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EVALUATION OF THE CARIBBEAN CONTRACEPTIVE  
SOCIAL MARKETING PROJECT IN THREE COUNTRIES

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EVALUATION OF THE CARIBBEAN CONTRACEPTIVE SOCIAL MARKETING  
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I. Introduction

In the mid 1970s a new strategy emerged for promoting the use of family planning (FP) in developing countries: the social marketing of contraceptive methods. Underlying this approach, which was first proposed by Farley and Leavitt in the mid-1960s,<sup>1</sup> is the idea of applying marketing concepts and techniques to the promotion of socially beneficial ideas and causes. This involves considerations of product planning, pricing, communication, distribution, and marketing research.<sup>2</sup>

Social marketing (SM) of contraceptives is intended as a complement rather than a replacement for clinic-based FP services, which continue to be the prime vehicle for the delivery of family planning services in many developing countries<sup>3</sup> (including the English-speaking Caribbean). The advantages of the approach are (1) that it harnesses existing commercial channels for distribution and thus is believed to be a cost-effective means for delivering services; (2) that it is oriented to the interests and needs of the consumer; and (3) that it aims to reach individuals who would not be willing to use clinic services.<sup>4,5</sup>

One of the first and most successful contraceptive social marketing programs was developed in Jamaica and implemented in 1975. It demonstrated that this was a culturally-acceptable means of distributing contraceptives (the pill and condoms) at low

cost. It is estimated that the program currently protects 8.5 percent of Jamaican women of reproductive age from unwanted pregnancy.<sup>6</sup> Social marketing programs have also been carried out in Bangladesh, Colombia, Egypt, El Salvador, Ghana, Guatemala, Honduras, India, Nepal, Sri Lanka, and Thailand.

To date, most social marketing programs have been evaluated by the volume of contraceptives sold, which is then translated into a measure of "couple-years-of-protection"(CYP).<sup>8</sup> This measure estimates the amount of protection (in months or years) which a specific quantity of a given method provides against pregnancy.\*

Couple-years-of-protection is a useful measure for monitoring program achievement for several reasons. First, it does not require identification of individual users (as does the number of new or active users), which would be impractical in pharmacy or other commercial settings. Second, it combines project achievement regarding two or more types of contraceptives into a single summary indicator. And third, it allows for an assessment of program achievement over time and by units within the program (regions, outlets, etc.)

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\*For example, one cycle of oral contraceptives contains 28 pills; thus, 13 cycles of pills cover a one-year period (28 pills x 13 cycles = 364 days of protection). In the case of condoms, it is necessary to estimate the number of relations which the couple has per month. Most programs calculate CYP for condoms based on the assumption of 100 relations/year (or approximately eight/month); this is the conversion factor used in this report as well.

Useful as CYP is for monitoring program output, it does not satisfy the needs of program administrators and funding agencies for assessing the effect of social marketing programs on the larger FP program. While the social marketing of contraceptives was initiated over a decade ago and there are now a dozen such programs in operation, very little is known on two key questions:

- o Did the social marketing program actually increase contraceptive use?
- o Did the social marketing program simply cause users of one service to switch to another, possibly more convenient source?

The current research focuses on these and related issues. It is intended to provide specific information about the Caribbean program, as well as to suggest an evaluation strategy which could be implemented with regard to other social marketing programs.

## II. The Caribbean Contraceptive Social Marketing Project (CCSMP)

The CCSMP was developed by the Futures Group in collaboration with the Barbados Family Planning Association (BFPA) in an attempt to replicate the earlier Jamaican program in Barbados, St. Lucia and St. Vincent. Specifically, the goals of the CCSMP were (1) to increase the level of awareness of family planning, and (2) to make contraceptives more available through retail outlets. In addition, the program was expected to yield evidence of the feasibility of combining markets (the three countries) and of adopting specific elements of programs previously successful in other markets.

In order to increase the level of awareness, the Program undertook a series of promotions of two contraceptive products, "Panther" condoms and "Perle" oral contraceptives (regular and low-dosage). These product-specific promotions utilized advertisements on the mass media--radio, television, and (to a very limited extent) the press--as well as point-of-purchase promotional materials. The campaign was aimed not only at prospective customers, but also at the retailers and medical community, in the hope of increasing the latter groups' receptivity toward the social marketing of contraceptives.

The CCSMP contraceptives sold at prices substantially lower than comparable products on the market: \$1.78 (U.S.) per cycle of pills and \$0.76 per three condoms in Barbados, \$1.11 per cycle of pills and \$0.37 per three condoms in St. Vincent and St. Lucia.

Although it was originally intended that the CCSMP promotions would run simultaneously in all three countries, this was not feasible. The actual programming during the first year (beginning in February 1984) consisted of four "flights" of media promotions in Barbados, three in St. Vincent, and none in St. Lucia. Point-of-purchase materials were distributed in all three countries. The actual number of advertisements per country for each flight was as follows:

NUMBER OF ADVERTISEMENTS DIFFUSED IN EACH PROMOTION  
PERIOD - CCSMP - BARBADOS, ST. VINCENT

PROMOTION PERIOD (1984-85)	<u>BARBADOS</u>			<u>ST. VINCENT</u>		
	<u>RADIO</u>	<u>TV</u>	<u>PRESS</u>	<u>RADIO</u>	<u>TV</u>	<u>PRESS</u>
Feb-March 1984	236	30	20	---	---	---
June-July 1984	144	16	--	168	40	---
Sept-Oct 1984	120	20	--	120	20	---
Jan-Feb 1985	192	18	--	64	30	---
<u>TOTAL</u>	<u>692</u>	<u>84</u>	<u>20</u>	<u>352</u>	<u>90</u>	<u>---</u>

Although St. Lucia was also scheduled to have the CCSMP campaign, approval to do so was not forthcoming. Thus, only point-of-purchase advertising was used in St. Lucia. However, some radio and television programming from Barbados does reach St. Lucia, and thus its residents may have seen or heard messages in this way.

During the CCSMP campaign for Perle and Panther, there was also "generic" promotion of family planning (i.e. encouraging the use of contraceptives, without specifying the method or brand). Thus, some of the target population would also have had exposure to FP messages from this other source.

### III. Objectives of this Research

The objectives of this evaluation were:

1. To measure the extent to which the target population can recall (either spontaneously or with prompting) generic messages about family planning, as well as the CCSMP brand names (Perle and Panther) and slogan ("If You Care About Life").
2. To determine whether those who recall the Perle and Panther messages and slogan associate them with contraceptive/family planning; and whether they believe the products are available in-country.

3. To determine the percentage of the target population that have ever purchased Perle or Panther, and the socio-demographic correlates of purchase behavior.
4. To measure the degree of change between the baseline and followup survey on contraceptive prevalence (among women 15-44 years old living in union).
5. To determine the extent to which "switching" occurred following the campaign:
  - (a) from other brands to Perle and Panther,
  - (b) from other sources of supply to pharmacies and other commercial outlets.

#### IV. The Study Design

##### A. Overview

This evaluation of the CCSMP was conducted by Tulane University as part of its Family Planning Operations Research Project in the English-speaking Caribbean. The Tulane staff worked in collaboration with the CCSMP staff on the study design and data collection instruments, which were subsequently approved by the Regional Development Office of the Caribbean (RDO/C) and USAID/Washington.

The study design for evaluating the impact of CCSMP consisted of a baseline survey conducted before the campaign launch and a followup survey conducted 12 months post-launch in all three countries.\* The surveys were limited to the main urban area in each country (Bridgetown in Barbados, Kingstown in St. Vincent, and Castries in St. Lucia) for two reasons: (1) the major target population for the CCSMP was considered to be adults in the urban areas, and (2) the majority of the retail outlets for CCSMP were in these areas.

B. Sampling Procedure for the Surveys

While the CCSMP campaign was directed to both men and women, contraceptive prevalence is conventionally measured with regard to women of reproductive age living in union. Thus, the sample was to consist of approximately 500 women 15-44 in union per survey per country. (This would allow for the estimation of contraceptive prevalence with 95 percent confidence limits of  $\pm 4$  points, assuming prevalence to be around 50 percent.) At the request of those implementing the CCSMP activities, the sampling was designed to include a group of men in each country (100 per country was the goal, but fewer were actually obtained) to provide suggestive data of trends among males.

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\*In addition to this evaluation of the impact of the program on contraceptive prevalence, Tulane University was also responsible for monitoring the reach of the CCSMP advertising and public opinion towards it. The results of the two monitoring surveys are reported elsewhere.<sup>9,10</sup>

National censuses conducted in 1980 in all three countries provided updated information with which to design the sampling plan. The details of the sampling appear in Appendix A.

C. Data Collection

The interviewing was conducted by trained female interviewers in the home of the respondent. Only one person per household was interviewed. The schedule for data collection was as follows:

	<u>Baseline</u>	<u>Followup</u>
Barbados	Jan. 16-Feb. 20, 1984	Feb. 25-May 9, 1985
St. Vincent	Jan. 26-Feb. 23, 1984	Feb. 11-March 2, 1985
St. Lucia	Jan. 17-Feb. 5, 1984	Feb. 25-March 25, 1985

The same questionnaire was used in all three countries on the baseline and followup survey (with slight modifications in the latter).

D. Testing for Differences Between The Baseline and Followup Survey

The purpose of this research was to determine whether change occurred between the baseline and followup survey, which would reflect the impact of the CCSMP campaign. Also, it was of interest to determine the comparability of the sample populations on the two surveys (but not between countries).

To this end, chi square was used as a test of significance to determine whether the findings on a given variable were significantly different before and after the campaign. Statistically significant differences are marked with an asterisk in Tables 1-11.

E. Shortcomings in the Study Design

This study design, consisting of surveying the target population before and 12 months after the CCSMP began, is known technically as a "pretest-posttest staggered sample".<sup>11</sup> The major limitation to this design is the absence of a control group, which "control" for history and testing effect. Specifically, a control group would have demonstrated the amount of change which occurred on key variables in the absence of the program; to the extent that change in the countries receiving the program was greater than in the control, this could be attributed to the CCSMP intervention.

In the current evaluation, there was no logical group which could be used as a control. Since the messages were diffused via media which reached all geographical areas of each country, this eliminated the possibility of using part of the population as a control. The idea of selecting another Caribbean country to serve as a control was also rejected because the only candidates would have been countries with considerably smaller populations, which were not necessarily comparable on socio-demographic characteristics.

In the strict sense, then, any change found to occur in the three countries under study could not be necessarily attributed to the CCSMP, since we do not have any means of knowing what would have happened in the absence of the program. However, this study was judged to be valuable despite this methodological limitation, in providing suggestive evidence regarding the impact of CCSMP.

## V. RESULTS

### A. Comparability of the Study Populations on the Two Surveys

Ideally, the researcher would like the study populations for a given country to be similar on socio-demographic characteristics on the baseline and followup survey, such that the effects of the program are not confounded by these socio-demographic differences. However, the sample populations for a given country may differ on the two surveys, for one of two reasons: (1) sampling error, which is inherent to all survey research, and (2) actual changes which may occur between the two surveys (e.g. an increase or decrease in per capita income).

Before proceeding to an analysis of change in relation to FP variables, it is important to assess the comparability of the "before" and "after" sample populations for each country. (Differences among the countries is not an issue, since change is evaluated separately for each one.)

