Impact Evaluation of the Multimedia Communication Campaign 2010

Final Report

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Introduction

Sustaining Family Planning and Maternal and Child Health Services Project in Georgia (SUSTAIN) is a five-year project, October 2009 through September 2014, funded by the US Agency for International Development (USAID). The project is implemented by John Snow, Inc. (JSI), a Boston-based, leading public health and management consulting company with subcontractor Harvard School of Public Health. SUSTAIN aims to meet critical maternal and child health (MCH) and reproductive health and family planning (RH/FP) needs while laying the foundation for long-term, sustainable maternal & neonatal health and reproductive health programs in the private sector and through private insurance industry plans, existing health clinics and planned health training units. It also helps the most vulnerable populations by assuring a continuous access to a broader range of contraceptive supplies in the private sector. The project has four strategic objectives:

- 1. Launch new private sector led service delivery, health insurance and product specific social marketing models for MCH and RH/FP services.
- 2. Building strong commercial sector distribution of contraceptives and public/ private partnerships to finance BCC campaigns.
- 3. Catalyzing the Georgian health insurance sector to become the vanguards of FP/MCH services.
- 4. Incorporating FP/RH modules and practicum into medical and nursing school curriculum.

Georgia continues to have the world's highest documented total abortion rate, 3.1 abortions per woman. A second-round Reproductive Health Survey in Georgia showed that contraceptive prevalence in 2005 was 28 percent, an increase caused by greater use of modern contraceptive methods. Almost all contraceptive users are married. Among married women, nearly half were currently using contraception in 2005 compared with 40 percent in 1999. The use of modern methods is still relatively low (27 percent) despite a 20% increase between 1999 and 2005.

In July 2010, SUSTAIN launched the national multimedia communication campaign on the theme of "Contraception: Safe and Reliable Choice", which ended in December 2010. The target audience was married women aged 18-35 with children, throughout Georgia. The SUSTAIN national communication campaign was a comprehensive campaign designed to promote and increase demand for quality FP/RH and MCH services through TV ads, TV Talk shows and programs, radio spots, internet social networking, press articles and a hotline service. In addition, client and provider oriented point of service print materials (booklets, posters) had been distributed and maintained nationwide through existing networks of MCH and FP/RH health facilities.

¹ Westoff CF, Serbanesku F. 2008. The relationship between contraception and abortion in the Republic of Georgia: Further Analysis of the 1999 and 2005 Reproductive Health Surveys. Calverton, Maryland, USA: Macro International Inc.

² Serbanescu F, Imnadze P, Bokhua Z, Nutsubidze N, Jackson DB, Morris L. Reproductive Health Survey Georgia 2005. Atlanta, GA (USA)

TV and Radio

SUSTAIN supported radio exposure of 10-12 commercial jingles per day, 15 moving billboards on public buses, and ten stationary billboards. There was commercial placement on four national TV channels: Rustavi 2, Imedi, Public Broadcast and Ajara. As part of the project's PPP efforts, Ajara provided free air time. The campaign was airing 5 to 7 spots per day during programming most watched by the target audience. Overall, approximately 1,378,460 people were exposed to the SUSTAIN TV advertisement during the period of July – December 2010.

Internet

The internet campaign envisaged placement of the flash banner "Contraception – Your Safe and Reliable Choice" on top-rated websites including www.angel.ge; www.ambebi.ge; <a href="www.a

Print Media

The print press activities included the news release "Contraception – Your Safe and Reliable Choice" and press articles published in the high circulation magazines "Sarke" and "Tbiliselebi" highlighting the benefits of modern family planning methods as an effective alternative to abortion.

Hot-Line Service

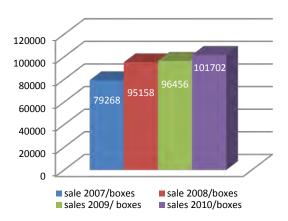
SUSTAIN established a national telephone Hot-Line service in July, corresponding to the start up of the media campaign. The Hot-line was an important complement to the media campaign as the campaign encouraged women to call the hotline or go to the SUSTAIN website. The service had been providing free telephone consultation on FP/RH issues and information on location of services nationally. It was available 12 hours a day (from 10am to 10pm), 7 days a week. The hotline calls indicated the great interest of the target audience as the number of calls received each month had been steadily increasing. Overall, 1,848 calls were registered from July when the hotline started, through December 2010.

Point of Service Print Materials

SUSTAIN designed and printed point of service materials (posters, client brochures, PAC counseling materials, and service provider materials). These print materials had been integrated with the communication campaign by carrying forward the theme and branding, and insuring correct and consistent messaging. In addition, the POS provided clients a distinct link between the service provider and the national campaign. SUSTAIN POS materials had been distributed through the following channels: (617) family planning sites - women's consultation centers, polyclinics, etc.; all provider training sessions conducted by SUSTAIN and partners; (16) parent schools; (18) high volume maternity hospitals that are implementing effective perinatal care protocols; selected sample of pharmacies in major market territories.

