, including 66 villages (rural) and 20 wards (urban). A total of 1,655 respondents (including 827 male and 828 female respondents) were interviewed face-to-face, using a structured questionnaire in Hindi during the study period from September to October 2013. The study was approved by FHI 360's Institutional Review Board as well as by a recognized local Institutional Review Board at the Centre for Media Studies in New Delhi. Interviewers obtained verbal informed consent from all study respondents who agreed to participate in the study.

KEY FINDINGS

Socio-Demographic Characteristics of Survey Respondents

- All respondents were currently married. Significantly more women than men reported being married before age 18 ($p<.001$).
- Respondents were generally in the age group 24–29 years, although men were significantly older than women ($p<.001$).

- The majority of respondents lived in rural areas, were Hindu, and had three or more children.
- Most respondents reported having a government-issued below poverty line (BPL) card.

Media Habits among Study Population

- A small proportion of respondents (10.7% of men and 13.2% of women) reported listening to the radio at least once a week.
- Watching TV was more frequently reported among respondents, although there were significant overall differences by gender. More men (68.4%) than women (43.3%) reported watching TV at least once a week ($p<.001$).
- Men more often reported reading the newspaper at least once a week, compared to women (32.1% vs. 9.4%, $p<.001$).
- A large majority of respondents reported owning a mobile phone, although once again, overall ownership was significantly higher among men (78.1%) than women (62.4%).
- Overall access to the Internet was relatively low, although significantly more men reported Internet access as compared to women (21.2% vs. 9.4%, $p<.001$).

Recall of the Family Planning Media Campaign

- Overall, 43.1% people (44.4% of men and 41.5% of women) had seen or heard in the past 3 months at least one of the five media interventions, using an aided-recall stimulus, with no statistically significant differences across gender.
- Regarding regional differences, many more urban women (62.2%) than urban men (51.6%) reported recall of at least one of the five campaign media interventions ($p<.05$). I contrast, significantly fewer rural women (34.9%) than rural men (42.0%) reported similar recall ($p<.05$).

Recall of Key Messages from the Family Planning Media Campaign

- Among those reporting having seen or heard at least one of the five campaign media interventions, 90.2% of men and 90.2% of women reported recalling at least one of the two key campaign messages.
- In general, women respondents most often recalled a key message from the Cycle Race TV ad, *Mehnat* radio ad, and *Mehnat* TV ad, whereas for men respondents, it was posters, the Cycle Race TV ad, followed by the *Mehnat* TV ad.

Awareness of Family Planning

- For all respondents, awareness of FP methods was very high, with no statistically significant differences seen across gender. However, significantly more urban than rural respondents were aware of any FP method (98.8% vs. 91.0%, $p<.001$), any modern method (98.8% vs. 91.0%, $p<.001$), and any traditional method (51.7% vs. 38.8%, $p<.001$).
- A significantly larger proportion of those who recalled the media campaign were able to identify six or more modern methods, as compared to respondents who did not recall the campaign.
- A significantly larger proportion of those who recalled the media campaign also indicated 3 years as the ideal gap between births, as compared to those respondents who did not recall the campaign. This finding was consistent for men and women respondents ($p<.001$).

Spousal Communication on Family Planning by Campaign Recall

- Recall of the campaign was associated with increased spousal communication on family planning for both urban and rural respondents across gender (p<.001).

Use of Modern Contraceptive Methods by Campaign Recall

- Across the study population, those who recalled the FP media campaign were more likely to report current use of a modern contraceptive method, as compared to those respondents who did not recall the campaign.
- 36.1% of urban women who recalled the campaign reported current use of a modern contraceptive method, compared to 15.4% of urban women who did not (p<.01); among rural women, 8.4% who recalled the campaign reported current use of a modern contraceptive method, compared to 2.6% who did not (p<.01)
- Among rural men, contraceptive use was significantly higher (p<.01) among those who recalled the campaign (11.7%) than among those who did not recall the campaign (5.3%).

Family Planning Motivation and Intention to Act

- More women, both urban and rural, reported being motivated to take action related to family planning, compared to their male counterparts (p<.001).
- The majority of urban women reported being motivated "a lot" (55.7%) to take action related to family planning, compared to 24.1% of urban men.
- 37.6% of rural women reported being motivated "a lot" to take a family planning action, compared to 19.3% of rural men.
- Men reported the intended action "plan to use family planning" with higher frequency than women: 52.3% of urban men and 62.1% of rural men, compared to 14.3% of urban women and 35.1% of rural women.
- The large majority of respondents, other than urban men, also reported intending to know more about family planning (67.8% of rural men and about 69–71% of all women).
- Reported frequencies for the intended action "to discuss family planning with my spouse" were also relatively high for male and female respondents in both urban and rural areas, ranging from 30% to 43%.

IMPLICATIONS FOR SOCIAL AND BEHAVIOR CHANGE COMMUNICATION PROGRAMMING:

While the study shows an overall aided recall level of 43% of respondents who had seen or heard of the FP campaign, the actual reach of the campaign may have been higher. The campaign comprised a number of media channels and activities, which may have appealed to different audience segments. From this data, it appears that the campaign had excellent reach, especially to respondents who were media users, and had appealing messaging. In addition to strong aided recall, 90% of respondents who had seen or heard at least one of the campaign interventions could recall a key message from the campaign.

Because other FP campaigns may have been ongoing during the same time period as the media campaign, it is difficult to conclude that this campaign in particular led to specific effects. However, by using an aided-recall stimulus, the study determined that the campaign reinforces positive FP

beliefs and attitudes in the target audiences, contributing to a favorable environment and increased support for FP social norms.

Married women and men in this study have very high levels of awareness of modern contraceptive methods. Future campaigns can begin to address other attitudes and beliefs that influence actual contraceptive use, which is low among these study respondents. Campaigns can use the successful emotional appeals and relevant benefits of FP use shown in this campaign to address other attitudes and beliefs. Media campaigns also can help reduce barriers by linking with community services, community health workers, and other programs to increase access and use of FP methods.

1. BACKGROUND AND INTRODUCTION

India has witnessed enormous population growth in previous decades. The National Family Welfare Programme was launched in 1951 with the core objective of reducing the birth rate to the extent necessary to stabilize the population and harmonize it with the Indian economy.[1] It has been more than six decades since its inception, and the program has experienced significant progress in terms of financial investment, service delivery points, type of services, and the range of contraceptive methods offered. Three rounds of the National Family Health Survey suggest an increasing trend in the use of contraceptive methods. However, female sterilization, a permanent method for limiting births, continues to be the dominant mode of contraception in the Indian context. Current government efforts have increasingly focused on the use of reversible long-term contraceptive methods for spacing of births. As such, the Family Planning Division and Maternal Health Division of the Ministry of Health and Family Welfare (MoHFW), Government of India requested FHI 360's Improving Healthy Behaviors Program (IHBP), funded by USAID, to develop a communication campaign on family planning. The campaign's focus on birth spacing is in line with MoHFW's repositioning the family planning paradigm from permanent family planning methods to the adoption of birth spacing method. The initiative aimed to increase contraceptive use and promote, when possible, the adoption of intra-uterine contraceptive devices, the long-term spacing method included in the public sector's method mix.

As part of the initiative, IHBP developed a social and behavior change communication (SBCC) framework and related materials and media spots on the benefits of family planning and provided them to MoHFW for roll out nationally as well as by individual states. While the MoHFW provided a media-mix plan for airing the campaign, the Ministry expected that states would commit their own resources to implementing state-level campaigns, using the materials developed with IHBP's support. These materials were designed to be pan-Indian, but were in Hindi to target Hindi-speaking states. Non-Hindi speaking states could decide if they wanted to use and adapt these materials.

1 National Family Health Survey-3, 2005–2006, IIPS, Mumbai.

2. RATIONALE FOR THE STUDY

The National Rural Health Mission (NRHM), Government of Chhattisgarh, implemented a 4-week mass media family planning (FP) communication campaign across the state beginning in July 2013, to coincide with World Population Day on July 11. The campaign's objective was to promote the healthy spacing of childbirths by encouraging women and their husbands to use a range of modern contraceptive spacing methods. The target audiences for the campaign were married men ages 18–34 years and married women ages 18–29 years.

FHI 360 undertook a post-campaign study in the state of Chhattisgarh to determine the recall of the media campaign among the target audiences, the extent of recall of the campaign's FP messages, and to explore respondents' motivation and intention to act upon the media campaign's messages, in both rural and urban areas of the state.

3. STUDY OBJECTIVES

The specific objectives of the study were:

- To measure the recall of the FP media campaign among target audiences;
- To measure the recall of the FP media campaign messages; and
- To explore respondents' motivation and intention to act upon the FP media campaign's messages.

4. DESCRIPTION OF NRHM'S FAMILY PLANNING MEDIA CAMPAIGN IN CHHATTISGARH

A. OVERVIEW OF THE FAMILY PLANNING MEDIA CAMPAIGN

The current study assessed the recall of the FP media campaign launched by NRHM, Government of Chhattisgarh. The focus of this media campaign was on the healthy spacing of births, particularly by encouraging women and their husbands to use a range of contraceptive spacing methods. The specific behaviors that the media campaign aimed to promote among its target audiences were:

- Discussion of FP methods and its use among couples;
- Seeking FP information and services at public sector facilities;
- Adoption of birth spacing by encouraging couples to have children at least 3 years apart; and
- Use of modern contraceptive methods, including condoms, oral contraceptive pills (OCPs), and IUCDs.

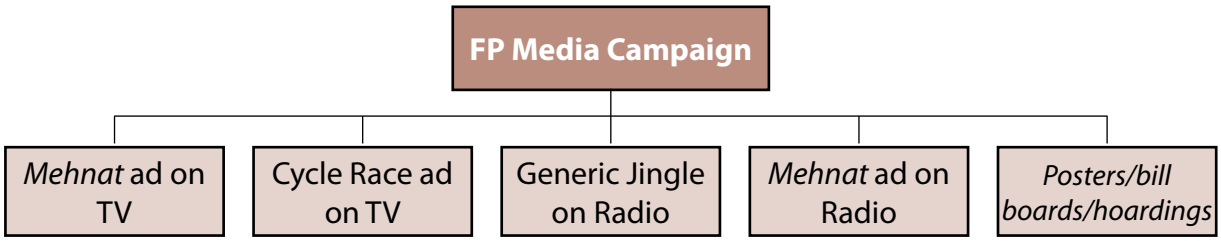
B. CAMPAIGN INTERVENTIONS ASSESSED UNDER CURRENT STUDY

The campaign interventions that were assessed among the target audiences were:

- *Mehnat* TV advertisement
- Cycle Race TV advertisement
- *Mehnat* radio advertisement
- "Generic" radio jingle on family planning
- Posters/billboards/hoardings on family planning

In the context of this report, the term "media campaign" refers to these five interventions, which are described in further detail below.