For the sake of clarity in presenting large amounts of data on six different groups (males and females for the three countries) at two time periods, summary results are given herein: the mean for continuous variables, a dichotomized result for variables with numerous categories (e.g. education). A more detailed tabulation of the data is available from the authors.

This evaluation is based primarily on the data for the female respondents, since they are the group conventionally used in assessing contraceptive prevalence. Data on a small group of males are also shown in the tables; however, due to the relatively small n for the male samples, between-survey comparability is assessed with regard to the female respondents only.

As shown in Table 1, the female study populations for the two surveys were similar on age. In all three countries on both surveys, the mean age was 25-27 years.

The percentage of female respondents in some type of union (including marriage, consensual union, and visiting relationships) ranged from 65 to 83 percent.\* This percentage

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\*Whereas most contraceptive prevalence surveys (CPS) define women in union to include married women or those living in consensual union, the CPS conducted previously in the English-speaking Caribbean have also included "visiting relationships" in this definition. Since the latter is widely practiced and accepted in the region, its inclusion more accurately reflects the group of women at risk of pregnancy. Thus, the current survey also defines women in visiting relationships as "in union."

did not change significantly between surveys, except in St. Lucia where the percentage of women in union dropped from 83 to 72.

There was between-survey comparability on number of living children, although the mean number was lower for women in Barbados (1.7 and 1.5 children on the two surveys, respectively) than in St. Vincent (1.8 and 1.7, respectively) and St. Lucia (2.2 on both surveys).

The three countries showed marked differences in the percentage of female respondents who had gone beyond primary school. However, the percentages for the baseline and followup samples within each country were highly comparable: 82 and 79 percent, Barbados; 48 and 49 percent for St. Vincent; 31 and 33 percent, St. Lucia.

Data on average family income per month reflect the same rank-ordering among countries. However, in all three cases, the income level increased significantly between the two surveys: from \$397 to \$484 in Barbados; from \$306 to \$359 in St. Vincent; and from \$213 to \$239 in St. Lucia. Similar findings were obtained when the median rather than the mean was used (data not shown herein). Income data were converted from Barbados and East Caribbean dollars to U.S. dollars to allow for cross-country comparisons.

Another indicator of socio-economic status with particular relevance to this study is ownership of a radio and/or a television. The vast majority (over 90 percent) of

female respondents on both surveys and in all countries owned a radio (see Table 2).

Ownership of a television differed markedly by country and increased between the two surveys. The percentage of female respondents owning a television increased from 85 to 86 in Barbados; from 66 to 76 in St. Vincent; and from 58 to 73 in St. Lucia (see Table 2).

In addition to radio and TV ownership, respondents were asked if they read a newspaper at least once a week. (This was not intended as an indicator of socio-economic status, but rather was of interest given that CCSMP intended to use newspaper advertising.) As shown in Table 2, the large majority of women in Barbados reported to read a newspaper at least once a week (89 and 92 percent, on the two surveys respectively). This percentage was much lower but still sizeable in St. Vincent (65 and 66 percent, respectively) and in St. Lucia (56 and 68 percent, respectively). The most widely read newspapers were the Nation (79 percent) and the Advocate (19 percent) in Barbados; the Vincentian (96 percent) in St. Vincent; and the Voice (90 percent) and the Crusader (7 percent) in St. Lucia.\*

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\*These percentages are based on the combined total of males and females in each country who read a newspaper at least once a week; multiple responses were allowed on this question.

In summary, there was strong comparability on these demographic and socio-economic indicators between the baseline and followup surveys for all variables except marital status (St. Lucia only), average family income per month, and ownership of a television. The latter two are related; yet we can not determine whether these increases are due to sampling error or an actual increase in monthly family income in these countries. Given that in general contraceptive use is positively related to socio-economic indicators (including income), the bias introduced by higher income on the followup survey would be in the direction of increased contraceptive prevalence.

B. Recall of Family Planning Messages

1. Generic Messages on Family Planning

As mentioned above, "generic messages" about family planning were broadcast in all three countries during the period under study (February 1984 - January 1985), in addition to the CCSMP promotion. Thus, recall of a FP message was not limited to CCSMP messages.

On the baseline survey, men and women from St. Vincent (21/29 percent respectively) and St. Lucia (18/32 percent) were more likely than respondents from Barbados (6/14 percent) to recall seeing or hearing a message on family planning, without prompting from the interviewer\*;

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\*"Prompting" refers to the practice of asking the respondent if she had heard of a specific product such as Perle.

see Table 3. Among all groups except males in Barbados, the percentage who recalled a FP message increased significantly between the baseline and followup survey. With one exception (the followup survey in St. Vincent), women were more likely than men to recall such messages.

It is curious that even on the followup survey, the country with the greatest quantity of CCSMP messages diffused -- Barbados -- had the lowest percentage of respondents who could recall having heard some type of message about FP. One possible explanation for this is that this country has a greater quantity of messages/stimuli via multiple channels competing for the public's attention.

It is noteworthy that even on the follow-up survey less than half of the respondents in any of the countries recalled having seen or heard a FP message (without prompting from the interviewer). These percentages increased when respondents were asked regarding the specific brand names and the slogan ("prompted recall").

## 2. Spontaneous Recall of CCSMP Messages

At the time of the followup survey, spontaneous mention of the CCSMP advertising was higher in St. Vincent than in the other two countries; 23-30 percent of both men and women recalled both Perle and Panther without prompting from the interviewer, and 16 percent of men and 15 percent of women remembered the slogan "If You

Care About Life." One possible explanation is that the advertising had been broadcast most recently in St Vincent.

In Barbados, less than seven percent of the male or female respondents spontaneously mentioned either the brand names or the slogan. It is particularly striking that none of the males recalled the Panther ads (without prompting). It is also possible that they were unwilling to volunteer this information to female interviewers.

Spontaneous recall of CCSMP advertising was the lowest in St. Lucia, where less than four percent of males or females mentioned the brand names or slogan. By contrast, St. Lucia had the highest recall (38 percent) of "general" (generic) FP messages.

The general public is favorable toward the broadcast of FP messages on radio and TV: over three-quarters of both male and female respondents expressed approval on both surveys. Moreover, this percentage remained the same or increased between surveys in the two countries where CCSMP advertising was used on the mass media (Barbados and St. Vincent); see Table 3.

### 3. Recall of Messages on Perle

After respondents were asked to recall the messages they had heard recently on family planning ("spontaneous recall"), they were asked directly if they had heard of the product Perle ("prompted recall"). On the baseline

survey in each country, two percent or less claimed to have heard of it. This small number probably includes: (1) respondents who are confusing it with another product, (2) respondents trying to give the "correct" answer, and/or (3) respondents who had heard of this brand in Jamaica, where it has been available over the past decade.

By the followup survey, the percentage that recognized the name Perle increased dramatically; 54 percent of the males and 69 percent of the females in Barbados had heard it; approximately half of both groups in St. Vincent recognized the name; and about one-quarter of both groups in St. Lucia knew of Perle; see Table 4.

Those who had heard of Perle were asked where they had seen advertising for this product. In Barbados and St. Lucia (both sexes), television was far more important than radio or newspaper for conveying the message. By contrast, in St. Vincent, radio was more important than television, although the latter was a strong second. The percentage of respondents that remembered seeing something about Perle in the newspaper ranged from zero to four percent for the different groups. This is very plausible, given that newspaper ads were used in Barbados only, and then only in a limited quantity on the first flight.

Respondents who had heard of Perle were asked whether there was anything hard to understand about the ads; also, if there was anything in the ads that was not true. Less than two percent of those who had heard the ads answered affirmatively to these questions. Over nine in ten of the respondents (males and females, all countries combined) who knew of Perle approved of having ads for this product broadcast in radio and television.

4. Recall of Messages on Panther

Respondents were also asked if they recalled seeing or hearing anything about the product "Panther." On the baseline survey, 5 percent or less in any group answered affirmatively; this may be explained by the same reasons as given for Perle.

By the followup survey, prompted recall of "Panther" had increased greatly. Again, the percentages were higher for Barbados (68/70 for males and females, respectively) than for St. Vincent (63/52 percent) and for St. Lucia (34/26). Interestingly, women were equally likely to recognize the name Perle or Panther, whereas men were more likely to remember Panther than Perle.

The media on which respondents had seen Panther messages were similar to what was described for Perle. Television was much more important than radio or newspapers in Barbados and St. Lucia; in contrast, radio

was most important in St. Vincent, followed by television.

Respondents who had heard of Panther were also asked if the messages were either hard to understand or said anything that was not true. Less than three percent of these respondents had negative comments about the messages. In Barbados, where 2 of the 25 men who had heard of Panther felt the messages said something untrue, the objections were that Panther is not always strong/safe.

Approximately nine in 10 of the respondents in all three countries who had heard the Panther ads approved of their being broadcast on radio and television.

5. Recall of Messages on "Maya"

No product "Maya" exists in any of the three countries. However, the same series of questions regarding recall of this product and source of the message was asked for Maya as for Perle and Panther. The purpose of this was to determine the extent to which respondents might answer these questions affirmatively, in an effort to please the interviewer or avoid appearing uninformed.

In all three countries and on both surveys the percentage that recalled seeing or hearing about Maya was virtually zero (see Table 6). This finding, combined with the very low percentages on the baseline for recall

of Panther and Perle, suggest that respondents did not falsely claim to have heard of these products, when they had not.

6. Recall of the Slogan "If You Care About Life"

The slogan "If You Care About Life" appeared on almost all radio, television and newspaper advertising for Perle and Panther. The percentage of respondents on the baseline survey in all countries who reported to have heard of this slogan was surprisingly high: between 17 percent and 49 percent in the different groups. One possible explanation is that this phrase may be used in everyday conversation, and thus respondents would report having "heard of it" without connecting it to an advertising campaign.

By the followup survey, a significantly greater percentage in each group had heard the slogan: approximately three-quarters among both male and female respondents in Barbados and St Vincent, and just over one-half of both groups in St. Lucia.

The findings suggest that the slogan was appealing. Among those who had heard it by the time of the followup survey, 73/74 percent of males and females, respectively in Barbados, 97/95 percent in St. Vincent and 85/90 percent in St. Lucia reported to like it. Respondents felt it was simple, catchy, meaningful, sensible, and

most of all offered good advice regarding family planning. Among the handful of respondents who disliked it, the reasons given were that it is misleading, contradictory, untrue; that it discourages reproduction; that it equates "caring about life" with using contraceptives; that it encourages sex out of wedlock, and others. However, the positive attitudes far outweighed the negative ones regarding the slogan.

Although respondents liked the slogan, not all associated it with family planning, as the following section indicates.

7. Association of the Brand Names and Slogan with Contraceptive Methods

While name recognition is one important step in introducing a new product to the market, it is important that the public know what that product is. On the baseline survey, very few respondents had heard of Perle, and of those few, less than half knew that it was a contraceptive method. By the followup survey, over three-quarters in all groups (except males in Barbados) that knew of Perle associated the name with contraceptives. This product association was higher in St. Vincent than in the other two countries.

Similarly, of the few respondents on the baseline who claimed to have heard of Panther, less than half knew what the product was. By the followup study over half

who had heard of Panther knew it to be a contraceptive, these percentages being highest in St. Vincent, followed by St. Lucia, then Barbados.

In the case of the slogan, the majority of respondents who claimed to have heard it on the baseline did not know that it referred to contraceptives or family planning. Three possible explanations are that (1) this or a similar slogan had been used for another product in the region, (2) this is a phrase used in everyday conversation (unrelated to family planning),\* or (3) respondents answered the recall question affirmatively, to avoid appearing uninformed.