SUSTAIN, in collaboration with the Ukrainian market research firm Business Credit, conducted an analysis of the Georgian pharmaceutical market. Business Credit has collaborated with JSI since 2008 by sharing contraceptive sales data. According to the sales data, the Georgian market for contraception grew more than the overall pharmaceutical market and this growth occurred during an economic recession. The overall pharmaceutical market growth was 1.3-1.5 % in 2010, while the market for oral contraceptives increased by 5.43%, as seen in the chart below. This is an unusual pattern which could be the result of SUSTAIN activities. Follow up will be done with the pharmaceutical companies to identify the reasons for this growth in contraceptive sales in order to confirm SUSTAIN's role, as well as identify which SUSTAIN activities were most effective.

Figure 1. Oral Contraceptive Sales in Boxes 2007-2010



Objectives

In order to evaluate the SUSTAIN communication campaign's impact on the women's knowledge and awareness of modern contraception and available FP services, and identify the possible sources of information, SUSTAIN conducted a rapid survey in selected regions of Georgia.

It is expected that the results of this evaluative research will be used to improve quality, efficiency, and effectiveness of SUSTAIN's future communication campaigns and, thus, better focus on results.

Methods

This cross-sectional study was conducted by JSI SUSTAIN in collaboration with NGO HERA, in Family Planning service provider sites in various regions of Georgia: Tbilisi, Imereti, Samegrelo, Kakheti and Shida Kartli regions, during the period of September-October 2010. The study population included women aged 18-35 with one or two children residing in the selected regions.

The survey was designed to collect information from a convenience sample of approximately 351 married women aged 18-35 with at least one child, visiting primary health care facilities in the selected regions for various services, not necessarily for FP. The survey instrument for this sample, a self-administered questionnaire, was developed to elicit the necessary information on knowledge and awareness of modern contraception and possible source of information during the last three months.

In addition, in the same sites, all new contraceptive users (84) for the period of communication campaign were interviewed by the trained health care providers. The survey instrument included the questions regarding the sources of information about modern contraception and availability of family planning services. All participants were enrolled after undergoing an approved informed consent process.

The information from the 435 completed questionnaires was entered into the Excel database. The data analysis was conducted using SPSS software, Version 14.0.

Results

According to the survey results, of 351 women interviewed in the first study sample, the majority were rural residents (77.20% vs 22.80% urban residents). Overall, 77.49 % (272) of all surveyed women have heard and/or seen the message on modern family planning methods during the last three month (during the campaign) (Figure 2). A positive response to this question was received from 88.75% of urban residents and 74.17% of rural residents (figures 3,4).

Figure 2. Have you heard anything about Family Planning- Contraception during the last three month? Women 18-35 years of age with one or two children,

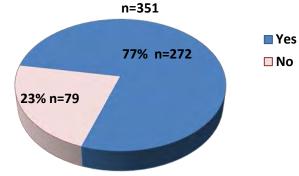


Figure 3. Have you heard anything about Family Planning- Contraception during the last three month?

Women 18-35 years of age with one or two children.

Urban n=80

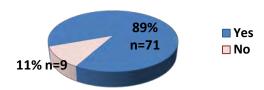
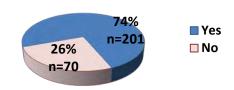


Figure 4. Have you heard anything about Family Planning- Contraception during the last three month?

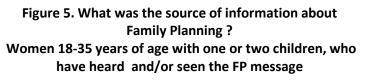
Women 18-35 years of age with one or two children.

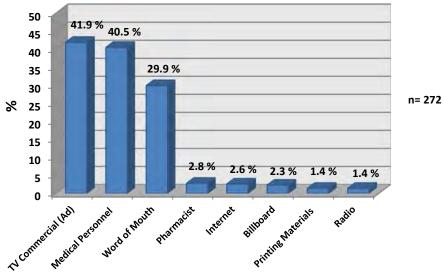
Rural n=271



The most successful communication channels to reach the target audience were found to be TV, medical personnel, and word of mouth. The survey results showed that 41.88% saw TV commercials (37.41% urban residents vs. 62.59% living in rural area), 40.46% heard the message from health care providers – doctors and nurses (37.86% urban residents vs. 62.14% rural

residents); 29.91% received information from neighbor, friend, relatives etc. (17.14% urban vs. 82.86% rural residents), 2.8% - from pharmacists, 2.6% - from the internet; 2.3% saw the billboards, 1.4% reported to receive information from printing materials, and 1.4% heard the message from radio (Figure 2). About the half of respondents mentioned more than one source of information.