Figure 1: Overview of FP Media Campaign, *Chhattisgarh, India, 2013*



The *Mehnat* advertisement, aired on both television and radio, used an emotional approach showing the sacrifices parents make for the well-being of their children. Toward the end of the spot, the characters share that the small but significant fact of spacing their children 3 years apart has led to improved health for the mother and children.

The Cycle Race advertisement, launched on television, showed two healthy children participating in a bicycle race and outracing the competition. While the children are still racing, their mother overtakes them on her cycle effortlessly and tells them to meet her at their aunt's place. The advertisement tries to establish the notion that a woman can regain her health and strength after having children by spacing births 3 years apart.

In addition to the *Mehnat* radio advertisement, the campaign included a second "generic" radio advertisement with the tagline "*Khushi ka mantar rakhna yad, dusra baccha teen saal baad.*"[2] The key message of this radio jingle was that if children are spaced 3 years apart, it leads to happiness in the lives of couples.

Table 1: Key Messages of FP Media Ads, Chhattisgarh, India, 2013

Key Messages	Mehnat		Cycle Race	Radio Jingle
	TV (60 sec)	Radio spot (60 sec)	TV (30 sec)	Radio (90 sec)
3 years spacing leads to better health for the mother and children	√	√	√	√
3 years spacing leads to better mental and physical health of the children			√	√
3 year spacing leads to better health of the mother			√	
Spacing methods include condoms, OCPs, and IUCDs	√	√	√	√
Contact your nearest hospital or health center for more information	√	√	√	√

Finally, the campaign used posters/billboards/hoardings to highlight other important FP messages such as the value of spousal communication in the adoption of family planning, the range of contraceptive methods to choose from, and the role of family planning as a key to happiness and good health for the mother and her children (see Table 1). These materials were intended to reach those members of the target audiences who travel frequently, and also, who did not have regular access to media sources such as television and radio.

2 The tagline may be translated as "Remember to keep this happy mantra, have the next child after 3 years."

5. STUDY SITE, DESIGN, AND METHODS

A. STUDY SITE

With an area of 135,190 square km, Chhattisgarh (Figure 2) is the 10th largest state in the country. It has a total population of 25,545,198, of which about 76% is rural. The contraceptive prevalence rate (for any method) was 54%, according to the Annual Health Survey (2010), which was comparable to the national estimate of 56% by NFHS-3. The total unmet need for family planning (for both spacing and limiting) stands at 26%, which is double the national estimate of 13% (IIPS, NFHS 2005–06). Other key socio-demographic and reproductive health indicators for the state of Chhattisgarh are shown in Table 2.

Figure 2. Map of Chhattisgarh State

Table 2: Key Socio-Demographic Indicators for Chhattisgarh State

Indicators	
Population[a]	25,545,198
Sex ratio (female per 1,000 male)[a]	991
Child sex ratio (female per 1,000 male)[a]	969
Population density/km^2[a]	191
Percentage below poverty line[b]	40%
Literacy[a]	73%
Male literacy[a]	80%
Female literacy[a]	60%
Contraceptive prevalence rate (any method)[b]	54%
Contraceptive prevalence rate for non-permanent methods[b]	4%
Total unmet need for family planning (includes both spacing and limiting)[c]	26%
Women with 2 children wanting no more children[c]	35%
Total fertility rate[c]	2.9
Mean age at marriage for women[c]	20.9
Mean age at marriage for men[c]	24.3

Source: [a]Census 2011; [b]Poverty Estimates 2011–12; [c]Annual Health Survey 2010

B. STUDY DESIGN

FHI 360 conducted the study in Chhattisgarh state to capture the recall of the FP media campaign implemented by the NRHM, Government of Chhattisgarh. The study design included a cross-sectional household survey and a multi-stage cluster sampling approach to reach the desired number of target respondents. Two districts were selected randomly out of each of the three administrative regions of the state. The six districts that were selected in the state were Jashpur and Surguja (region 1), Durg and Raipur (region 2), and Bastar and Kanker (region 3). In each of the selected districts, primary sampling units (PSUs) were selected through the probability proportional to size (PPS) approach. This approach enabled all of the small and large PSUs an equal probability of being selected into the final sample. A total of 86 PSUs were selected, including 66 rural and 20 urban locations. From the selected PSUs, an equal number of PSUs for males and females were selected randomly.

To generate the sampling frame for respondent selection, within each selected PSU, a household listing exercise was initially conducted in which key information on households was collected (i.e., name, age, number of children, availability status within next 10 days, etc.). Married men and women who met the eligibility criteria (described in Table 3 below) were selected from different households using systematic random sampling to achieve the target sample in each PSU. Within each selected household, only one interview was conducted, either with a male or female respondent who provided consent depending on the PSU (i.e., whether it was a male- or female-specified PSU). As such, there was no possibility of any overlap of women or men with their respective spouses. In case there was more than one eligible respondent in a household, only one of them was selected using a "Kish Grid."[3] Table 3 shows the eligibility criteria for inclusion in the study, which is in line and consistent with the target audience for the media campaign.

Table 3: Eligibility Criteria for Study Inclusion

Women	Men
• Currently married • Aged 18–29 years • Having at least one living child • Neither woman nor spouse using a permanent contraceptive method	• Currently married • Aged 18–34 years • Having at least one living child • Neither man nor spouse using a permanent contraceptive method

Furthermore, the study excluded randomly selected households in which either of the following two conditions were met: a) couples where either the wife or the husband suffered from physical or cognitive disabilities that would preclude their participation in the study, or b) the potential respondent did not consent to participate in the study.

C. STUDY METHODS

Through a competitive bidding process, FHI 360 contracted with SRI-IMRB, an independent research agency, to carry out the data collection for this study, with close supervision by the IHBP team from FHI 360. Data collection was carried out in the 86 selected sites, including 66 villages (rural) and 20 wards (urban). A total of 1,655 respondents were interviewed face-to-face, using a structured questionnaire in Hindi during the study period from September to October 2013; respondents included 827 male and 828 female respondents. The study was approved by FHI 360's Institutional Review Board (IRB) as well as by a recognized local IRB (Centre for Media Studies) in New Delhi. Interviewers obtained verbal informed consent from all study respondents who agreed to participate in the study.

3 Kish, Leslie (1949). A Procedure for Objective Respondent Selection within the Household. *Journal of the American Statistical Association*, 44 (247): 380–387.

Before conducting the field work, all enumerators and supervisors were trained for 5 days by research teams from both SRI-IMRB and FHI 360. The training focused on the study objectives, protocol, survey instruments, sampling methodology, mock interviews, 1-day field-testing, and research ethics procedures. Moreover, the instrument was pretested with 20 men and women to assess the flow of questions, ease of understanding, ease of administration, comprehensiveness, and language used.

During the data collection period, interviews with women were conducted by a female member of the research team, and interviews with men were conducted by a male team member. For every four investigators, there was one supervisor whose main role was to supervise the performance of the team, and to ensure adherence to the approved research protocol. The supervisor of each field team accompanied researchers on at least 25% of interviews, and conducted back-checks on 20% of interviews every day which helped facilitate quality assurance at multiple levels.

6. DATA ANALYSIS, MEASUREMENT, AND STUDY LIMITATIONS

A. DATA ANALYSIS

It should be noted that the data analysis used weighted data to project the results at a district level. The weights in the data were estimated separately for rural and urban PSUs, and were subsequently applied to the data set. Thus, all the results in this report are weighted values, and reflect results at an aggregate level, combining data from the six study districts.

All data were analyzed with statistical software SPSS v.22. The findings include descriptive analysis (i.e., frequency, mean, as appropriate) for key aspects such as socio-demographics, recall of the campaign, recall of campaign messages, and family planning awareness, use, and attitudes. Furthermore, additional contingency tables were created to examine the relationships between different key variables under study with selected outcomes of interest (e.g., gender, geographic location), and to test these associations for statistical significance (i.e., chi-square statistic).

B. MEASUREMENT

To measure the recall of the FP media campaign, all respondents were asked if they had seen or heard any of the five campaign interventions in the past 3 months. Interviewers used an aided-recall method: a stimulus for each intervention was shown to respondents (i.e., either a show-card or audio for the radio advertisements). The purpose of the stimulus was to make clear which specific FP planning interventions were being assessed in this study (i.e., those implemented by NRHM, Government of Chhattisgarh), and to distinguish these from other FP information that respondents may have been exposed to. Therefore, based on the stimulus, those respondents who reported that they had seen or heard the specific campaign intervention were scored as "1" for "recalled (name of campaign intervention)." Furthermore, an aggregate-level variable was also created and similarly scored to indicate overall recall if the respondent had seen or heard any one of the five campaign interventions in the past 3 months.

Those respondents who were categorized as having recalled this FP media campaign were further asked if they were able to recall (unaided) any of the key messages from each of the campaign interventions. If a respondent could recall a key message, recall was affirmed at the individual intervention level, and he or she was scored as "1" for "recalls a key message from (name of campaign intervention)" or "0" for "does not recall a key message from (name of campaign intervention)." In addition, an aggregate-level variable was also created and similarly scored to indicate overall recall of a key message if the respondent had recalled a key message from any one of the five campaign interventions. The two key FP messages that were disseminated in the campaign across the five individual interventions were:

1. Planning the next childbirth 3 years after the birth of the previous child leads to happiness.

2. Keeping the 3-year gap between childbirths is the key to good health for the mother and her children.

For awareness of FP methods, respondents were asked, *"What are various family planning methods that you are aware of?"* Respondents first provided their unaided responses for all the contraceptive methods they could recall. For all methods that were not mentioned, respondents were aided to determine if they knew of the specific contraceptive method. Awareness of family planning was scored to include both the unaided and aided responses. For example, if a respondent mentioned "male condom" as either an unaided or aided response, s/he was scored "1" for "knows male condom." Two overall FP awareness variables were created: 1) one to indicate whether the respondent was aware of at least one modern contraceptive method; and 2) a second knowledge variable to discriminate between those who were aware of fewer than six or six or more modern methods.