The percentage that knew the slogan referred to contraceptives/family planning (among those who had heard it) increased significantly between surveys in Barbados and St. Vincent, but not in St. Lucia. Of those who remembered the slogan on the followup survey, one quarter in St. Vincent, over one-third in Barbados, and over one-half in St. Lucia did not know it referred to contraceptives/family planning; see Table 8.

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\*There is anecdotal evidence that this is the case, especially in St. Vincent and Barbados.

8. Perceived Availability of the Products In-Country

The findings revealed another problem related to consumer perceptions of the products. Many of those who had heard the advertising by the time of the followup survey did not believe that these products were available in their own country. Among those who reported to have heard of Perle, the percentages (men/women) who did not know this product was available in the country were 40/35, Barbados; 20/30, St. Vincent; and 70/48, St. Lucia, on the followup survey. Similarly, among those who claimed to have heard of Panther, 12/29 percent (males/females) in Barbados; 23/32 percent in St. Vincent; and 45/35 percent in St. Lucia did not believe that Panther was available in country (see Table 8).

C. Actual Purchase of Perle and Panther

At the time of the baseline survey, none of the respondents in any of the countries claimed to have ever purchased Perle. (There was one exception in Barbados, equivalent to 0.2 percent.) As of the followup survey, the percentage of female respondents that had ever purchased Perle was 1.1 percent in Barbados, 2.5 percent in St. Vincent and 1.2 percent in St. Lucia. (Based only on women in union, these percentages increase to 1.5, 2.5, and 2.2 for the three countries, respectively). None of the male respondents in any of the countries on either survey reported to have purchased Perle; see Table 9.

Regarding Panther, none of the respondents on the baseline survey in any country had bought this product. However, by the followup survey, 5 percent of the males in Barbados, and 7 percent of the males in St. Vincent and St. Lucia had purchased Panther at some point, which represents statistically significant increases over the baseline. (If one focuses only on men in a conjugal or visiting union, these percentages increase to 8.3, 10.0 and 9.3 for the three countries respectively.)

While the above findings suggest that men do not buy Perle, it appears that some women do purchase Panther: three percent of women in Barbados, one percent of the women in St. Vincent and two percent in St. Lucia had ever bought the product Panther. Among those women in conjugal or visiting union, these percentages are 3.5, 2.2 and 2.2, for the three countries.

There were a variety of reasons given for not having purchased Perle or Panther among those who had heard of these methods. The five most frequently mentioned were:

- Using another brand
- Using another method
- Dislike it or afraid of it
- Not sexually active
- New product

While these five reasons are generally given by both sexes and for both methods in all three countries, two patterns can be observed. First, there is a certain loyalty to current method or brand, especially among women. Second, there seems to be some resistance to these new products in St. Lucia, as reflected by the high percentages of males and female responding "dislike", "afraid" or "new product."

D. Socio-Demographic Profile of CCSMP Clients and Correlates of Product Purchase

Men Who Purchased Panther. Of the 211 men interviewed in the three countries combined, 14 (6.6 percent) had purchased Panther. It is of interest to ask two questions: (1) who were these men in terms of age, marital status, education, and socio-economic status, and (2) which of these factors can explain purchase of CCSMP products in a statistical sense. In this latter, chi square was used as a test of significance.

The data in Table 10 indicate that the 14 men who had purchased condoms were young (mostly 15-24, and none over 35); tended to be in a visiting relationship rather than a stable marital union; and had not gone beyond secondary school (in 10 of the 14 cases). All owned a radio, 11 of the 14 owned a TV and 10 of 14 read a newspaper once a week. Nearly equal numbers did/did not own an automobile and owned vs. rented their house. Their incomes spread fairly evenly over the existing range.

While this information indicates something about these individuals, it does not show whether there is a relationship between each variable and product purchase. For example, suppose in a given country 90 percent of the purchasers had never gone beyond primary school; we might speculate that there is a relationship between education and product purchase. However, suppose that in this example 90 percent of the population never went beyond primary school. The "high percentage" of purchasers with a primary education or less is merely reflecting educational achievement in this society; in fact, in this case one would conclude that education and purchase are not related (assuming that education has only two categories).

To test for correlates of product purchase, it is necessary to first establish what percentage of the total group under study purchased the product (as is shown in the third column of data in Table 10); then, to determine the extent to which this percentage varies according to different categories on the socio-demographic variables, e.g. is the percentage purchasing Panther higher among those in a visiting relationship than among those in stable unions? A p value less than 0.05 in Table 10 indicates that there is a statistically significant relationship between the variable in question and product purchase.

The data in Table 10 suggest that the percentage of men who purchased Panther was highest among:

- . those who have gone beyond secondary school\*
- . those who were in a visiting relationship rather than marital union (or single)\*\*
- . those who read a newspaper at least once a week\*\*
- . those who owned an automobile\*\*

Factors which did not appear to affect product purchase were age and ownership of a radio, TV or home.

Women Who Purchased Panther Condoms. Of the 1223 women interviewed in the three countries, 30 (2.5 percent) had ever purchased Panther condoms. These 30 women ranged in age from 15-34 years old; 21 of the 30 were in a visiting or consensual union; and most (25 of 30) had not gone beyond primary school. Twenty-eight (28) owned a radio, 22 a TV, 27 read the paper at least once a week. About half owned their homes, and only 6 had an automobile.

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\*This is not contradictory to the earlier statement that 10 of the 14 men who purchased Panther had not gone beyond primary school. Rather, it indicates that while there are relatively few men who have gone beyond secondary school, they are more likely than the large group of men who have not gone beyond secondary school to buy Panther.

\*\*These relationships are of borderline significance:  $.05 < p < .15$ . Since there were only 211 men interviewed in this study, it is harder to achieve statistically significant differences for males than for the female respondents. In certain cases where the results are of borderline significance (p value between 0.05 and 0.15), one suspects that a larger sample might show these to be correlates of product purchase.

Several correlates of product purchase emerge from this analysis (in part because the sample size is much larger than for men). The percentage of women who purchase Panther condoms is highest among:

- . those who are between 15-34 years of age
- . those who had some level of college or university education
- . those with a relatively higher monthly income.

Women Who Purchased Perle. Of the 1223 women interviewed in the three countries, 18 (1.5 percent) had ever purchased Perle oral contraceptives. Of the 18, 15 were young (under 29 years of age); 10 were in a visiting-relationship, while five were either married or living in consensual union; and 16 of the 18 had not gone beyond secondary school. All owned a radio; most owned a TV (16) and read a newspaper at least once a week (15). Over half owned their homes, but few (two) owned an automobile.

The percentage of women who had ever purchased Perle was highest among:

- . those with a secondary or technical school education
- . those who owned a radio or TV
- . those who read the newspaper once a week
- . those with a relatively higher monthly income

The findings on the socio-demographic profile of product purchasers should be interpreted cautiously, since the actual numbers of respondents who had ever purchased these products (14 men, Panther; 30 women, Panther; 18 women, Perle) were low. Likewise, the analysis of correlates of product purchase among males was based on only 211 cases.

However, with regard to the correlates of product purchase (based on the experience of 1223 female respondents), several observations can be made. Women who buy Panther condoms tended to be 15-34 years of age and of a higher educational/income level than those who did not. Purchase of Perle was also related to higher monthly income, as well as access to mass media. (However, this can not be taken as a cause and effect relationship between mass media and purchases, since access to mass media may be proxy for socio-economic status).

E. Contraceptive Prevalence, Method/Brand Used, and Source of Supply

Since contraceptive prevalence is conventionally based on female respondents, males are excluded from this section of the analysis. Data in Table 11 indicate the percentage of women that use contraceptives, according to the 1980-81 contraceptive prevalence survey (CPS) conducted in each country. 12, 13\*

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\*In Barbados the population base was non-pregnant women in union 15-49 years of age. The study populations in St. Vincent and St. Lucia were women 15-44 years of age who had a partner, were not pregnant and were fecund.

In comparing the 1980-81 CPS data to the results of the current research, it is important to recognize that the population base for the former is the total country whereas for the latter it is the major urban area of each country and that the study population for the CPS surveys differed slightly in each country. Nonetheless, the percentage of women age 15-44 in union that use contraceptives in the current research is fairly comparable: 49 percent for both the CPS and this baseline survey in Barbados; 56 vs. 51 percent in St. Vincent; and 52 vs. 44 percent in St. Lucia.

The main objective of this research was to measure the impact of the CCSMP program by determining whether changes occurred following the CCSMP campaign. Three ways in which the program might have affected the population include the following:

- (1) to increase contraceptive prevalence among women 15-44 in union;
- (2) to cause switching from other brands of pills and condoms to Perle and Panther;\*
- (3) to increase the use of pharmacies and shops as a source of contraceptives, in comparison to the clinics of the private FP associations (especially strong in Barbados and St. Lucia) or of the government health centers (the major source of FP supplies in St. Vincent).

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\*This was not an objective of the CCSMP program. However, it was hypothesized by some to be an "unexpected outcome" of this type of program, and thus was examined herein.

1. Contraceptive Prevalence

The data in Table 11 indicate that there was no change in contraceptive prevalence between the surveys. In fact, the level of use among women 15 to 44 in union is almost identical between surveys for all three countries: 48.6 vs. 47.3 for Barbados; 51.0 vs. 51.8 for St. Vincent, and 44.1 vs. 45.5 for St. Lucia.

2. Switching from Other Brands to Perle and Panther

Of the 208 pill users (unweighted n - all three countries combined) in the followup survey, 141 (67.2 percent) had been using the pill 12 months earlier. Of these 141, 2 had switched from another brand to Perle (either regular or low dose). By the followup survey, 3.3 percent of all pill users were taking Perle; see Table 12.

Of the 211 men interviewed in the three countries on the followup survey, 37 (17.5 percent) reported current use of condoms; 26 of these men had been using condoms one year earlier. Of the 26, 2 had switched from another brand of condoms to Panther. As of the followup survey, six of 37 condom users reported to be using the Panther brand; see Table 13. These data should be taken as suggestive, given the very small n for males in each country.

3. Increase in the Use of Pharmacies and Shops as a Source of FP Services

The data in Table 12 show the source of FP services for pill users only. In Barbados and St. Lucia, there was very little change in the percent using pharmacies, while in St. Vincent the percentage increased from 12 to 22 percent. As for stores or shops, none of the pill users mentioned this as their source of service. The condom users were too few to make any meaningful comparisons regarding source of supply.

F. Volume of Contraceptives Distributed to Retail Outlets by CCSMP

In contrast to all of the data presented above which were obtained from the sample surveys of the population, this final section of the results examines data compiled by the CCSMP. The numbers in Table 14 refer to the quantity of products distributed from the CCSMP warehouse to the pharmacies and other retailers participating in the project; they are not the exact quantity sold to customers.\* In the absence of sales data, distribution data are of interest.

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\*One one hand, it can be argued that these distribution figures approximate sales figures, since retail outlets would have little motive to restock if their original supplies had not moved. On the other hand, there were large quantities of condoms distributed to the retail outlets in January 1985, the last month of Year I (15 percent of the Year I total of condoms for St. Vincent; 21 percent of the Year I total for condoms in St. Lucia). Given that these would not all have been sold during this month, this would tend to slightly inflate the distribution figures in comparison to actual sales.