Figures 6 and 7 show that distribution of the leading communication channels is slightly different among the rural and urban respondents. In urban area, the most frequently reported source of information was TV commercial (69.62%), followed by medical personnel (49.37%) and word of mouth (22.79%). Whereas, in rural settings the major source of information was medical personnel (38%), followed by TV commercials (33.83%) and word of mouth - neighbors, friends, relatives, etc. (31.99%). Overall, 10.1% of urban respondents named billboard as an information source, while none of the rural respondents mentioned it. Similarly, internet (6.3%) radio (5.1%) and printing material (3.8%) were found to play a role in communication of FP messages in urban area, while in rural area, they reached insignificant percentage of target women. In contrast, pharmacists have been reported by 3.7% of rural respondents as an information source, whereas they were inefficient among the urban residents (0%).

Figure 6. What was the source of information about Family Planning?

Women 18-35 years of age, who have heard and/or seen the FP message

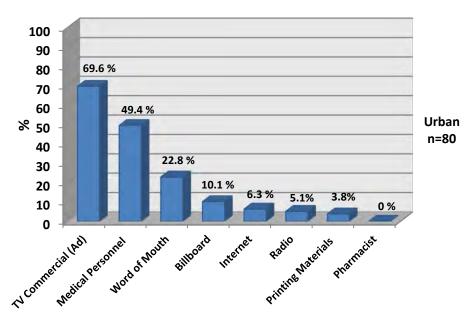
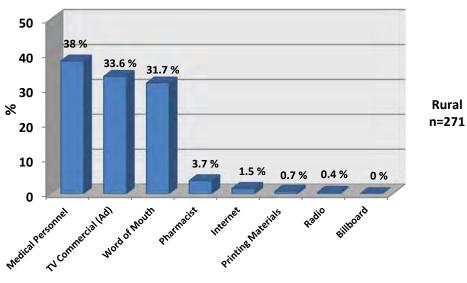


Figure 7. What was the source of information about Family Planning?

Women 18-35 years of age, who have heard and/or seen the FP message



In the second sample, consisted of 84 new contraceptive users, the overwhelming majority of surveyed women were from rural area (94.05%). According to new users, TV commercials and medical personnel were the main motivators for them to get interested in FP methods (86.9% and 77.38%, respectively), while word of mouth was relatively less frequently named by respondents (14.29%) (Figure 8). Billboard, pharmacist, printing materials did not play an important role in engaging women in family planning (3.6%, 2.4%, and 2.4%, respectively), and internet and radio were shown to be entirely ineffective.

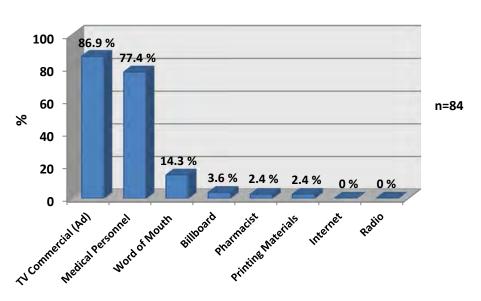
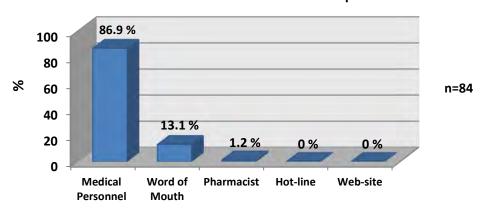


Figure 8. How did you get interested in Family Planning?

New users of modern contraception

As for the sources of information about the availability of FP services in the specific clinic, 86.9% of new users indicated medical personnel as the major source of information (Figure 9). The second most active communication channel named by new users was word of mouth - 13.1% of respondents reported having heard about the availability of FP services in the particular clinic from neighbors, relatives, friends, etc. According to survey results, the other sources of information such as hot-line, Web-site, pharmacists (0%, 0% and 1.2%, respectively) were ineffective in terms of communicating FP messages, specifically in rural area given the majority of surveyed new users were rural residents.

Figure 9. How did you hear about our clinic and provided FP services? New users of modern contraception



Conclusion and Recommendations

The present study aimed to evaluate the SUSTAIN communication campaign's impact on the women's knowledge and awareness of modern contraception and available FP services, and identify the possible sources of information.

According to the survey results, the majority (77.49%) of surveyed women 18-35 years of age with one or two children in the first sample have heard and/or seen the message regarding modern FP methods. The most successful communication channels to reach the target population of the campaign were found to be TV, medical personnel and word of mouth. About half of respondents indicated more than one source of information about modern contraception. However, there was slight difference in distribution of sources of information between the rural and urban respondents. The leading communication channels in urban area were TV commercials and medical personnel (69.62% and 49.37%, respectively), whereas in rural area, the major sources of information such as medical personnel, TV and word of mouth were almost equally effective (38%, 33.83% and 31.99% respectively).