Current contraceptive use was measured by asking respondents, *"Are you or your spouse currently using any contraceptive/spacing method to delay or avoid pregnancy?"* This question was asked of all female respondents who themselves were not pregnant, and of all male respondents whose wives were not pregnant at that time. A respondent was scored as "1" for "using a modern method" and "0" for "not using a modern method."

In addition to the key variables described above, other socio-demographic information such as age, education, religion, parity, were also captured. Aspects related to media habits, as well as FP intentions, motivation, and attitudes were also measured in this study.

C. STUDY LIMITATIONS

There were a few limitations of this study that should be noted in the context of interpreting the findings:

1. ***Other FP campaigns in the media.*** Because there were other media and community FP campaigns ongoing during both the airing of the media campaign and the study period, respondents may have been influenced by other FP messages during recall of the campaign messages. In addition, responses about motivation, intentions, and use of family planning may have been influenced by other campaigns and interventions.

2. ***Lack of information on planned and actual TV and radio spots aired.*** Researchers who conducted the analysis for this study did not have access to actual data on how and when campaign interventions were aired so as to calculate theoretical reach and exposure to target audiences, or whether certain interventions were more heavily aired through different channels or regions. Thus, readers should not infer whether radio or TV are more influential, or that rural or urban audiences respond differently, since it is unknown how campaign spots were broadcast and at what frequency.

3. ***Possible social desirability bias.*** Respondents may have felt social pressure or a sense of politeness to respond favorably to interviewers when asked questions about campaign materials.

4. ***Use of aided recall.*** Aided recall may overestimate the proportion of respondents who recalled the campaign, because respondent's memory was triggered by being shown campaign materials. However, the low percentage of regular radio listeners who recalled hearing the generic jingle suggests that this effect may be low (see Table 8).

7. KEY FINDINGS

7.1. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF SURVEY RESPONDENTS

Selected social and demographic characteristics of the respondents are shown in Table 4, using the weighted data set. These basic indicators relate to age, religion, educational status, occupation, and parity levels, among others, and provide a profile of the study population.

Analysis of the data revealed that the majority of respondents lived in rural areas, which is comparable to the state distribution overall. Most were Hindu and had three or more children. Respondents were generally in the age group 24–29 years, although men were significantly older than women (p<.001). Respondents frequently reported that they were married when they were age 18 or older, but significantly more women than men reported being married before the age of 18 (p<.001). The study sample was more likely to be poor than the average in Chhattisgarh state. Most respondents reported having a government poverty card[4] to indicate that the household was economically disadvantaged and may qualify for government aid or assistance.

Table 4: Percentage Distribution of Study Sample According to Selected Socio-Demographic Characteristics, by Gender, Chhattisgarh, India, 2013

Characteristic	Women (n=763)	Men (n=892)	Total (N=1,655)
Geographic location			
Urban	24.2	25.0	24.7
Rural	75.8	75.0	75.3
Religion**			
Hindu	95.9	95.0	95.4
Other	4.1	5.0	4.6
Age group***			
18–23	40.0	8.1	22.8
24–29	60.0	57.4	58.2
30+	–	34.5	19.0
Mean age	24.6	27.9	26.3
Age at marriage***			
< 18 years	20.4	4.1	11.6
≥ 18 years	79.6	95.9	88.4
Mean age at marriage	18.6	21.1	19.9

4 This card is known as a "below poverty line" (BPL) card.

Family composition***			
Nuclear	56.8	46.5	51.2
Extended	24.4	42.6	34.2
Joint	18.8	10.9	14.5
Household BPL card			
No	20.1	21.9	21.0
Yes	79.9	78.1	79.0
Education***			
No formal education	26.9	12.1	18.9
Primary school (up to Class V)	17.2	18.2	17.7
Middle school (up to Class VIII)	27.7	29.6	28.7
Secondary school (up to Class X)	15.5	15.4	15.4
Post-secondary school	12.8	24.8	19.3
Employment status***			
Did not work for money in past 12 months	65.7	1.1	30.9
Worked for money in past 12 months	34.3	98.9	69.1
Number of living children*			
One	2.9	3.0	2.9
Two	39.8	33.4	36.4
Three or more	57.3	63.6	60.7

Chi-square test: *p< .05, **p<.01, ***p<.001 (for comparisons between gender)

7.2 MEDIA HABITS AMONG STUDY POPULATION

The media habits of respondents are described in Table 5, examining geographic location and gender differentials. Overall, a relatively small proportion of respondents (10.7% of men and 13.2% of women) reported listening to the radio at least once a week. However, within urban areas, significantly more women (12.4%) than men (6.3%) reported listening to the radio at least once a week (p<.05). Watching TV was more frequently reported among respondents, although there were significant overall differences by gender with more men (68.4%) than women (43.3%) reporting watching TV at least once a week (p<.001). This gender gap in TV watching was even more pronounced in rural areas (64.3% of men vs. 34.2% of women, p<.001). Similarly, men reported reading the newspaper at least once a week more often than did women (32.1% vs. 9.4%, p<.001); these statistically significant differences remained within both urban and rural areas.

A large majority of respondents reported owning a mobile phone, although once again, overall ownership was significantly higher among men (78.1%) than women (62.4%); this finding was consistent within both urban and rural locations (p<.001). In contrast, overall access to the Internet was relatively low, although significantly more men reported Internet access as compared to women (21.2% vs. 9.4%, p<.001). Interestingly, similar proportions of urban (16.7%) and rural (15.5%) respondents reported access to the Internet. However, significantly more rural than urban respondents had not heard of the Internet (results not shown: 35.7% vs. 12.5%, p<.001), as well as more women than to men (results not shown: 22.3% vs. 4.5%, p<.001).

Table 5: Percentage Distribution of Study Sample According to Media Habits, by Geographic Location and Gender, Chhattisgarh, India, 2013

Media Habits	Urban (n=408)		Rural (n=1247)		Total (N=1,655)	
	Men	Women	Men	Women	Men	Women
Listens to radio at least 1/week	6.3	12.4*	12.0	13.5	10.7	13.2
Watches TV at least 1/week	80.7	71.9*	64.3	34.2***	68.4	43.3***
Reads newspaper at least 1/week	47.5	29.3***	26.9	3.1***	32.1	9.4***
Read magazine at least once in 4 months	11.2	22.7**	6.7	1.0***	7.8	6.3
Has access to the internet	17.5	15.2	22.3	7.6***	21.2	9.4***
Owns mobile phone	94.6	70.7***	72.6	59.9***	78.1	62.4***

Chi-square test: *p< .05, **p<.01, ***p<.001 (for comparisons between gender)

7.3 RECALL OF FAMILY PLANNING MEDIA CAMPAIGN

Overall, 43.1% of all respondents (44.4% of men and 41.5% of women) had seen or heard in the past 3 months at least one of the five campaign interventions, using an aided-recall stimulus, with no statistically significant differences across gender (Table 6). On the other hand, there were statistically significant differences when examining these associations within geographic locations, such that many more urban women (62.2%) than urban men (51.6%) reported seeing or hearing at least one of the five family planning campaign interventions (p<.05). In contrast, significantly fewer rural women (34.9%) than rural men (42.0%) reported similar recall (p<.05). In urban areas, of the five campaign interventions, women most often mentioned remembering the *Mehnat* ad on TV (51.9%), followed by the Cycle Race TV ad (37.8%), and the generic radio jingle (18.9%). For urban men, respondents most often reported having seen posters (30.9%), the *Mehnat* TV ad (29.6%), and the Cycle Race TV ad (14.3%). The corresponding levels for rural respondents were relatively lower overall in terms of recall, and also differed in terms of which campaign interventions were reported most often.

In looking at associations related to recall for men across geographic locations, it should be noted that there were no statistically significant differences between urban and rural men for the *Mehnat* radio ad or generic radio jingle. However, many more urban than rural men reported having seen the posters and *Mehnat* TV ad, and these differences were statistically significant (p<.001). On the other hand, significantly more rural than urban men reported having seen the Cycle Race TV ad (22.4% vs. 14.3%, p<.05). For all of the media interventions, urban women reported having seen or heard them more often than rural women, and these differences were statistically significant.[5]

Table 6: Percentage Distribution for Aided Recall of Campaign Intervention, by Geographic Location and Gender, Chhattisgarh, India, 2013

Campaign Intervention	Urban (n=408)		Rural (n=1,247)		Total (N=1,655)	
	Men	Women	Men	Women	Men	Women
Mehnat TV	29.6	51.9***	12.7	12.6	16.9	22.1**
Cycle Race TV	14.3	37.8***	22.4	18.3	20.4	23.2
Mehnat radio	5.8	16.8***	5.1	8.8**	5.3	10.7***
FP Radio Jingle	4.5	18.9***	5.1	10.9***	4.9	12.8***
Posters	30.9	34.1	12.7	6.4***	17.3	13.1*
At least 1 of the 5 interventions	51.6	62.2*	42.0	34.9*	44.4	41.5

Chi-square test: *p< .05, **p<.01, ***p<.001 (for comparisons between gender)

Rural audiences who report watching TV at least once a week were more likely to report having seen the *Mehnat* TV spot, as compared to urban respondents (Table 7). In addition, women who were regular TV viewers were more likely to recall the Cycle Race TV spot, as compared to men overall.

Table 7: Aided Recall of Campaign TV Spots among Regular TV Viewers, by Geographic Location and Gender, Chhattisgarh, India, 2013

Watch TV at least 1/week	Urban (n=363)		Rural (n=738)		Total (N=1,101)	
	Men	Women	Men	Women	Men	Women
Recalls *Mehnat* TV spot	17.5	26.3	31.6	58.0	21.6	38.4
Recalls Cycle Race TV spot	12.6	40.6	26.5	24.2	22.4	30.5

Regular radio listeners were much more likely to remember the *Mehnat* radio spot, as compared with the study sample overall. In addition, they were more likely to remember this spot than the generic jingle (Table 8).