Pharmacies were the only type of outlet authorized to sell the pill. During Year I there were 35 participating pharmacies in Barbados, six in St. Vincent and nine in St. Lucia. (Eight pharmacies were subsequently added in St. Vincent as part of project expansion in April-May 1985, while no expansion has occurred in the other two countries.) Data on the exact number of retail outlets carrying Panther condoms were not available at the time this report was finalized.

The quantity of each contraceptive distributed to retail outlets during Year I of the project (February 1984 - January 1985) is shown in Table 14. The total for the three countries combined is 2,384 cycles of Perle (regular), 2,116 cycles of Perle (low dose) and 64,614 condoms.

From these data several observations can be made. First, the distribution of condoms was approximately four times greater in Barbados than in either St. Vincent or St. Lucia, which could be explained by the more intensive media campaign and greater number of retail outlets. However, with regard to the pill, the quantity distributed to pharmacies was as high in St. Lucia -- which had the least media promotion and a fewer number of participating pharmacies -- as it was in Barbados. The CCSMP staff attributes this to good detailing in St. Lucia.

Second, the low-dose pill constitutes an important alternative to regular-dose Perle, given that the quantities

distributed of each were similar (2,384 regular vs. 2,116 low-dose cycles).

The quantities distributed to retail outlets have been converted to couple-years-of-protection (CYP), the standard indicator of program performance in social marketing programs. For the pill, 13 cycles is equivalent to one year of protection (13 cycles x 28 pills/cycle = 364 days of protection). Regarding the condom, the calculations are based on the assumption of 100 sexual relations/year.

As shown in Table 14, the CYP was 582 for Barbados, 158 for St. Vincent and 252 for St. Lucia. To state this another way, the program provided the equivalent of one year of protection against pregnancy to 582 couples in Barbados, 158 in St. Vincent and 252 in St. Lucia.

These figures are most meaningful when related to the target population, which for purposes of this analysis is considered to be the number of women 15-44 in each country. (This still takes into account condom use, since a man's using a condom is for the protection of women in this population.) The population estimates for women 15-44 in each country appear in Table 14. Dividing the CYP per country by the number of women at risk gives a rough estimate of the percentage of the population covered by the CCSMP.

According to these data, the CCSMP provided coverage to approximately one percent of women of reproductive age in the three countries (1.0 percent, Barbados; 0.8 percent in St.

Vincent and 0.9 percent in St. Lucia). These figures are similar to the results of the survey, which actually showed less than one percent using Perle or Panther at the time of the followup; however, allowing for sampling error (and the fact that the denominators are different\*), they can be considered consistent.

## VI. Discussion

The conclusion to be drawn from these findings is that the CCSMP campaign was successful in making the target population aware of their products; however, it did not achieve the primary goal of increasing contraceptive prevalence.

### A. Positive Aspects of the CCSMP Campaign

There are several areas in which the data reflect favorably on CCSMP strategies and activities. First, the survey data support the use of radio and television as potentially effective vehicles for reaching the target population, since the majority in all three countries had access to these media by the time of the followup survey. The percentage who read a newspaper at least once a week was slightly lower (though in fact CCSMP made minimal use of this medium).

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\*The denominator used in the surveys was a sample of female respondents from the main urban area in each country, whereas the denominator used in estimating coverage from CYP data is the female population 15-44 of the whole country in each case.

Second, the two broadcast media did reach a large percentage of the target populations with messages of CCSMP. By the time of the followup survey, at least half of the men and women in Barbados and St. Vincent knew of Perle (including over two-thirds of the female respondents in Barbados). Likewise, between half and two-thirds of the male and female respondents in Barbados and St. Vincent knew of Panther. By comparison, in St. Lucia (which did not advertise CCSMP products on local radio or TV) only one-quarter of the respondents knew of these products. This reflects the effectiveness of the CCSMP promotion in creating awareness of this new product in a single year. The fact that recall of the fictitious product "Maya" was virtually zero adds to the face validity of this recall measure.

Third, among those who had heard the messages on Perle or Panther, very few felt that they were hard to understand or made claims that were false.

Fourth, the slogan "If You Care About Life" was widely recalled and well-liked. (However, the sizable percentage who claimed to have heard it on the baseline survey raises the question as to whether they might not be confusing it with this same phrase used in everyday conversation and/or claiming to have heard it when in fact they had not.)

Fifth, the vast majority of respondents in all three countries were favorable toward the idea of broadcasting FP messages (in general as well as for the specific CCSMP products) on radio and television.

B. Problems with the CCSMP Campaign

The findings also show several problems with the CCSMP campaign. First, although respondents were favorable toward the messages and liked the slogan, many respondents did not identify Perle and/or Panther as contraceptive methods. An even higher percentage did not know the slogan pertained to family planning.

Second, a sizeable number of the respondents who had heard the messages did not believe the products were available in their country (20 percent or more in almost all groups for both methods). Respondents in St. Vincent and St. Lucia may in fact have heard messages which were broadcast from Barbados, and thus have this belief.

Third, the percentage of respondents that had ever purchased Perle or Panther was low (less than 2 percent for Perle, less than 3 percent for Panther). The results of the two monitoring surveys conducted in the course of the campaign were similar: a sizable number of respondents had heard the messages but few had been prompted to purchase these products.<sup>9,10</sup>

Fourth, there was no increase in contraceptive prevalence following the CCSMP campaign. The percentage of women 15 to 44 in union that reported to be using contraceptives was almost identical for the baseline and followup surveys in the three countries.

Why didn't the CCSMP have a greater impact on contraceptive prevalence? One possible explanation is that 12 months is not a sufficient period for evaluating the impact of social marketing on contraceptive prevalence. It is widely recognized in the population field that changes regarding contraceptive prevalence do not occur overnight. Thus, it is unrealistic to expect changes to occur as rapidly with regard to a "social product" (especially contraceptives) as one would expect from a commercial product such as soap, toothpaste, soft drinks, etc.

Second, prior to the CCSMP campaign, the level of contraceptive prevalence among women 15-44 (who had a partner, were not pregnant and fecund) was over 50 percent in St. Vincent and St. Lucia. In Barbados contraceptive prevalence among women 15-49 in union was nearly 50 percent. It may be that social marketing programs have a greater potential for effect in countries where prevalence is relatively low. Further research is needed to confirm or refute this hypothesis.

Those who worked with the CCSMP project suggest other possible explanations. One apparent barrier was the attitude of the medical community, at least in Barbados, toward the program. Some of its members have argued that the promotion of Perle via the mass media means that it is no longer an "ethical drug" (i.e. a drug to be prescribed at the discretion of the doctor). They feel it is somewhat contradictory to

widely promote Perle on one hand and require a prescription for its use on the other; thus, some have refused to prescribe Perle. This has further repercussions among pharmacists, who may also be approached to prescribe certain medications, including oral contraceptives. Since the pharmacists see relatively few prescriptions for Perle from physicians, they too may hesitate in recommending it to customers. It should be mentioned that efforts were made by the CCSMP staff prior to the campaign to enlist the collaboration of doctors and pharmacists in this project. However, the problem has not been fully resolved.

Another possible explanation is that this social marketing project makes use of existing commercial outlets; yet there may not be sufficient profit motive in the system to motivate pharmacists and store owners. Because the prices are low for these methods, the percentage of the sale which goes to the retailer is less than half what he would receive for the sale of similar contraceptives at non-subsidized prices.

Another problem involves the amount of detailing carried out in connection with the program. Inventory data suggest that sales were relatively high in St. Lucia despite the restrictions on radio and TV advertising in this country. As shown in Table 14, more cycles of the pill were distributed to pharmacies in St. Lucia than in either of the other countries, despite the fact that St. Lucia had the fewest number of participating pharmacies which distributed Perle. This has

been attributed to better detailing, which might have produced higher sales in the other two countries, had it been pursued more aggressively.

Since there are no other studies in the published family planning literature which attempt to measure directly the impact of a given social marketing project on contraceptive prevalence, it is not possible to compare the results of this evaluation with data from other countries. While there is an implicit assumption behind social marketing programs that they will increase prevalence, this needs to be empirically demonstrated. The Caribbean Contraceptive Social Marketing Project may have operated under unique circumstances, and the results of this evaluation can in no way be generalized to other social marketing projects elsewhere. However, these results suggest the need for a closer examination of social marketing projects, which goes beyond the monitoring of sales.

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Table 1  
Socio-Demographic Characteristics of the Study Populations  
by Survey, Country and Sex <sup>1</sup>

FACTOR	BARBADOS		ST. VINCENT		ST. LUCIA	
	Males	Females	Males	Females	Males	Females
<u>Sample Size (n):</u>						
Baseline	140	543	81	462	106	506
Follow-up	37	406	82	320	92	497
<u>Mean Age of Respondent (in years):</u>						
Baseline	28.1	26.2	27.8	25.4	26.1	26.9
Follow-up	25.7 ( - )	26.1 ( - )	27.3 ( - )	25.4 ( - )	22.0 ( * )	26.9 ( - )
<u>Percentage married, in consensual union or in visiting relationship</u>						
Baseline	70.0	80.3	82.7	65.1	79.2	83.2
Follow-up	64.9 ( - )	75.2 ( - )	73.2 ( - )	64.0 ( - )	58.7 ( * )	71.6 ( * )
<u>Mean Number of Living Children:</u>						
Baseline	1.8	1.7	1.6	1.8	1.4	2.2
Follow-up	1.2 ( - )	1.5 ( * )	1.7 ( - )	1.7 ( - )	0.9 ( * )	2.2 ( - )
<u>Percentage that have gone beyond primary school:</u>						
Baseline	81.4	82.1	53.1	47.7	34.7	31.4
Follow-up	89.2 ( - )	79.3 ( - )	54.9 ( - )	49.3 ( - )	48.9 ( - )	33.7 ( - )
<u>Mean Family Income Per Month in US Dollars:</u>						
Baseline	\$510	\$397	\$334	\$306	\$201	\$213
Follow-up	\$595 ( - )	\$484 ( * )	\$453 ( * )	\$359 ( * )	\$264 ( - )	\$239 ( - )

<sup>1</sup> An asterisk in parentheses ( \* ) indicates that there is a significant difference (p is less than .01) on that variable between the baseline and follow-up surveys for the subgroup in question. The parentheses with dash ( - ) indicate no significant difference.

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Table 2  
Radio Ownership, Television Ownership, and Newspaper Readership  
by Survey, Country and Sex <sup>1</sup>

FACTOR	BARBADOS		ST. VINCENT		ST. LUCIA	
	Males	Females	Males	Females	Males	Females
<u>Sample Size (n):</u>						
Baseline	140	543	81	462	106	506
Follow-up	37	406	82	320	92	497
<u>Percentage that own a radio:</u>						
Baseline	93.6	93.9	98.8	97.8	99.0	96.9
Follow-up	91.9 ( - )	92.3 ( - )	97.6 ( - )	93.8 ( * )	98.9 ( - )	95.1 ( - )
<u>Percentage that own a television:</u>						
Baseline	78.6	84.7	77.8	65.5	58.5	58.2
Follow-up	78.4 ( - )	86.2 ( - )	79.3 ( - )	75.9 ( * )	78.3 ( * )	72.5 ( * )
<u>Percentage that read a newspaper at least once a week:</u>						
Baseline	90.7	88.5	70.4	65.2	57.5	55.8
Follow-up	89.2 ( - )	91.6 ( - )	58.5 ( - )	60.4 ( - )	64.1 ( - )	68.1 ( * )

<sup>1</sup> An asterisk in parentheses ( \* ) indicates that there is a significant difference (p is less than .05) on that variable between the baseline and follow-up surveys for the subgroup in question. The parentheses with dash ( - ) indicate no significant difference.