Billboard was effective only in urban area that could be explained by the fact that all campaign billboards were placed in urban areas. Low effectiveness of internet as a communication channel among rural residents (1.5%) is also logical taking into account the lack of internet access in rural areas. On the other hand, ineffectiveness of pharmacists in communicating FP message to target population (0% in urban area and 3,7% in rural area) deserves particular attention. Currently SUSTAIN is conducting pharmacist's training throughout Georgia. The training is aimed to improve pharmacists' knowledge of contraception and develop and enhance the

pharmacist's skills in FP/RH counseling. It is expected that the trainings will also enhance the pharmacists' role as an effective communication channel for conveying information and messages on modern FP methods, particularly during the transition period from free contraceptives to the socially marketed products.

Similar to the first sample, TV commercials and medical personnel (86.08% and 77.38%, respectively) were shown to be the most successful communication channels in terms of engaging young women in family planning, specifically in rural area. At the same time, medical personnel was indicated buy the majority of new users of contraception (86.9%) as the main source of information regarding the availability of FP services in the particular clinic. Failure of hot-line and web-site as information sources pertaining to FP service availability needs further investigation. At the same time, as already mentioned above, it is important the pharmacists to be able to provide information on existing FP services during the counseling sessions.

Based on the study results, it is definitely recommended to further strengthen and increase capacity of two effective channels, which are based person-to-person communication. These are medical personnel and word of mouth. They especially gain weight after TV communication campaign is stopped. Thus, involving community leaders and peer educators in community mobilization; upgrading the medical personnel's knowledge, enhance their communication skills and provide them with educational material; and train community leaders and peer educators would be keys to successful continuation of the project. These actions will lead to strengthen peer to peer and provider to client channel in order to maintain and amplify achieved results.

The study has several limitations. First, limited resources determined the study methodology, specifically convenience sampling and sample size, which did not allow selecting a representative sample and, thus, generalizing the study results to the entire target population. Another concern is some potential for interviewer bias. The medical personnel interviewing the new contraceptive users could intentionally or unintentionally prompt respondents to reply in a favorable manner affecting the results (diminishing/neglecting the role of other communication channels such as pharmacist, hot-line or web-site). A more comprehensive picture regarding the impact of SUSTAIN's interventions on knowledge and the use of modern contraception and family planning services will be available by the end of 2011, upon completion of the third round of Reproductive Health Survey, conducted by the Georgian National Center for Disease Control (NCDC) and the US Centers for Disease Control (CDC) under the USAID funding.

Despite this, the present rapid survey provides a snap-shot of the impact of multimedia communication campaign. It is expected that the results of this evaluative research will be considered during the planning of SUSTAIN's future BCC campaigns in order to improve the campaigns' design, quality, efficiency and effectiveness that will lead to more sustainable behavioral changes and eventually contribute to the improvement in women's health outcomes.

Annex 1.

Survey questionnaire for married women aged 18-35 having one or two children

Name	of the Fa	cility	
Date		N	
	D: 1		
1.	•	u hear any message about the Family Planning during last three months?	
		yes	
	2.	No	
(if yes	go to qu	estion 2, if no finish the interview)	
2.	How di	low did you hear about Family Planning?	
	(Please circle <u>all</u> correct answers)		
	1.	TV	
	2.	Billboard/bus billboard	
	3.	Radio	
	4.	Printing materials (poster, booklets, etc.)	
	5.	internet (internet banner, web-site)	
	6.	Health care provider (Nurse, Doc.)	
	7.	Pharmacist	

8. World of mouth (neighbor, friend, relative, etc.)

Raion _____ Month ____

Annex 2.

Survey questionnaire for every new contraceptive user

Raion	Month
Name of the Facility	
Date	N

1. How did you get interested in Family Planning?

(Please circle <u>all</u> correct answers)

- 1. TV
- 2. Billboard/bus billboard
- 3. Radio
- 4. Printing materials (poster, booklets, etc.)
- 5. Internet
- 6. Health care provider (Nurse, Doc.)
- 7. Pharmacist
- 8. World of mouth (neighbor, friend, relative, etc.)
- 2. How did you hear about our clinic and provided FP services?

(Please circle <u>all</u> correct answers)

- 1. By calling on hot-line
- 2. internet (internet banner, web-site)
- 3. Health care provider (Nurse, Doc.)
- 4. Pharmacist
- 5. Word of mouth (neighbor, friend, relative, etc.)