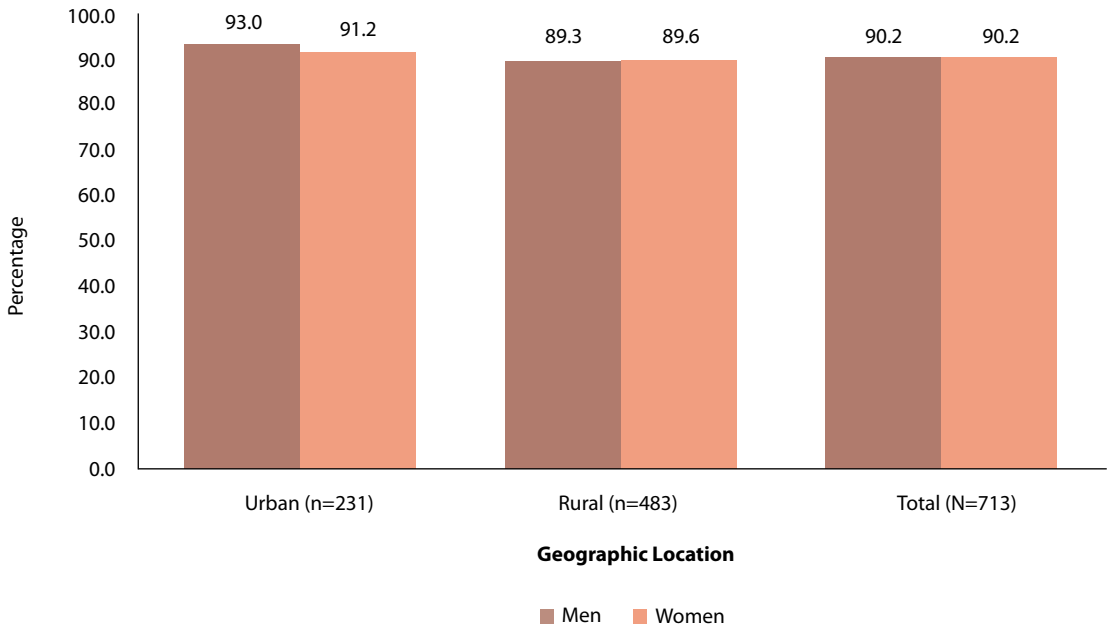
5 For *Mehnat* TV ad, Cycle TV ad, and posters, these differences were significant at p<.001. For *Mehnat* radio ad and the generic radio jingle, these differences were significant at p<.01.

Table 8: Aided Recall of Campaign Radio Spots among Regular Radio Listeners, by Geographic Location and Gender, Chhattisgarh, India, 2013						
Listen to radio at least 1/week	Urban (n=37)		Rural (n=71)		Total (N=108)	
	Men	Women	Men	Women	Men	Women
Recalls radio jingle	4.4	19.0	5.1	10.8	4.9	12.8
Recalls Mehnat spot	43.1	64.3	42.4	56.7	42.6	59.4

7.4 RECALL OF KEY MESSAGES FROM THE FAMILY PLANNING MEDIA CAMPAIGN

A primary objective of the current study was to assess recall of the key FP campaign messages among those who recalled the campaign (n=713). From the data shown below in Figure 3, for overall recall (i.e., recalled at least one of the five campaign interventions), 90.2% of men (n=396) and 90.2% of women (n=316) reported recalling at least one of the key campaign messages. These findings were consistent in a further analysis that examined overall recall across gender within both urban and rural locations, with no statistically significant associations to report.

Figure 3: Percentage Distribution for Unaided Recall of any Key Campaign Message, among Respondents who Recalled the Campaign, by Geographic Location and Gender, Chhattisgarh, India, 2013



The analysis also examined unaided recall of any key message by recall of the individual campaign interventions, as shown next in Table 9. The sample sizes shown in the first column of this table indicate the number of respondents who recalled each of the five interventions. In general, women respondents most often reported recalling a key message from the Cycle Race TV ad, *Mehnat* radio ad, and *Mehnat* TV ad, whereas for men respondents, the recall frequency was first posters, then Cycle Race TV ad, followed by the *Mehnat* TV ad.

Significantly more women than men reported recalling a key message from three out of the five campaign interventions: *Mehnat* TV ad, Cycle Race TV ad, and the *Mehnat* radio ad. However, significantly more men than women reported recalling a key message from the campaign posters (92.9% vs. 83.0%, $p<.05$).

With regard to differences by geographic location, there were no statistically significant differences in key message recall between urban and rural men across the five campaign interventions. For urban and rural women, there were no statistically significant differences in key message recall for the *Mehnat* TV ad, Cycle TV ad, radio jingle, or posters. In contrast, for the *Mehnat* radio ad, although there was no significant difference between urban and rural men, a significantly larger proportion of urban women were able to recall a key message from this ad than were rural women (100.0% vs. 84.3%, p<.05).

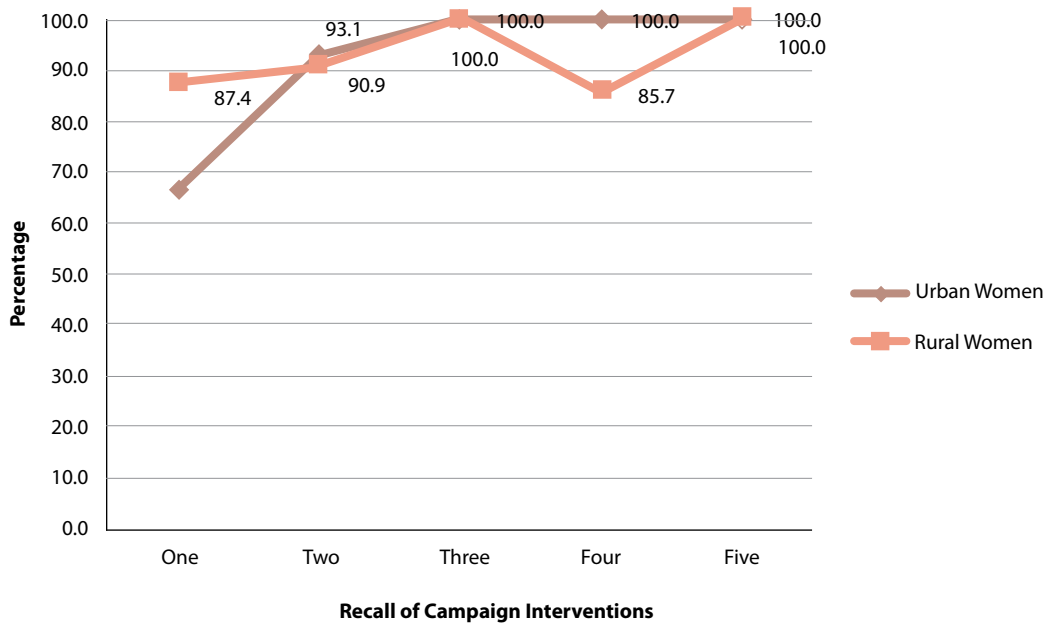
Table 9: Percentage Distribution for Unaided Recall of any Key Message by Recall of Campaign Intervention, by Geographic Location and Gender, Chhattisgarh, India, 2013

Recall of Campaign Intervention	Urban (n=231)		Rural (n=483)		Total (n=713)	
	Men	Women	Men	Women	Men	Women
Mehnat TV (n=319)	76.9	84.4	75.3	88.9*	76.0	86.4*
Cycle Race TV (n=357)	87.5	92.9	87.3	95.3*	87.3	94.3*
Mehnat radio (n=129)	66.7	100.0**	73.5	84.3	72.3	90.2**
FP radio jingle (n=141)	30.0	77.1**	58.8	58.7	52.3	64.9
Posters (n=254)	91.4	84.1	94.0	80.6*	92.9	83.0*

Chi-square test: *p< .05, **p<.01, ***p<.001 (for comparisons between gender)

Figures 4 and 5 below illustrate the association between the number of campaign interventions respondents recalled seeing or hearing and recall of any key message. This is shown separately for women and men by geographic location.

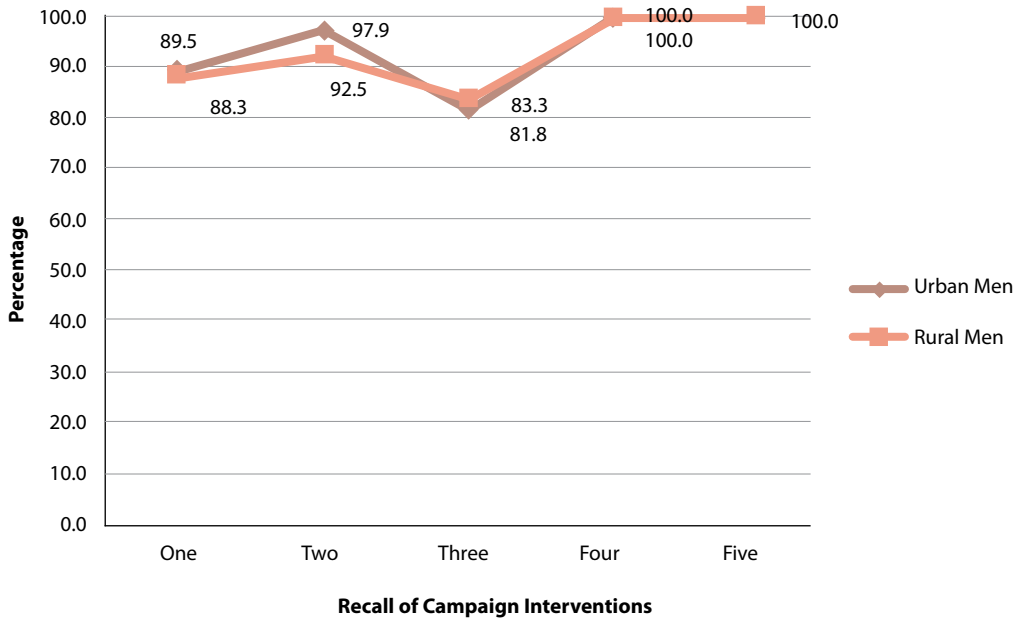
Figure 4: Percentage of Women Who Recalled any Key Message According to Levels of Campaign Recall, by Geographic Location, Chhattisgarh, India, 2013



For women in urban areas, recall of any key message increased with the number of interventions that women reported remembering, reaching 100% recall among women who recalled seeing or hearing three or more campaign interventions. For rural women, however, there was an unexplained dip at four interventions (from 100.0% to 85.7%), and then an increase back to 100.0% recall of any key message for women who recalled seeing or hearing five campaign interventions.