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Table 3

Recall of Family Planning Messages and Approval of their Broadcast  
by Survey, Country and Sex

FACTOR	BARBADOS		ST. VINCENT		ST. LUCIA	
	Males	Females	Males	Females	Males	Females
<u>Sample Size (n):</u>						
Baseline	140	543	81	462	106	506
Follow-up	37	406	82	320	92	497
<u>Percentage that recall seeing or hearing a family planning message [without prompting]</u>						
Baseline	5.7	13.9	21.0	28.7	17.9	31.5
Follow-up	13.5 ( - )	19.9 ( * )	47.6 ( * )	41.1 ( * )	38.0 ( * )	40.7 ( * )
<u>Percentage [follow-up survey only] that spontaneously mentions having seen/heard<sup>1</sup>:</u>						
o Perle	2.7	6.2	25.6	29.0	1.1	3.0
o Panther	0.0	5.2	30.4	23.0	1.1	2.4
o "If You Care About Life"	0.0	0.5	15.8	14.5	1.1	1.8
o General family planning topic	8.1	8.6	19.5	19.2	38.0	36.8
o Other	2.7	1.2	0.0	1.9	3.3	1.4
<u>Percentage that approve of promoting family planning on radio</u>						
Baseline	77.9	86.8	86.4	94.4	81.1	90.2
Follow-up	89.2 ( - )	91.6 ( * )	97.6 ( * )	96.3 ( - )	78.3 ( - )	84.8 ( * )
<u>Percentage that approve of promoting family planning on television</u>						
Baseline	76.4	85.3	81.5	91.6	81.1	90.2
Follow-up	89.2 ( - )	91.2 ( * )	96.3 ( * )	95.8 ( - )	76.1 ( - )	82.4 ( * )

<sup>1</sup> Multiple responses allowed; thus, the percentages do not add to the percentage that recall seeing or hearing a family planning message (previous variable).

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Table 4  
Recall of Messages on Perle by Survey, Country and Sex <sup>1</sup>

FACTOR	BARBADOS		ST. VINCENT		ST. LUCIA	
	Males	Females	Males	Females	Males	Females
<u>Sample Size (n):</u>						
Baseline	140	543	81	462	106	506
Follow-up	37	406	82	320	92	497
<u>Percentage that have heard of the product "Perle":</u>						
Baseline	2.1	1.4	1.2	0.8	0.0	0.0
Follow-up	54.1 (*)	69.2 (*)	50.0 (*)	53.7 (*)	25.0 (*)	27.2 (*)
<u>Percentage that have heard of Perle via radio:</u>						
Baseline	0.0	0.0	0.0	0.0	0.0	0.0
Follow-up	13.5 (*)	16.7 (*)	42.7 (*)	40.6 (*)	1.1 (-)	1.7 (*)
<u>Percentage that have heard of Perle via television:</u>						
Baseline	0.0	0.2	0.0	0.1	0.0	0.0
Follow-up	40.5 (*)	56.2 (*)	26.8 (*)	36.2 (*)	16.3 (*)	23.0 (*)
<u>Percentage that have heard of Perle via newspaper:</u>						
Baseline	0.0	0.0	1.2	0.3	0.0	0.0
Follow-up	0.0 (-)	3.5 (*)	1.2 (-)	0.5 (-)	1.1 (-)	0.3 (-)

<sup>1</sup> Multiple responses were allowed; thus the percentages for the three media do not add to the percentage that have heard of Perle.

Table 5  
Recall of Messages on Panther by Survey, Country and Sex <sup>1</sup>

FACTOR	BARBADOS		ST. VINCENT		ST. LUCIA	
	Males	Females	Males	Females	Males	Females
<u>Sample Size (n):</u>						
Baseline	140	543	81	462	106	506
Follow-up	37	406	82	320	92	497
<u>Percentage that have heard of the product "Panther":</u>						
Baseline	5.0	1.6	2.4	1.2	0.0	0.2
Follow-up	67.6 (*)	69.8 (*)	63.4 (*)	51.9 (*)	33.7 (*)	26.4 (*)
<u>Percentage that have heard of Panther via radio:</u>						
Baseline	0.0	0.0	0.0	0.0	0.0	0.0
Follow-up	10.8 (*)	18.0 (*)	51.2 (*)	41.2 (*)	2.2 (-)	1.4 (*)
<u>Percentage that have heard of Panther via television:</u>						
Baseline	0.0	0.2	0.0	0.0	0.0	0.0
Follow-up	45.9 (*)	55.1 (*)	34.1 (*)	31.5 (*)	26.1 (*)	23.5 (*)
<u>Percentage that have heard of Panther via newspaper:</u>						
Baseline	1.4	0.1	2.5	0.3	0.0	0.0
Follow-up	0.0 (-)	2.6 (*)	1.2 (-)	0.5 (-)	0.0 (-)	0.8 (-)

<sup>1</sup> Multiple responses were allowed; thus the percentages for the three media do not add to the percentage that have heard of Panther.

Table 6

## Recall of Messages on Maya by Survey, Country and Sex

FACTOR	BARBADOS		ST. VINCENT		ST. LUCIA	
	Males	Females	Males	Females	Males	Females
<u>Sample Size (n):</u>						
Baseline	140	543	81	462	106	506
Follow-up	37	406	82	320	92	497
<u>Percentage that have heard of the product "Maya":</u>						
Baseline	0.0	0.3	0.0	0.0	0.0	0.0
Follow-up	0.0 ( - )	0.2 ( - )	0.0 ( - )	0.0 ( - )	0.0 ( - )	1.7 ( - )
<u>Percentage that have heard of Maya via radio:</u>						
Baseline	0.0	0.0	0.0	0.0	0.0	0.0
Follow-up	0.0 ( - )					
<u>Percentage that have heard of Maya via television:</u>						
Baseline	0.0	0.0	0.0	0.0	0.0	0.0
Follow-up	0.0 ( - )					
<u>Percentage that have heard of Maya via newspaper:</u>						
Baseline	0.0	0.2	0.0	0.0	0.0	0.0
Follow-up	0.0 ( - )	0.2 ( - )	0.0 ( - )	0.0 ( - )	0.0 ( - )	0.2 ( - )

Table 7

## Recall of the Slogan by Survey, Country and Sex

FACTOR	BARBADOS		ST. VINCENT		ST. LUCIA	
	Males	Females	Males	Females	Males	Females
<u>Sample Size (n):</u>						
Baseline	140	543	81	462	106	506
Follow-up	37	406	82	320	92	497
<u>Percentage that have heard of "If You Care About Life":<sup>1</sup></u>						
Baseline	40.0	27.6	49.4	38.4	18.9	16.5
Follow-up	70.3 (*)	71.7 (*)	79.3 (*)	75.7 (*)	58.7 (*)	56.6 (*)

<sup>1</sup> Percentages based on all respondents.

Table 8

Association of CCSMP Advertising with Contraception  
and Perceived Availability of Products  
by Survey, Country and Sex

FACTOR <sup>1</sup>	BARBADOS		ST. VINCENT		ST. LUCIA	
	Males	Females	Males	Females	Males	Females
<b>PERLE</b>						
<u>Unweighted n: Has heard of Perle</u>						
Baseline	3	8	1	5	0	0
Followup	20	288	41	169	23	136
<u>Percentage that know that Perle is a contraceptive<sup>2</sup>:</u>						
Baseline	33.3	23.7	100.0	38.3	0.0	0.0
Follow-up	55.0 ( - )	78.0 ( * )	92.7 ( - )	94.6 ( * )	78.3 ( * )	82.3 ( * )
<u>Percentage that believe that Perle is available in country [Follow-up survey only]:</u>						
	60.0	65.1	80.5	70.4	30.4	51.9
<b>PANTHER</b>						
<u>Unweighted n: Has heard of Panther</u>						
Baseline	7	10	2	6	0	1
Followup	25	288	52	163	31	131
<u>Percentage that know that Panther is a contraceptive<sup>3</sup>:</u>						
Baseline	14.3	0.0	0.0	57.0	0.0	0.0
Follow-up	60.0 ( - )	48.2 ( * )	92.3 ( * )	85.2 ( * )	67.7 ( * )	61.1 ( * )
<u>Percentage that believe that Panther is available in country [Follow-up survey only]:</u>						
	88.0	70.5	76.9	66.5	54.8	65.3
<b>SLOGAN</b>						
<u>Unweighted n: Has heard slogan:</u>						
Baseline	56	154	40	180	20	85
Followup	26	293	65	242	54	280
<u>Percentage that know slogan refers to contraceptives:</u>						
Baseline	10.7	9.8	25.0	11.7	40.0	41.8
Follow-up	57.7 ( * )	67.3 ( * )	72.3 ( * )	76.3 ( * )	40.7 ( - )	45.2 ( - )

<sup>1</sup> The denominators for the percentages in this table are the number of persons that have heard of Perle, Panther or the slogan in each of the respective sections, after weighting factors are applied.

<sup>2</sup> Acceptable answers included "oral contraceptive, female contraceptive, contraceptive/family planning method."

<sup>3</sup> Acceptable answers included "condom, contraceptive" or "male contraceptive."

Table 9  
Purchase of Perle and Panther by Survey, Country and Sex

FACTOR	BARBADOS		ST. VINCENT		ST. LUCIA	
	Males	Females	Males	Females	Males	Females
<u>Sample Size (n):</u>						
Baseline	140	543	81	462	106	506
Follow-up	37	406	82	320	92	497
<u>Percentage that have purchased Perle<sup>1</sup></u>						
Baseline	0.0	0.2	0.0	0.0	0.0	0.0
Follow-up	0.0	1.1	0.0	2.5	0.0	1.2
<u>Percentage that have purchased Panther<sup>1</sup></u>						
Baseline	0.0	0.0	0.0	0.0	0.0	0.0
Follow-up	5.4	3.4	7.3	1.4	6.5	1.8
n of respondents who did not purchase (but had heard of) Perle [follow-up survey only] <sup>2</sup>						
	15	246	38	154	19	115
<u>Reasons for not purchasing Perle</u>						
Using another brand	0.0	19.4	5.3	12.0	0.0	8.0
Dislike it, afraid	20.0	17.8	7.9	10.9	36.8	33.4
Not sexually active	13.3	15.1	23.7	44.3	10.5	6.6
Using another method	20.0	17.9	50.0	20.9	0.0	6.4
New product	13.3	2.8	0.0	3.8	21.1	27.5
Wants children	0.0	2.2	0.0	0.6	0.0	0.0
Other	6.7	5.9	10.5	5.1	10.5	4.5
Don't know	26.7	18.9	2.6	2.4	21.1	13.5
n of respondents who did not purchase (but had heard of) Panther [follow-up survey only] <sup>2</sup>						
	18	206	44	140	21	102
<u>Reasons for not purchasing Panther</u>						
Using another brand	16.7	0.4	29.5	3.3	4.8	3.3
Dislike it, afraid	16.7	18.0	11.4	9.2	33.3	37.5
Not sexually active	11.1	16.2	31.8	47.3	4.8	9.3
New product	11.1	2.7	0.0	1.0	28.6	12.2
Using another method	5.6	32.8	18.2	29.9	0.0	19.1
Wants children	0.0	0.5	0.0	0.6	0.0	1.2
Other	11.1	10.0	6.8	6.5	4.8	3.3
Don't know	27.8	19.4	2.3	2.2	23.8	14.2

<sup>1</sup> Percentages are based on all respondents.

<sup>2</sup> Unweighted n's.

Table 10

## Socio-Demographic Profile of CCSMP Clients and Correlates of Product Purchase

FACTOR	PURCHASE OF PANTHER BY MALES				PURCHASE OF PANTHER BY FEMALES				PURCHASE OF PERLE BY FEMALES			
	Distribution of males who have ever purchased Panther	Percentage that have ever purchased Panther by socio-demographic variables			Distribution of females who have ever purchased Panther	Percentage that have ever purchased Panther by socio-demographic variables			Distribution of females who have ever purchased Perle	Percentage that have ever purchased Perle by socio-demographic variables		
		n	percent	p value		n	percent	p value		n	percent	p value
Total Sample, All Countries Combined	14	211	6.6	---	30	1223	2.5	---	18	1223	1.5	---
Age				.78				.00				.34
15-19	6	64	9.4		5	248	4.0		4	248	1.6	
20-24	4	57	7.0		9	305	3.0		7	305	2.3	
25-29	1	39	2.6		10	270	3.7		4	270	1.5	
30-34	3	24	12.5		6	175	3.4		1	175	0.6	
35-39	0	16	0.0		0	132	0.0		1	132	0.8	
40 plus	0	11	0.0		0	90	0.0		1	90	1.1	
No information	---	0	---		0	3	---		0	3	---	
Marital Status				.11				.32				.20
Married	2	28	7.1		5	232	2.2		3	232	1.3	
Living in consensual union	1	32	3.1		10	290	3.4		2	290	0.7	
Visiting relationship	10	78	12.8		11	385	2.9		10	385	2.6	
Single	1	73	1.4		4	316	1.3		3	316	0.9	
Educational Level				.00				.00				.00
Primary	4	81	4.9		9	557	1.6		4	557	0.7	
Secondary	6	111	5.4		16	572	2.8		12	572	2.1	
Technical	2	5	40.0		1	33	3.0		1	33	3.0	
College-University	2	7	28.6		4	35	11.4		0	35	0.0	
No information	0	7	---		0	26	---		1	26	---	
Owns a radio				.36				.08				.00
Yes	14	205	6.8		28	1143	2.4		18	1143	1.6	
No	0	6	0.0		2	78	2.6		0	78	0.0	
No information	0	0	---		0	2	---		0	2	---	

<sup>1</sup> The category "no information" is included to show the extent of missing data on these selected variables. However, this category was excluded in the crosstabulations to identify correlates of purchase behavior.

NS

Table 10, cont'd.

 Socio-Demographic Profile of CCSMP  
 Clients and Correlates of Product Purchase

FACTOR	PURCHASE OF PANTHER BY MALES			PURCHASE OF PANTHER BY FEMALES			PURCHASE OF PERLE BY FEMALES		
	Distribution of males who have ever purchased Panther	Percentage that have ever purchased Panther by socio- demographic variables		Distribution of females who have ever purchased Panther	Percentage that have ever purchased Panther by socio- demographic variables		Distribution of females who have ever purchased Perle	Percentage that have ever purchased Perle by socio- demographic variables	
		n	percent		p value	n		percent	p value
Owns a T.V.			.37			.00			.00
Yes	11	166	6.6	22	950	2.3	16	950	1.7
No	3	45	6.7	8	270	3.3	2	270	0.7
No information	0	0	---	0	3	---	0	3	---
Reads a newspaper at least once a week			.09			.00			.00
Yes	10	140	7.1	27	896	3.0	15	896	1.7
No	4	70	5.7	3	322	0.9	3	322	0.9
No information	0	1	---	0	5	---	0	5	---
Owns an automobile			.06			.72			.45
Yes	7	50	14.0	6	244	2.5	2	244	0.8
No	7	158	4.4	24	971	2.5	16	971	1.6
No information	0	3	---	0	6	---	0	6	---
Home ownership			.31			.93			.81
Owns home	6	128	4.7	16	633	2.5	11	633	1.7
Rents home	8	79	10.1	14	563	2.5	7	563	1.2
Other	0	0	---	0	5	0.0	0	5	0.0
No information	0	4	---	0	22	---	0	22	---
Family income per month in U.S. dollars			.00			.00			.00
Less than \$500	5	60	8.3	4	368	1.1	4	368	1.1
\$500 - \$999	4	60	6.7	10	305	3.3	6	305	2.0
More than \$1,000	5	61	8.2	11	235	4.7	6	235	2.6
No information	0	30	---	5	315	---	2	315	---

Table 11

Current Contraceptive Use Among Women in Permanent or Visiting Unions, 15 to 44 Years of Age

FACTOR	BARBADOS		ST. VINCENT		ST. LUCIA	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Followup
Percentage using a contraceptive method, according to 1980-1981 <u>Contraceptive Prevalence Survey</u> <sup>1</sup>	48.9	55.5		52.2		
n of women 15 to 44 in a conjugal union or visiting relationship in current study	446	316	335	229	423	358
Percentage using a contraceptive method in current study	48.6 (n.s.)	47.3	51.0 (n.s.)	51.8	44.1 (n.s.)	45.5
<u>Method used:</u> <sup>2</sup>						
Pill	42.8	43.6	48.6	34.8	50.6	40.3
Condom	10.6	6.0	12.6	12.5	3.3	8.7
Tubal ligation	17.0	21.1	19.7	22.2	21.3	20.6
IUD	17.9	18.3	4.5	8.1	8.9	10.3
Spermicidals	8.7	4.9	1.8	2.4	5.0	1.3
Injection	2.0	4.4	7.6	13.0	8.3	8.9
Other	0.4	1.1	5.2	6.4	2.3	0.6
Don't know/no response	0.5	0.6	0.0	0.0	0.4	9.3

<sup>1</sup> The percentages in Barbados are based on non-pregnant women in union, 15 to 49 years of age. For St. Vincent and St. Lucia the percentages are based on women 15 to 44 years of age who had a partner, were not pregnant and were fecund.

<sup>2</sup> Percentage based on the total number of users.

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Table 12

Brand Used and Source of Method Among Women Pill Users  
in Permanent or Visiting Unions<sup>1</sup>

FACTOR	BARBADOS		ST. VINCENT		ST. LUCIA	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Followup
<u>Number of female respondents in union using the pill</u>	90	68	83	45	100	68
<u>Brand of pill used:</u>						
Ovral	7.3	13.3	36.5	22.4	67.5	42.0
Microgynon	36.6	44.1	23.5	8.0	7.5	13.3
Nordette	16.2	10.2	1.0	0.0	5.0	8.5
Neogynon	5.6	3.9	12.3	14.9	0.0	2.9
Lo-gynon	5.0	7.7	0.0	0.0	7.2	0.0
Norminest	0.0	1.5	0.0	0.0	6.2	1.8
Noriday	0.0	0.0	5.9	8.9	1.1	2.8
Norinyl	0.0	0.0	5.8	2.0	0.0	0.0
Orthonovum	4.1	4.1	0.0	0.0	0.0	0.0
Eugynon	0.0	0.0	5.7	0.0	0.0	0.0
Trinordial	2.0	4.0	0.0	0.0	0.0	0.0
Femenol	0.0	0.0	1.7	15.0	0.0	11.0
Ovulem	2.0	1.3	0.0	0.0	0.0	0.0
Diane	0.0	0.0	0.0	1.7	0.8	0.0
Loestrin	0.9	0.0	0.0	0.0	0.0	0.0
Lo-Dose Perle	0.0	0.0	0.0	4.9	0.0	0.0
Perle-regular	0.0	1.4	0.0	11.6	0.0	3.2
Lo-Femenol	2.6	3.5	0.0	10.6	0.0	2.4
Demulen	0.0	1.3	0.0	0.0	0.0	0.0
Don't know/no response	17.6	3.5	7.7	0.0	4.7	12.1
<u>Source of pill among users:</u>						
Ministry clinic	11.5	17.6	68.8	71.7	10.8	2.4
Private family planning assn.	27.7	25.7	1.4	0.0	70.6	72.1
Community health aide <sup>2</sup>	1.6	6.2	7.4	0.0	0.0	0.0
Pharmacy	42.5	42.5	11.6	22.3	16.4	16.1
Private physician	10.2	6.6	10.7	6.0	2.3	0.0
Other	4.9	1.4	0.0	0.0	0.0	2.7
Don't know/no response	1.6	0.0	0.0	0.0	0.0	6.7

<sup>1</sup> Male respondents whose partners used the pill are excluded from this analysis.

<sup>2</sup> There are no community health aides in Barbados distributing the pill; respondents may have confused this with some other type of home visitor or may have been from a neighboring country.

Table 13

## Brand Used and Source of Method among Condom Users

FACTOR	BARBADOS		ST. VINCENT		ST. LUCIA	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Followup
<u>Number of male respondents using the condom<sup>1</sup></u>	8	1	24	25	17	11
<u>Type of condom used:<sup>2</sup></u>						
Durex	3	0	0	2	7	2
Tahiti	0	0	7	8	3	1
Silver	0	0	6	2	0	0
Conform	0	0	0	0	3	0
Rose Tex	0	0	2	1	0	0
Ebony	2	0	0	0	0	0
Sultan	0	0	1	1	0	1
Trojan	0	0	1	0	0	0
Panther	0	1	0	5	0	0
Tummen	0	0	0	1	0	0
Sweetheart	0	0	0	0	0	3
Don't know/no information	3	0	7	5	4	4
<u>Source of condoms among users:</u>						
Ministry clinic	0	0	17	15	2	3
Private family planning assn.	0	0	0	0	1	5
Community health aide	0	0	0	0	1	1
Pharmacy	5	0	1	5	7	5
Store, shop	1	1	3	1	6	0
Other	1	0	3	4	0	0
Don't know/no information	1	0	0	0	0	0

<sup>1</sup> Female respondents whose partner used condoms are excluded from this analysis.

<sup>2</sup> Absolute numbers rather than percentages are reported, since the number of condom users per country is small.