For men in both urban and rural areas, recall of any key message increased when respondents recalled seeing or hearing one to two media interventions. However, when the number of media interventions increased from two to three, recall of any key message inexplicably dropped. It jumped to 100.0% recall of any key message for men who recalled seeing or hearing four or five campaign interventions.

Figure 5: Percentage of Men Who Recalled Any Key Message According to Levels of Campaign Recall, by Geographic Location, Chhattisgarh, India, 2013



7.5 RECALL AND PERCEPTIONS OF CAMPAIGN INTERVENTIONS: OVERVIEW

To ascertain a more complete picture of each of the campaign interventions, Tables 10 (for women) and 11 (for men) provide an overview of the interventions according to recall of key messages and perceptions of the advertisement in relation to likeability, relevance, and ability to relate to the characters.

As previously shown in Table 6, the largest proportion of women respondents had seen or heard the Cycle Race TV ad (23.2%), followed by *Mehnat* TV ad (22.1%), posters (13.1%), generic radio jingle (12.8%), and *Mehnat* radio ad (10.7%). In terms of key messages, the largest proportion of women who reported recalling the key message that keeping 3 years between births leads to happiness were those who had seen the posters (72.4%). Moreover, more than 60% of women who had seen or heard the Cycle Race TV ad, radio jingle, and *Mehnat* radio ad, also recalled this key message. For the key message related to keeping a 3-year gap to protect mothers' and children's health, recall was relatively lower with the largest proportion of women recalling this key message being those who saw or heard either the Cycle Race TV ad (47.0%) or *Mehnat* radio (48.6%).

In terms of recall of modern contraceptives from the advertisements, condoms were most frequently mentioned by women. With regard to likeability, the interventions with the most favorable perceptions were *Mehnat* TV and the generic radio jingle. Finally, the large majority of women respondents, more than 70%, felt that all the campaign interventions were relevant to couples such as themselves, and felt that they could relate to the characters.

Table 10: Recall and Perceptions of Media Campaign Interventions among Women, Chhattisgarh, India, 2013

Recall and Perceptions of Media Campaign	Recall of Campaign Intervention				
	Mehnat TV (n=169)	Cycle Race TV (n=177)	*Mehnat* Radio (n=82)	Radio Jingle (n=98)	Posters (n=100)
Recalls key message: "Keeping at least 3 years between births leads to happiness"	58.4	66.6	63.6	64.9	72.4
Recalls key message: "Keeping 3-year gap between births is good for mother's and children's health"	38.9	47.0	48.6	NA	35.6
Recall of male condom	94.1	65.1	89.3	83.5	78.9
Recall of IUCD	75.4	37.7	61.8	69.0	64.0
Recall of OCPs	57.6	57.2	72.4	68.4	72.7
Extent liked the ad "high or highest"	81.9	57.4	66.5	78.2	69.7
Extent think ad is meant for couple like you "high or highest"	88.0	72.5	87.2	81.9	80.6
Extent can relate to characters in ad "high or highest"	87.8	73.6	88.1	89.2	80.6

Also as previously indicated in Table 6, the largest proportion of men respondents had seen or heard the Cycle Race TV ad (20.4%), followed by posters (17.3%), *Mehnat* TV ad (16.9%), *Mehnat* radio ad (5.3%), and generic family planning radio jingle (4.9%). For the key message related to keeping 3 years between births leads to happiness, recall was the highest among men who had seen the posters (84.8%) and the Cycle Race TV ad (62.9%). Recall of this key message was only 34.4% for men who had heard the *Mehnat* radio ad. With regard to the key message on keeping a 3-year gap to protect mothers' and children's health, recall was also relatively lower than for women respondents. The men who had heard the *Mehnat* radio ad most frequently remembered this key message (59.4%) followed by those who had seen the *Mehnat* TV ad (43.3%).

Similar to women in the study, men respondents most frequently remembered male condoms from the advertisements compared to the other contraceptives mentioned. Likeability of the advertisements was the highest for Cycle Race TV ad (79.2%) and the *Mehnat* TV ad (71.0%), which is somewhat different than the women respondents' perceptions of the campaign. Finally, additional gender differences were also apparent. Compared to women, men respondents did not report as frequently that the advertisements were meant for a couple like themselves, nor did they feel they could relate to the characters as much as the women respondents said they did.

Table 11: Recall and Perceptions of Media Campaign Interventions among Men, Chhattisgarh, India, 2013

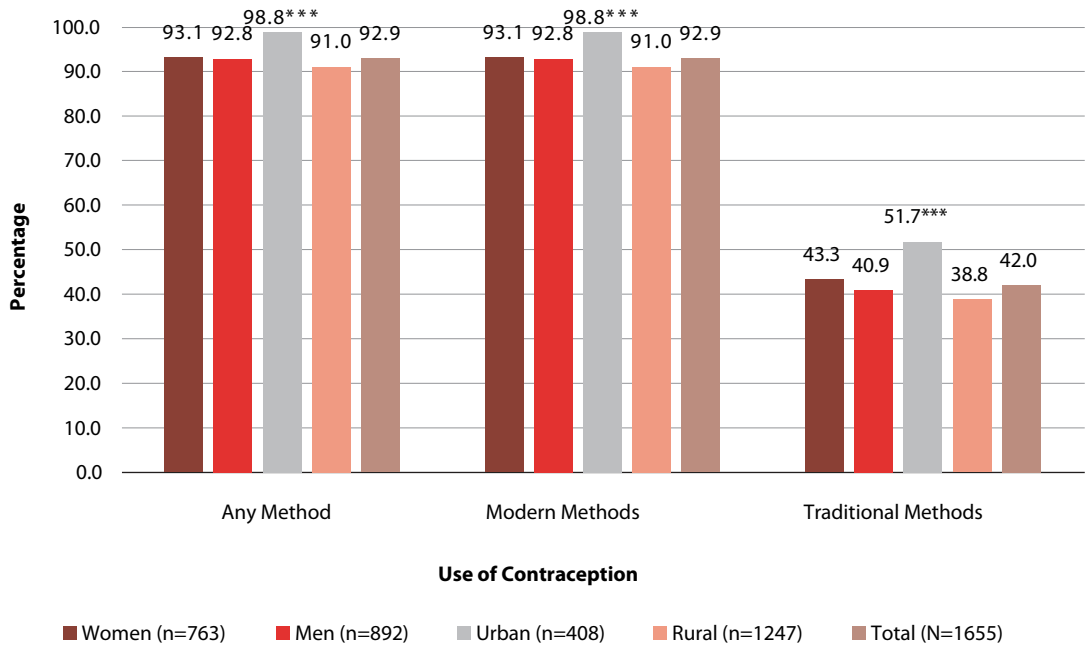
Recall and Perceptions of Media Campaign	Recalls Campaign Intervention				
	Mehnat TV (n=151)	Cycle Race TV (n=182)	*Mehnat* Radio (n=47)	Radio Jingle (n=44)	Posters (n=154)
Recalls key message: "keeping at least 3 years between births leads to happiness"	47.0	62.9	34.4	52.4	84.8
Recalls key message: "Keeping 3-year gap between births is good for mother's and children's health"	43.3	36.6	59.4	NA	39.8
Recall of male condom	97.2	59.1	87.7	90.5	94.2
Recall of IUCD	55.7	31.9	38.0	44.0	49.9
Recall of OCPs	51.3	42.3	61.7	74.5	66.1
Extent liked the ad "high or highest"	71.0	79.2	54.5	63.8	67.9
Extent think ad is meant for couple like you "high or highest"	70.0	67.4	55.3	79.8	60.1
Extent can relate to characters in ad "high or highest"	50.7	58.4	31.7	64.8	33.3

7.6 AWARENESS OF FAMILY PLANNING METHODS

7.6.1 Overall Awareness of Family Planning Methods

All respondents (N=1,655) were asked about their overall awareness of various contraceptive methods (including both unaided and aided responses as described above in Section 6.2 on Measurement). Figure 6 below shows the percentage of both men and women respondents, as well as urban and rural respondents, who were aware of any method of family planning, any modern contraceptive method,[6] and any traditional FP method.[7] The total FP awareness percentage for each of these categories is also shown. As is evident, awareness of FP methods was very high with no statistically significant differences seen across gender. However, there were statistically significant differences with regard to geographic location such that significantly more urban than rural respondents were aware of any FP method (98.8% vs. 91.0%, p<.001), any modern method (98.8% vs. 91.0%, p<.001), and any traditional method (51.7% vs. 38.8%, p<.001).

Figure 6: Awareness of FP Methods, by Gender and Geographic Location, Chhattisgarh, India, 2013



Chi-square test: *p< .05, **p<.01, ***p<.001 (for comparisons between geographic locations)

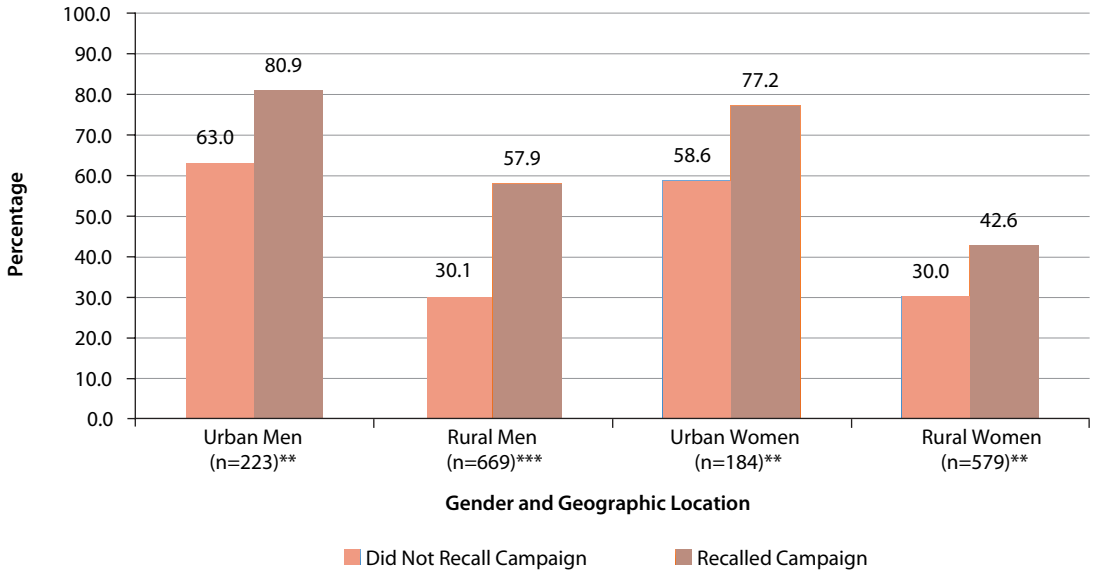
7.6.2 Awareness of Modern Contraceptive Methods by Campaign Recall

The association between awareness of six or more modern contraceptive methods and recall of the media campaign (seen or heard at least one of the five campaign interventions) is shown in Figure 7. Across all respondents, there was a statistically significant association between recall of the media campaign and awareness of six or more modern contraceptive methods.

6 Modern contraceptive methods refer to female sterilization, male sterilization, male condoms, female condoms, oral contraceptive pills, IUCD/Copper T, emergency contraception, injectables, and abortion pills.

7 Traditional methods refer to the rhythm method/safe period and withdrawal.

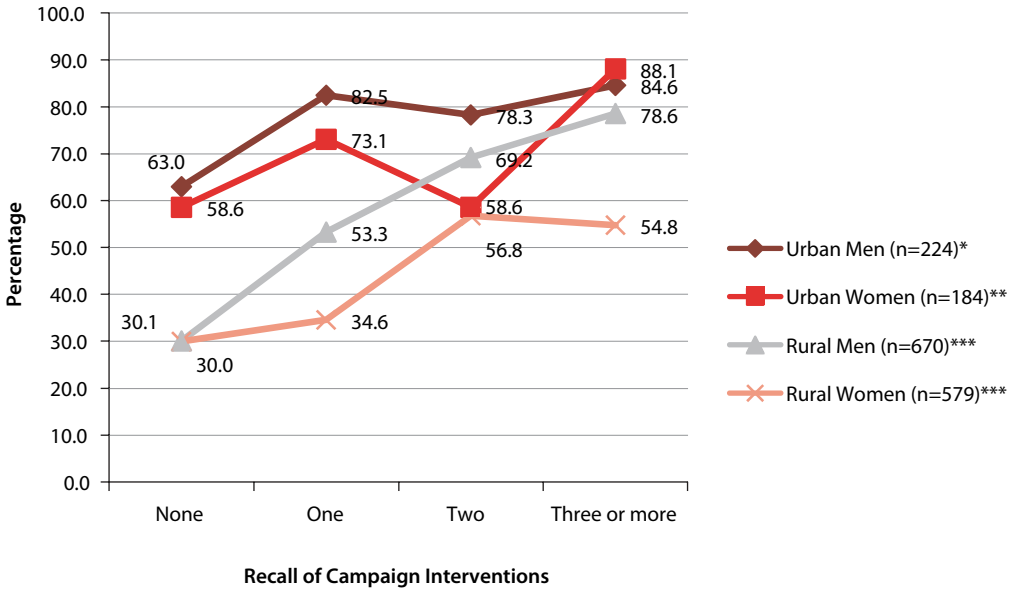
Figure 7: Percentage Distribution for Awareness of Six or More Modern Methods According to Campaign Recall, by Gender and Geographic Location, Chhattisgarh, India, 2013



Chi-square test: *p< .05, **p<.01, ***p<.001 (for comparisons between campaign recall)

Figure 8 illustrates the associations between awareness of six or more modern methods and levels of campaign recall. Overall, there appears to be a general increasing trend showing that the more campaign interventions respondents could recall, the greater the proportion of the sample who could identify six or more modern FP methods. For example, for rural men, the proportion with such awareness increased with each level of campaign recall, from 30.1% of rural men reporting awareness of six-plus modern methods among those who did not recall the campaign, to 53.3% among rural men who recalled one campaign intervention, 69.2% for those who recalled two interventions, and 78.6% for recall of three interventions among rural men (p<.001). This association was less pronounced for urban men, although there was still an upward trend among those who did not recall the campaign as compared to those who saw or heard one or more campaign interventions (p<.05).

Figure 8. Percentage Distribution for Awareness of at Least Six or More Modern Methods According to Levels of Campaign Recall, by Geographic Location and Gender, Chhattisgarh, India, 2013

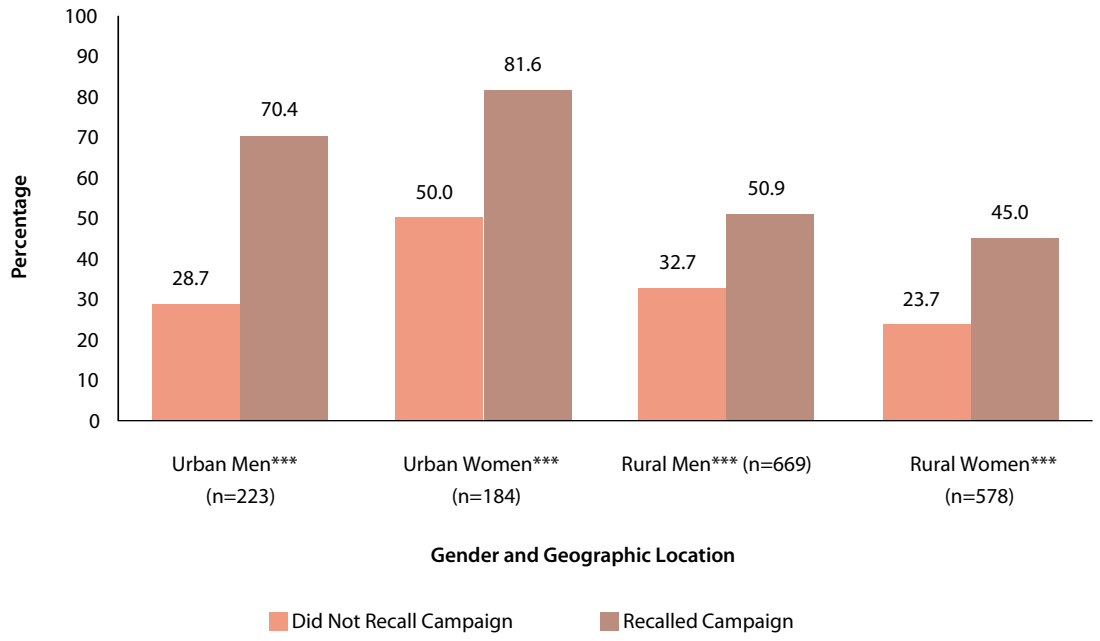


Chi-square test: *p< .05, **p<.01, ***p<.001 (for comparisons between levels of campaign recall)

7.6.3 Knowledge of Ideal Gap between Children by Recall of Campaign

In addition to awareness of modern methods, the analysis examined respondents' knowledge of the ideal number of years to space children (i.e., 3-year gap between children), one of the key messages promoted by the media campaign (Figure 9). Similar to the findings for knowledge of modern methods, for both rural and urban respondents, there was a statistically significant association between recall of the media campaign and reporting 3 years as the ideal gap between children. Thus, for both women and men, a significantly larger proportion of respondents who recalled the media campaign indicated 3 years as the ideal gap between children as compared to those who did not recall the campaign (p<.001).

Figure 9: Percentage Distribution for Knowledge of 3-Year Gap Between Children According to Campaign Recall, by Gender and Geographic Location, Chhattisgarh, India, 2013



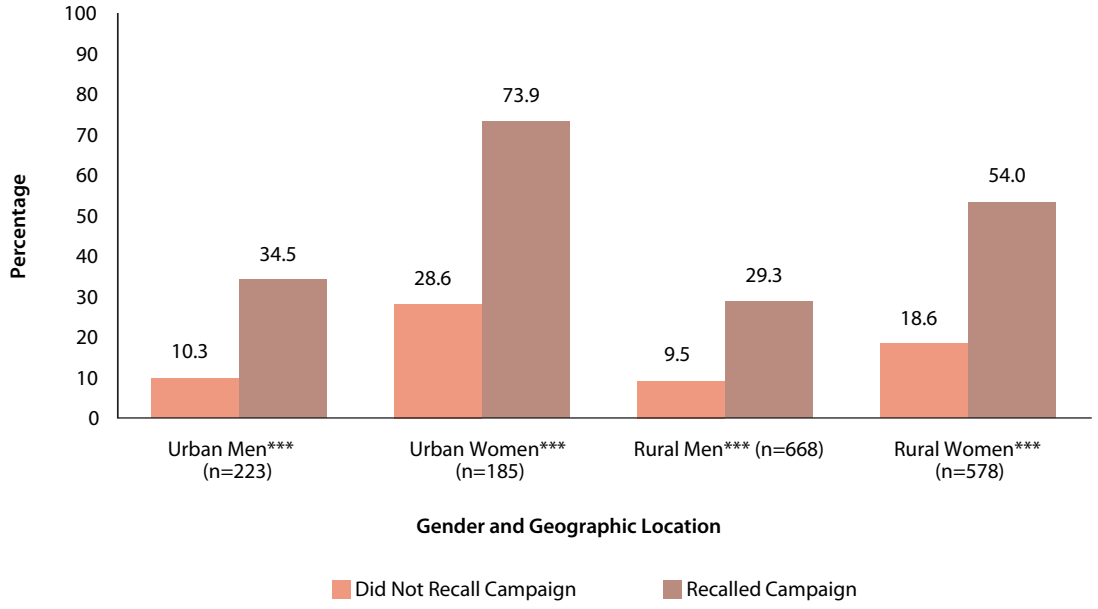
Chi-square test: *p< .05, **p<.01, ***p<.001 (for comparisons between campaign recall)

7.7 SPOUSAL COMMUNICATION ON FAMILY PLANNING BY CAMPAIGN RECALL

Respondents were asked whether or not they had discussed family planning with their spouses in the past 3 months, including issues related to the number of children to have and the spacing gap between children. The results are shown in Figures 10 and 11 below. Recall of the campaign was significantly associated with increased spousal communication on family planning for both urban and rural respondents across gender (p<.001). This finding was most dramatic for urban women who recalled the campaign, 73.9% of who reported talking to their husbands about family planning in the past 3 months. Fifty-four percent of rural women who recalled the campaign also reported spousal communication on family planning, followed by 34.5% of urban men and 29.3% of rural men respondents.