Table 14

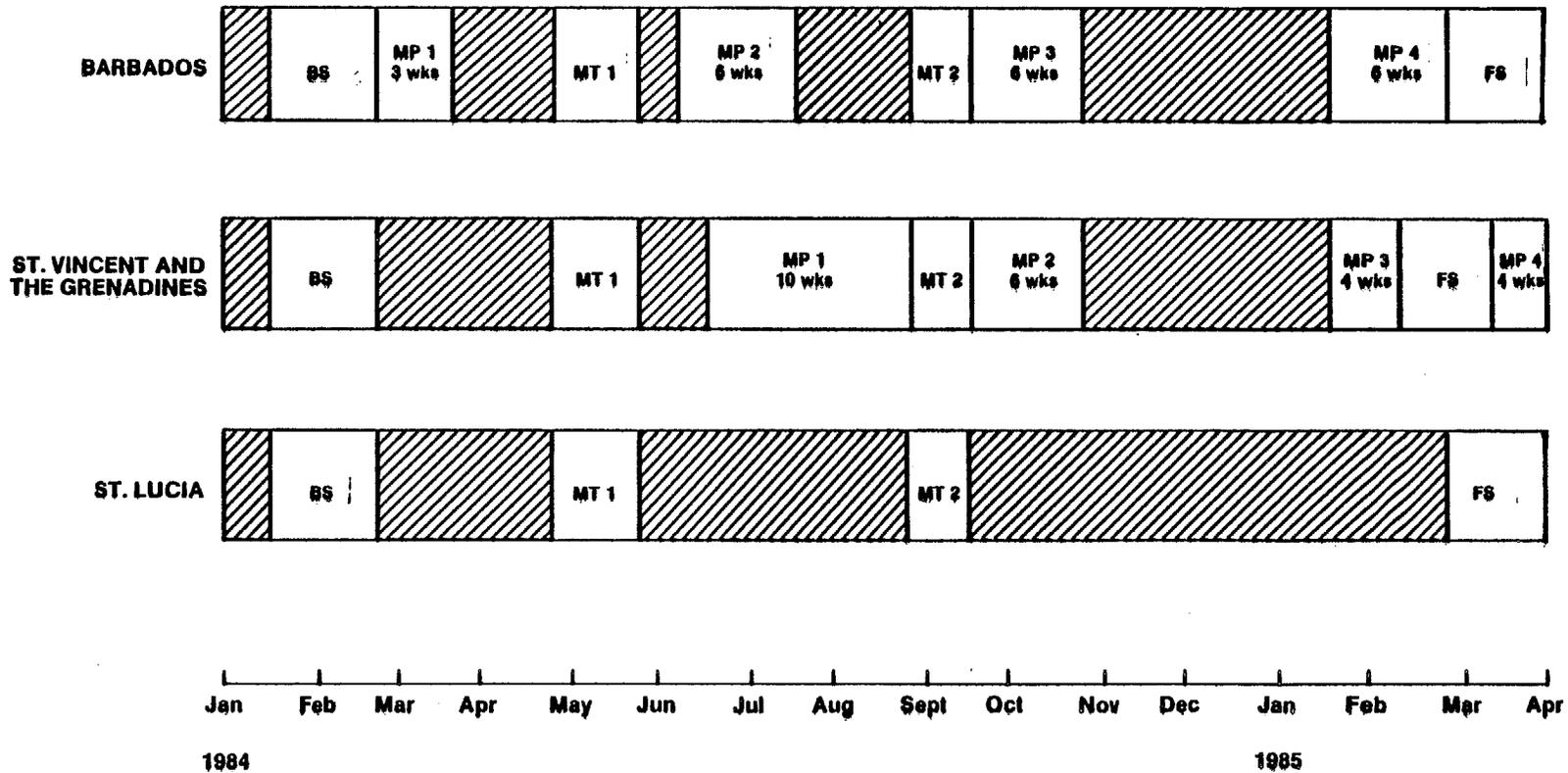
Information Regarding the Distribution of CCSMP Products  
During Year I of Project (February 1984 - January 1985)

FACTOR	BARBADOS	ST. VINCENT	ST. LUCIA
<u>Number of pharmacies stocking Perle as of Year I</u>	35	6	9
<u>Quantity of contraceptives distributed to retail outlets during Year I</u>			
Perle - regular (cycles)	880	502	1,002
Perle - low dose (cycles)	990	252	874
Panther (number of condoms)	43,812	10,008	10,794
<u>Quantity distributed, converted to Couple-Years-of-Protection</u>			
Pills (both types)	143.9 CYP	58.0 CYP	144.3 CYP
Condoms	438.1 CYP	100.1 CYP	107.9 CYP
<u>Total Couple-Years-of Protection in Year I</u>	582.0 CYP	158.1 CYP	252.2 CYP
<u>Estimated number of women, aged 15 to 44 per country<sup>1</sup></u>	58,270	20,184	26,748
<u>Estimate of percentage of women covered by CCSMP</u>	1.0 percent	0.8 percent	0.9 percent

<sup>1</sup> Source of these statistics: 1980 census, Barbados; 1980 census, revised, St. Vincent; 1980 census, revised as of 1984, St. Lucia.

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**Figure 1: SCHEDULE OF C.C.S.M.P. MEDIA PROMOTION AND FIELD SURVEYS - BARBADOS, ST. VINCENT, ST. LUCIA**



MP - Media Promotion  
 MT1 - First Monitoring Survey  
 MT2 - Second Monitoring Survey  
 BS - Baseline Survey  
 FS - Follow-up Survey

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## APPENDIX A

### SAMPLING METHODOLOGY

The sampling designs for the three countries were very similar. This section will describe the sampling procedures used in St. Vincent, St. Lucia and Barbados.

#### St. Vincent

The 1980 census showed a total population of 25,141 for Kingstown and its suburbs. The area was subdivided into 40 enumeration districts (E.D.'s), with a total of 3840 households.

The Census Department made available visitation logs which listed each household and its sex composition. These logs served as the basis for the sampling frame. For each ED, using a random start, every sixth address was selected for inclusion in the sample, for a total sample size of 658 households. From these 658 households a systematic sample of one in six (using a random start) was selected for male interviews. A total of 148 households were identified for male interviews; this included 76 male-only households. Therefore, the number of households where female interviews could be obtained was 582.

Interviewers were instructed to visit every selected household and to interview one eligible respondent. In those households targeted for a male interview, a female not in union with the male respondent could also be interviewed. However, no interviews were conducted with males in households targeted for female interviews. Where a household had more than one eligible female, only one was interviewed (selection was done on a convenience basis).

In the event that a selected household was no longer inhabited, the interviewers were instructed to visit the next closest household not already included in the list. No substitution was made in the case where a household had no eligible respondents, or where the interview was refused. If no one was at home in a household, the interviewers were instructed to make up to 2 revisits (for a total of 3 visits); after which the address was noted and no substitution was made.

Following this procedure a total of 543 interviews (462 females and 81 males) were completed for the baseline survey.

In the follow-up survey, two modifications were made to this sampling design. First, the sampling fraction was increased from 1/6 to 1/5; and second, interviewers were instructed not to make substitutions. The 760 households selected produced 402 interviews (320 female interviews and 82 male interviews).

### St. Lucia

The sampling design for St. Lucia made use of the enumeration districts from the 1980 census, as well as maps developed for a 1982 household expenditure survey. On these maps, the larger enumeration districts were subdivided into two or more smaller districts, each containing approximately 100 households. The Castries area (1980 population = 48,782) consisted of 69 of these districts: nine in the center-city, 60 in the "suburban" area (although some of the most densely populated districts were in the latter).

From existing data, Castries was estimated to have 5601 households: 634 in the center-city and 4967 in the suburban area. A nine percent sample would have yielded the requisite 500 female interviews (assuming one completed interview per household; this was increased to 9.5% to allow for non-response).

Since only seven of the nine center-city maps and 19 of the 20 suburban maps could be located and were legible, it was estimated that only 78% of the center-city households and 32% of the suburban households were represented. Consequently, further adjustments in the sampling fraction were made. In order to obtain the desired sampling fraction of approximately 9.5%, it was necessary to sample 12% ( $.12(.78) = .094$ ) of center-city households and 30% ( $.309 (.32) = .096$ ) of the suburban households. Simple random sampling was used.

The households targeted for male interviews were obtained from the list of households designated for female interviews. For each E.D., every fifth household (using a random start between 1 and 5) already selected was identified; and the next highest number not already selected for a female interview, was targeted for a male interview. A total of 107 households for male interviews was thus obtained.

Interviewers were given the same instructions as in St. Vincent. In the case where a household was no longer inhabited interviewers were instructed to select the next highest number on the map which was not already included on the list. The actual number of completed interviews on the baseline survey in St. Lucia was 106 for males and 506 for females.

In the followup survey, similar procedures were used with one modification: interviewers were instructed not to make substitutions. This procedure yielded 92 completed male interviews and 497 female interviews.

## Barbados

The Bridgetown area (as defined by the Census Department) had a total population of 7466 in 1980.\* On the assumption that average household size was 3.6 persons (as for Barbados as a whole), it was estimated that there were 2074 households in Bridgetown.

The Census Department had divided the area into 20 enumeration districts (E.D.s). As in St. Vincent, visitation logs served as the basis for the sampling frame. For each E.D. every third address (using a random start) was selected (this was anticipated to result in the selection of 691 households). Among these 691 households, every fifth household (using a random start) was identified for a male interview.

The same procedure was followed as in the other surveys; however, it was found that the resulting sample size was far smaller than expected (333 completed interviews).\*\* This led to the decision to revisit the area and in those cases where no eligible respondent had been available, to substitute the next closest household. Also, 32 E.D.s (population = 16,200) within a one-mile radius of Bridgetown were added; approximately half (15) of these districts were selected, and a systematic sample of one in 10 households was taken. With this substitution of households and addition of enumeration districts on the baseline survey, a total of 139 male and 545 female interviews were completed.

On the followup survey, the Census Department would not release the visitation logs. Instead maps with the boundaries and roads, of each of the 32 enumeration districts covered in the baseline survey were obtained. Each area was visited and maps were constructed showing the location of each household. After the mapping was completed households were assigned numbers. Moreover, it was decided that substitutions would not be allowed on the followup survey. Thus, the sampling fraction needed to obtain 100 male and 500 female interviews was adjusted. A one-in-five systematic sample was then selected. However, the first two weeks of fieldwork indicated that the yield was lower than expected. Thus, for the remainder of the survey, one-in-three sample was selected, yielding a total of 1280 households. Once again, every fifth household was designated for a male interview.

Due to interviewer difficulties during the follow-up survey in two of the E.D.s and the resultant deletion of those areas, the total number of completed interviews was well below the expected; 37 among males; 406 among females in the followup study.

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\*In Barbados, the official population figures for Bridgetown do not include the areas which would be considered "suburban" in St. Vincent and St. Lucia. Thus, although Bridgetown is a larger city than Kingstown and Castries, its official population is smaller. However, addition of neighboring enumeration districts as described below makes these three surveys comparable in their definitions of "urban area."

\*\*The small size was due to the fact that many households listed on the visitation logs no longer existed.

CARIBBEAN CONTRACEPTIVE SOCIAL MARKETING PROJECTIntroduction

My name is \_\_\_\_\_ . We are doing a survey today for \_\_\_\_\_  
 \_\_\_\_\_ (organization). Would you be willing to answer a few  
 questions? It will only take a few minutes.

Case Number              
 1 2 3 4

Screening Items

1. Sex (by observation) 5
1.  Male                      2.  Female
2. What was the highest grade (form) you completed in school 6 7
01.  Primary 1-3                      06.  Secondary 6
02.  Primary 4-6                      07.  Technical
03.  Primary 7                      08.  College (specify) \_\_\_\_\_
04.  Secondary 1-3                      09.  University
05.  Secondary 4-5                      10.  Other (specify) \_\_\_\_\_
3. How old are you (as of your last birthday)? 8 9
- years old
- Are you married? If NOT married, ask: Do you live with your boyfriend/  
 girlfriend? If NO ask: Do you visit or does your boyfriend visit you? 10  
 If NO ask: Does that mean that you do not have a special boyfriend/  
 girlfriend now? (Probe for relationship during the past month).
1.  Married
2.  Common-law relationship
3.  Visiting relationship
4.  Single
- In the past month, have you seen or heard any ads about family planning? 11
1.  Yes
2.  No. (GO TO QUESTION 7)
9.  Don't know, don't remember (GO TO QUESTION 7)

CARIBBEAN CONTRACEPTIVE SOCIAL MARKETING PROJECT

6. What did the ads say and show? Tell me all the details you can remember.  
(PROBE: What else can you remember about the ads?)