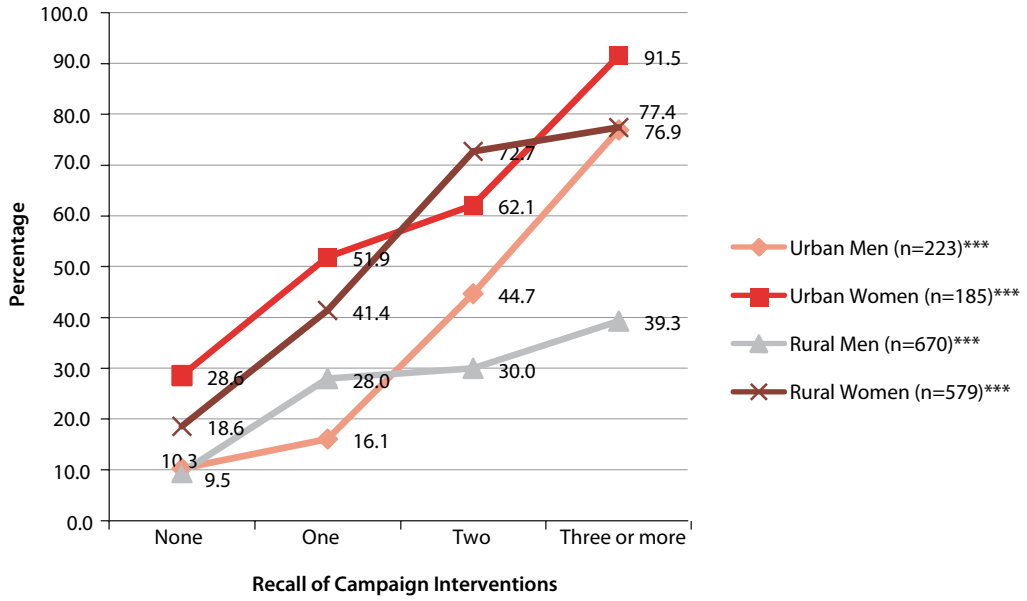
There also appears to be a positive association between spousal communication about family planning and the number of media interventions recalled (Figure 11). For example, there is a general increasing trend showing greater reporting of spousal communication on family planning along with recall of more interventions; these associations were evident for rural and urban men and women.

Figure 10: Percentage Distribution of Respondents Who Reported Spousal Communication about FP in Last 3 Months According to Campaign Recall, by Geographic Location and Gender, Chhattisgarh, India, 2013



Chi-square test: *p< .05, **p<.01, ***p<.001 (for comparisons between campaign recall)

Figure 11: Percentage Distribution of Respondents Who Reported Spousal Communication about FP in Last 3 Months According to Levels of Campaign Recall, by Geographic Location and Gender, Chhattisgarh, India, 2013



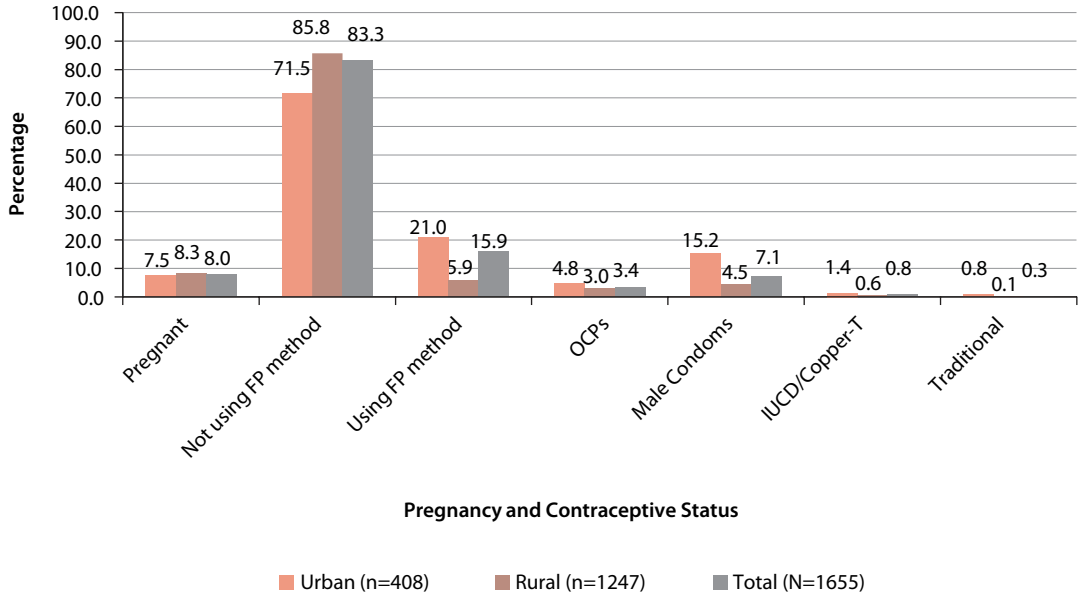
Chi-square test: *p< .05, **p<.01, ***p<.001 (for comparisons between levels of campaign recall)

7.8 CURRENT USE OF FAMILY PLANNING METHODS

Women respondents were asked whether or not they were pregnant at the time of the survey, and men respondents were asked about their wives' pregnancy status. Overall, 8.0% of respondents were currently expecting, as shown in Figure 12 below. Of importance to note is that a substantial proportion of the samples, 83.3%, were not using any form of family planning method. Among those respondents who did report current use of any method, most reported using male condoms, followed

by oral contraceptive pills, IUCD/Copper T, and traditional methods; this pattern was consistent in both urban and rural areas.

Figure 12: Current Use of FP Methods and Pregnancy Status among Study Sample, Chhattisgarh, India, 2013

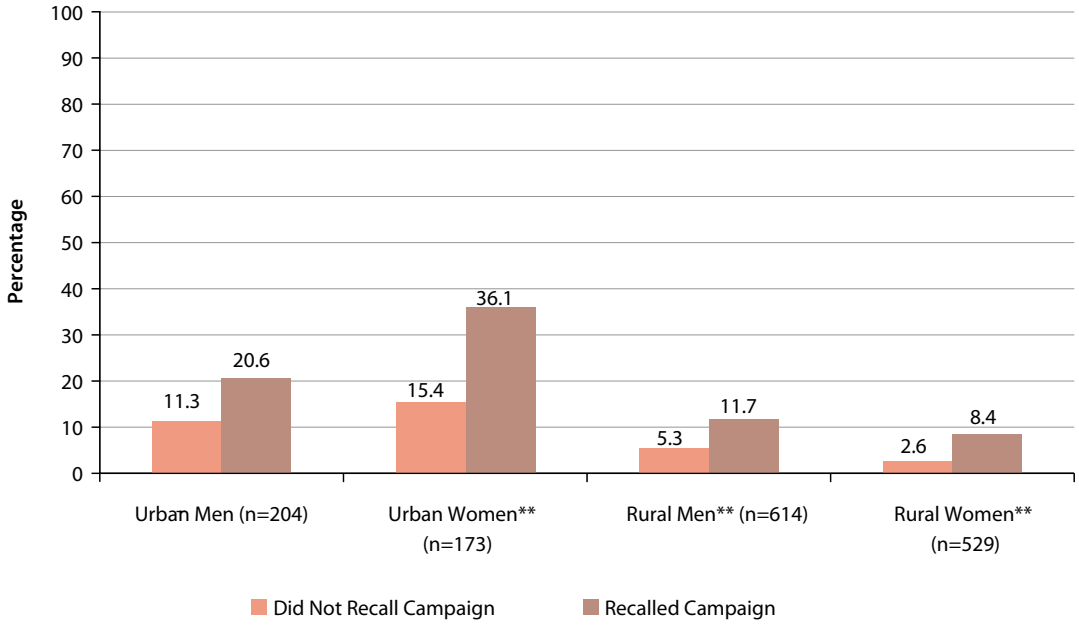


Note: Total percentage is greater than 100% due to rounding, and in some cases, because male condoms were used along with another method, particularly with OCPs.

7.9 USE OF MODERN CONTRACEPTIVE METHODS BY CAMPAIGN RECALL

Figure 13 below shows current use of modern contraceptive methods according to campaign recall (seen or heard at least one of the five campaign interventions).

Figure 13. Percentage Distribution for Use of Modern Contraceptive Methods According to Campaign Recall, by Gender and Geographic Location, Chhattisgarh, India, 2013

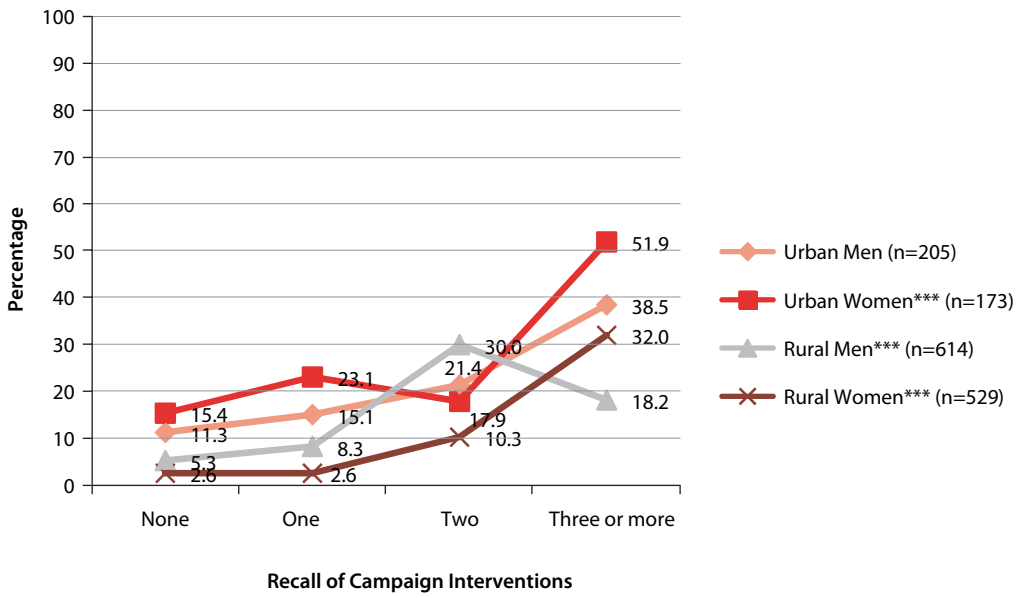


Chi-square test: *p< .05, **p<.01, ***p<.001 (for comparisons between campaign recall)

Across the study population, those who recalled the FP media campaign more often reported currently using a modern contraceptive method, as compared to those who did not recall the campaign. When breaking down the analysis by gender and geographic location, these relationships remained consistent. For example, 36.1% of urban women who recalled the campaign (compared to 15.4% of urban women who did not, p<.01) and 8.4% of rural women men who recalled the campaign (compared to 2.6% who did not, p<.01) reported current use of a modern method. Similarly, among rural men, 11.7% of those who recalled the campaign reported current contraceptive use, as compared to only 5.3% of rural men who did not recall the campaign (p<.01). For urban men, those who recalled the campaign also reported modern contraceptive use more often than those who did not recall the campaign, but this association was not statistically significant.