(RECORD ALL RESPONSES; DO NOT READ THE ANSWERS)

Mentions family planning topics in general:

12

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---

---

13 14

Mentions "Perle:"

15

---

---

---

16 17

Mentions "Panther:"

18

---

---

---

19 20

Mentions "If you care about life:"

21

---

---

---

22 23

Mentions Other:

24

---

---

---

25 26

BLANK 27-30

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CARIBBEAN CONTRACEPTIVE SOCIAL MARKETING PROJECT

7. Have you ever seen or heard about the:

product "PERLE"	31	product "PANTHER"	43	product " _____ "	55
Yes, mentioned above without prompt.	1	Yes, mentioned above without prompt.	1	Yes, mentioned above without prompt.	1
Yes, prompted recall.	2	Yes, prompted recall.	2	Yes, prompted recall.	2
No, no recall.	3	No, no recall.	3	No, no recall.	3
DK, don't remember.	9	DK, don't remember.	9	DK, don't remember.	9

7(1) Is the product \_\_\_\_\_ available here in (country)?

Yes	1	Yes	1	Yes	1
No	2	No	2	No	2
NA	8	NA	8	NA	8
DK	9	DK	9	DK	9

7a. Where have you seen or heard anything about: (PROBE: Where else...?)

Radio	33	Radio	45	Radio	57
TV	34	TV	46	TV	58
Newspaper	35	Newspaper	47	Newspaper	59
Friends, family	36	Friends, family	48	Friends, family	60
Other	37	Other	49	Other	61

7b. Is there anything about the ads for \_\_\_\_\_ that is hard to understand?

What?		What?		What?	
01. ___ No	38 39	01. ___ No	50 51	01. ___ No	62 63
_____		_____		_____	
_____		_____		_____	
88. ___ NA	99. ___ DK	88. ___ NA	99. ___ DK	88. ___ NA	99. ___ DK

7c. Is there anything in the ads for \_\_\_\_\_ that you believe is not true? What?

What?		What?		What?	
01. ___ No	40 41	01. ___ No	52 53	01. ___ No	64 65
_____		_____		_____	
_____		_____		_____	
88. ___ NA	99. ___ DK	88. ___ NA	99. ___ DK	88. ___ NA	99. ___ DK

7d. Do you feel it is a good idea or a bad idea to have ads about \_\_\_\_\_ on radio and TV?

1. ___ Good		1. ___ Good		1. ___ Good	
2. ___ Bad	42	2. ___ Bad	54	2. ___ Bad	66
3. ___ Neutral		3. ___ Neutral		3. ___ Neutral	
8. ___ NA		8. ___ NA		8. ___ NA	
9. ___ DK		9. ___ DK		9. ___ DK	

60

CARIBBEAN CONTRACEPTIVE SOCIAL MARKETING PROJECT

8. Have you heard the slogan, "If you care about life"?

67

- 1.  Yes
- 2.  No (GO TO QUESTION 11)
- 3.  DK (GO TO QUESTION 11)



9. What is this slogan, "If you care about life," telling you to do?

01.  Nothing; it's just a slogan/saying.

68 69

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88.  NA      99.  DK

10.a Do you like or dislike this slogan, "If you care about life"?

- 1.  Like
- 2.  Dislike
- 3.  Neutral
- 8.  NA
- 9.  DK

70

10.b Why?

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---

71 72

(ASK ONLY IF YES TO QUESTION 7 - "Perle")

11. What is the product "Perle"?

73 74

---

---

99.  DK (GO TO QUESTION 13)

12. Have you or your partner ever bought "Perle"?

75

- 1.  Yes
- 2.  No - why not?
- 8.  NA
- 9.  DK

(ASK ONLY IF YES TO QUESTION 7 - "Panther")

13. What is the product "Panther"?

76 77

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78

99.  DK (GO TO QUESTION 15)

79

80

65

CARIBBEAN CONTRACEPTIVE SOCIAL MARKETING PROJECT

14. Have you or your partner ever bought "Panther"?

81

- 1.  Yes
- 2.  No - why not?
- 8.  NA
- 9.  DK

(ASK ONLY IF YES TO QUESTION 7 - "Maya")

15. What is the product "Maya"

82 83

---

---

99.  DK

16. Are you or your partner currently using any type of family planning method? (If NO, ASK: Have you or your partner used a method in the past month?)

84

- 1.  Yes (now) (GO TO QUESTION 18)
- 2.  Yes (in the past month) (GO TO QUESTION 18)
- 3.  No
- 9.  DK, don't remember

17. Have you ever used a contraceptive method?

85

- 1.  Yes
- 2.  No (GO TO QUESTION 17.c.)
- 8.  NA

17.a What was the last method you used?

86 87

- 
- 88.  NA
  - 99.  DK

17.b Why did you stop using it?

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- 88.  NA
- 99.  DK

(GO TO QUESTION 20)

17.c Why not?

88 89

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---

(GO TO QUESTION 20)

90 91

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92-94

CARIBBEAN CONTRACEPTIVE SOCIAL MARKETING PROJECT

18. What method are you using?

CIRCLE 19. How much did you pay 20. For non-users only:  
 METHOD for the method you If you WERE to use  
USED use? \_\_\_\_\_, how  
 much would you be  
 willing to pay for  
 \_\_\_\_\_.

95 96

Pill	01 (pack)	:	---	---	97-101	---	---	127-131
Condoms	02 (pack of 3)	:	---	---	102-106	---	---	132-136
IUD	03 (device & insertion)	:	---	---	107-111	---	---	137-141
Female sterilization	04 (operation)	:	---	---	112-116	---	---	142-146
Foam/cream/jelly	05 (tube)	:	---	---	117-121	---	---	147-151
F. tabs	06 (container)	:	---	---	122-126	---	---	152-156
Withdrawal	07							
Rhythm	08							
Diaphragm	09							
Injection	10							
Other	11							
None	88							

(IF NON-USER, GO  
TO QUESTION 27)

(CODING: FREE = 777.77; NA = 888.88; DK = 999.99)

BLANK 157-159

67

CARIBBEAN CONTRACEPTIVE SOCIAL MARKETING PROJECT

IF PILL

20(I) Were you using the pill at this same time last year?

1.  Yes      2.  No      8.  NA      9.  DK

(GO TO QUESTION 21)

160

20a. What method were you using at that time?

\_\_\_\_\_ 88.  NA      99.  DK

161 162

20b. Why did you decide to use the pill?

\_\_\_\_\_ 88.  NA      99.  DK

163 164

21. What brand of pill are you and your partner using now?

\_\_\_\_\_ 88.  NA      99.  DK

165 166

21a. Why do you use this particular brand? \_\_\_\_\_

167 168

21b. Were you using another brand at this same time last year?  
What brand?

(IF NO GO TO QUESTION 22)

\_\_\_\_\_ 88.  NA      99.  DK

169 170

21c. Why did you change brands? \_\_\_\_\_

171 172

22. How many packs did you get (buy) the last time?

\_\_\_\_\_ packs      88.  NA      99.  DK

173 174

22a. Do you usually get (buy) your own supplies or does someone else get  
(buy) them for you? If "someone else" ask, who?

1.  Self      2.  Other (Specify) \_\_\_\_\_ 8.  NA

175

(GO TO QUESTION 26)

BLANK 176-177

68



CARIBBEAN CONTRACEPTIVE SOCIAL MARKETING PROJECT

26. The last time you bought or got family planning supplies where did you or your partner get it?  
(DO NOT READ RESPONSES)
- |  |  |            |
|--|--|------------|
| 1. <input type="checkbox"/> Ministry of Health clinic      | 6. <input type="checkbox"/> Store, shop      | <u>196</u> |
| 2. <input type="checkbox"/> Private family planning clinic | 7. <input type="checkbox"/> CBD post (store) |            |
| 3. <input type="checkbox"/> Community health aide          | 8. <input type="checkbox"/> Other (specify): |            |
| 4. <input type="checkbox"/> Pharmacy                       | _____  |            |
| 5. <input type="checkbox"/> Private doctor                 |  |            |

ALL RESPONDENTS

27. In general, do you approve or disapprove of promoting family planning on radio? 197
1.  Approve    2.  Disapprove    3.  Neutral    9.  DK

- 27a. In general do you approve or disapprove of promoting family planning on T.V.? 198
1.  Approve    2.  Disapprove    3.  Neutral    9.  DK

28. I'd like to ask you some questions about yourself: 199
- Do you have a radio at home? (IF NO, ASK: Do you listen to the radio elsewhere?)
1.  Owns a radio
2.  Listens elsewhere
3.  Does not own or listen elsewhere

29. Do you have a television at home? (IF NO, ASK: Do you watch television elsewhere?) 200
1.  Owns a television
2.  Watches elsewhere
3.  Does not own or watch elsewhere

30. Do you read a newspaper at least once a week? 201
1.  Yes                      2.  No
- Which newspaper(s)? \_\_\_\_\_ 202 203
- \_\_\_\_\_ 204 205

31. Do you have a refrigerator at home? 206 207
1.  Yes                      2.  No
- 208

10

CARIBBEAN CONTRACEPTIVE SOCIAL MARKETING PROJECT

32. Do you or anyone living in your house own an automobile?			
1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		209
33. Do you own or rent your house?			
1. <input type="checkbox"/> Owns	2. <input type="checkbox"/> Rents	9. <input type="checkbox"/> DK	210
34. How many rooms are there in your house (DO NOT COUNT BATHROOMS, PORCHES, ETC.)			
<input type="text"/> rooms			211 212
35. How many people live in your house?			
<input type="text"/> people			213 214
36.a How many children have you (given birth to/fathered) that are still living?			
<input type="text"/> living children			215 216
36.b Counting your own and those of your partner, how many children live at home with you?			
<input type="text"/> children			217 218
37. How many females 15-44 years old live in the house?			
<input type="text"/> females			219 220
38. I have a card here that I'd like to show you. Please tell me which category best describes the monthly income of your family, including income from any person who works.			
1. <input type="checkbox"/>			
2. <input type="checkbox"/>			
3. <input type="checkbox"/>			
4. <input type="checkbox"/>			
5. <input type="checkbox"/>			
6. <input type="checkbox"/>			
7. <input type="checkbox"/>			
8. <input type="checkbox"/>			
9. <input type="checkbox"/> DK, refusal to answer			
		BLANK	222 223

AT CONCLUSION OF INTERVIEW:

Thank you very much for your time in answering these questions.

CARIBBEAN CONTRACEPTIVE SOCIAL MARKETING PROJECT

CONTROL DATA

Name of Interviewer: \_\_\_\_\_

Interviewer Code: \_\_\_\_\_

224 225

Country:

- 1.  Barbados
- 2.  St. Lucia
- 3.  St. Vincent

226

Date:

Day \_\_\_\_\_

Month \_\_\_\_\_

227 228

229 230

Location where interview was conducted:

- 1.  Home
- 2.
- 3.
- 4.

231

Other: \_\_\_\_\_  
\_\_\_\_\_

Round of Data Collection:

- 1.  baseline
- 2.  1st monitor
- 3.  2nd monitor
- 4.  follow-up

232

Results of Interview

- 1.  Complete
- 2.  No one home
- 3.  No one age 15 - 44
- 4.  Eligible person not home
- 5.  Refusal during interview by respondent or family members
- 6.  Refusal before starting
- 7.  House uninhabited
- 8.  Other

233

72 -