There also appears to be an overall positive association between current use of modern contraception and the number of media interventions respondents could recall; this association was statistically significant for urban women, rural women, and rural men (p<.001) (Figure 14).

Figure 14: Percentage Distribution for Use of Modern Contraceptive Methods According to Levels of Campaign Recall, by Gender and Geographic Location, Chhattisgarh, India, 2013



Chi-square test: *p< .05, **p<.01, ***p<.001 (for comparisons between levels of campaign recall)

7.10 FAMILY PLANNING MOTIVATION AND INTENTION TO ACT

This section addresses the association between the media campaign and respondents' reported motivation levels and intentions to act in relation to family planning. In Table 12, it is evident that more women, both urban and rural, reported being motivated to take action related to family planning, compared to their male counterparts (p<.001). For example, the majority of urban women reported being motivated "a lot" (55.7%) to take action related to family planning, compared to 24.1% of urban men. Similarly, 37.6% of rural women compared to 19.3% of rural men reported being motivated "a lot" to take a FP action. However, there were significant differences between urban and rural women (p<.001), and it is interesting to note that the largest proportion of respondents who reported no motivation at all to take action were rural women—22.3%, compared to just 1.7% of urban women. There were similar statistical differences between urban and rural men, but to a lesser degree (p<.05). For example, 7.1% of rural men reported they were not motivated at all to take action related to family planning, whereas no urban men reported this.

Table 12: Percentage Distribution for Extent of Reported Motivation among Respondents Who Recalled the Media Campaign, by Geographic Location and Gender, Chhattisgarh, India, 2013

Reported Motivation	Urban Respondents who Recalled the Campaign (n=231)		Rural Respondents who Recalled the Campaign (n=482)	
	Male (n=116)	Female*** (n=115)	Male (n=280)	Female *** (n=202)
Motivates you a lot to take action	24.1	55.7	19.3	37.6
Motivates you to a certain extent to take action	52.6	27.0	50.0	30.7
Does not motivate you at all to take action	0.0	1.7	7.1	22.3
Don't know/Can't say	23.3	15.7	23.6	9.4

Chi-square test: *p< .05, **p<.01, ***p<.001 (for comparisons between gender)

Among those who recalled the campaign and reported motivation to take action (either "a lot" or "to a certain extent"), Table 13 reflects the various types of actions respondents indicated they would take in relation to family planning. For urban men, the intended action with the highest reported frequency was "plan to use family planning in the future" (52.3%). For rural men, 62.1% also reported that they intended to use family planning in the future. Reported frequencies of this intended action were lower among women with 35.1% of rural women and only 14.3% of urban women indicating that they planned to use family planning in the future. The large majority of respondents, with the exception of urban men, also reported intending to know more about family planning (for example, 67.8% of rural men and about 69-71% of all women). In addition, reported frequencies for the intended action "to discuss family planning with my spouse" were also relatively high for men and women respondents in both urban and rural areas, ranging from 31% to 43% who indicated this intention.

Table 13: Percentage Distribution for Intended Actions among Respondents Who Recalled the Media Campaign and Reported Motivation to Take Action, by Geographic Location and Gender, Chhattisgarh, India, 2013

Intended Action[a]	Urban (n=184)		Rural (n=333)	
	Male (n=89)	Female (n=95)	Male (n=194)	Female (n=139)
To know more about family planning	35.0	69.0	67.8	71.1
To discuss family planning with my spouse	32.3	43.3	30.5	31.5
To visit a doctor for more information on FP and contraceptives	14.8	13.9	35.6	25.7
Plan to use family planning in the future	52.3	14.3	62.1	35.1

[a] Multiple responses possible

7.11 FAMILY PLANNING ATTITUDES AND BELIEFS

Table 14 below shows the percentage of all respondents showing agreement with several statements related to FP beliefs. Respondents show some positive attitudes toward birth spacing. For example, 78% completely agree or agree that family planning can help families prepare for children, and many respondents feel comfortable discussing birth spacing with their spouses. However, two-fifths do not believe that birth spacing is necessary for a mother to regain strength, and half believe that the total number of children is more important than spacing. Among rural women, two-fifths believe that they should not control the timing of their children for religious reasons. Among rural men, nearly half say they are uncomfortable talking about family planning with their spouse, and 28.9% fear that using contraception indicates a marital conflict.

Other contraceptive attitudes and beliefs include 25–30% who say that contraceptives are difficult to acquire and/or use. Finally, gender attitudes are also evident. Nearly one-third of respondents said they believe that childbearing is a women's first responsibility, and that family planning is only her concern. This last belief was especially evident among rural respondents.

Table 14: Percentage Agreement for FP Attitudes and Beliefs, by Geographic Location and Gender, Chhattisgarh, India, 2013

	Percentage of all respondents who "Completely agree" or "Agree"				
Attitude/Belief Statement	Total	Urban		Rural	
		Male	Female	Male	Female
Child Spacing Beliefs					
Healthier women can deliver children in less intervals	35.2	34.0	24.0	26.0	46.7
Wanting to have children in less than 3 years of gap does not make a husband irresponsible	44.6	62.5	31.9	31.0	56.2
We should not try control the timing of the birth of a child. God decides it	26.4	0.0	29.1	2.2	42.2
Deciding the number of children one wants to have is more important than the gap between the children	50.9	67.0	46.4	40.0	56.7
Child spacing does not really affect the health of children	30.5	47.1	31.4	31.1	27.0
Child spacing is not important for a mother to regain strength before her next baby	40.8	33.0	46.9	45.3	36.1
Children are the source of happiness and hence women should bear children in successive years in the early years of marriage	7.6	1.3	0.0	17.0	7.8
Practicing family planning allows couples to prepare for children	78.4	71.8	64.0	75.8	88.9
Partner Communication, Support, and Relationship					
I feel uncomfortable in talking to my wife about family planning	23.2	29.5	22.3	46.0	10.2
My spouse will not agree to use or support my decision to use a contraceptive for family planning	35.2	0.0	33.9	43.7	37.0
I feel confident discussing on spacing between two children with my partner	77.1	100.0	78.9	66.9	78.1
A couple that uses contraceptives will have conflict in their marriage	12.7	1.3	9.6	28.9	7.5
Men who care about their wives use contraceptives	71.6	100.0	59.1	58.3	81.4
Social Support					
Men of my age in my community will disapprove of me if they find out that we are using contraceptives	18.2	1.3	0.1	27.1	26.1
My in-laws will not support my use of contraceptives for family planning	27.3	15.4	18.8	35.4	29.6
Other FP Beliefs					
Certain contraceptives are difficult to use	30.4	18.9	14.0	34.3	39.3
It is difficult for women to get/buy FP methods	25.6	14.1	38.7	24.7	20.5
Use of FP methods can have adverse effects on the fertility	29.5	14.1	28.6	43.6	24.8
Child bearing is the first responsibility of a woman that she should fulfill	29.7	18.6	51.3	14.4	27.5
Family planning is woman's concern. Men do not have to bother themselves on this	29.1	0.0	9.7	49.2	33.8
It is important for a woman to keep having children until she has a male child	14.3	1.3	12.6	16.1	16.4
Family planning does not affect one's standard of living	38.8	0.0	49.9	33.5	41.6
Family planning should only be done by couples who want no more children	19.7	4.5	23.5	21.9	18.7

8. IMPLICATIONS FOR SOCIAL AND BEHAVIOR CHANGE COMMUNICATION PROGRAMMING

This post-campaign study of the NRHM, Government of Chhattisgarh's 4-week FP media campaign shows that overall 43% of women and men respondents had seen or heard in the past 3 months at least one of the campaign's five interventions. As the media plan for the campaign is unavailable, the actual reach of the campaign across the state may have been higher.

The campaign comprised a number of media channels and activities, which may have appealed to different audience segments. In theory, having a mix of activities and reinforcing interventions messages can extend campaign reach and recall. Study data suggest this was true for this campaign, as different audience segments (men, women, urban, rural) recalled and found likeable different campaign elements and channels. If the community-based interventions in the campaign design (that is, street theater and other intrapersonal activities) were implemented, they may have further extended the reach and recall of key campaign messages to communities who are not heavy users of mass media.

In addition to strong aided recall, 90% of respondents who had seen or heard at least one of the campaign interventions could recall a key message from the campaign. From this data, it appears that the campaign had excellent recall, especially among respondents who were media users, and had appealing messaging. Because the generic FP jingle resulted in less recall, the results suggest that messaging with an emotional appeal, a relevant benefit to birth spacing, and an appealing storyline created more memorable spots.

Because other FP campaigns may have been ongoing during the same time period as the media campaign, it is difficult to conclude that this campaign in particular led to specific effects. However, recall of the campaign and its messages were associated with increased awareness of modern contraceptive methods, and reported motivation to action. While these associations may not be directly linked to the campaign, the campaign reinforces these beliefs and attitudes in the target audiences, creating a favorable environment and increased social norms for family planning.

Married women and men in this study have very high levels of awareness of modern contraceptive methods, and somewhat favorable views of birth spacing. In addition, because the focus and prominence of messages on birth spacing is new to GoI campaigns, it will require more time to change attitudes. Future campaigns may not need to increase knowledge of FP methods. However, campaigns can begin to address other attitudes and beliefs that influence actual contraceptive use, which is low among these study respondents. Campaigns can use the emotional appeals and relevant benefits of FP use to address other attitudes and beliefs, as this campaign has begun to do. Campaign uses of interpersonal or mid-media activities are recommended to reach audiences who do not access mass media and to reinforce messages. Media campaigns also can help reduce barriers by linking with community services, community health workers, and other programs to increase access and use of FP methods.

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