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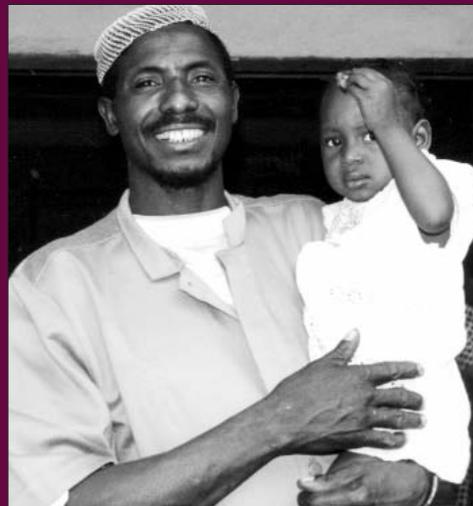
CENTER FOR COMMUNICATION PROGRAMS

FIELD REPORT NUMBER 13 • APRIL 2002

Impact of a Male Motivation Campaign

*on Family Planning
Ideation and Practice*

in Guinea



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*Impact of
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on Family Planning
Ideation and Practice
in Guinea*

*Michael Blake
Stella Babalola*

PRISM Project



Prepared by the Johns Hopkins University Center for Communication Programs with primary support from the United States Agency for International Development under Cooperative Agreement 624-G-00-97-00077-00.

Suggested Citation:

Blake, M. and Babalola, S. "Impact of a Male Motivation Campaign on Family Planning Ideation and Practice in Guinea," Field Report No. 13. Baltimore: Johns Hopkins University Bloomberg School of Public Health, Center for Communication Programs, April 2002.

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Edited and produced by Center Publications:

Nancy B. Smith, Editor, and Rita C. Meyer, Materials Development Manager.

Cover Photo: Harvey Nelson

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Acknowledgments

A Behavior Change Communication (BCC) component was a large part of the PRISM (Pour Renforcer les Interventions en Santé de la Reproduction et MST/SIDA) project, funded by the United States Agency for International Development (USAID) and implemented by Management Sciences for Health (MSH). This component, the Male Motivation Campaign, was designed and evaluated by the Johns Hopkins University Center for Communication Programs (JHU/CCP). The campaign took place in three administrative regions of Guinea: Kankan, Faranah, and N'Zerekore from October 1999 to May 2000, and was carried out under the tutelage of the Guinean Ministry of Health (MOH) with guidance from the country's Division of Reproductive Health.

Michael Blake, the JHU/CCP Resident Information, Education, and Communication (IEC) Advisor with the PRISM project during the Male Motivation Campaign, helped design, implement, and evaluate the campaign and was instrumental in preparing this report. Stella Babalola of the Research and Evaluation Division of JHU/CCP played a key role in designing and implementing the evaluation plan, analyzing the data, and preparing this report. The Guinea Minister of Health, Dr. Kandjoura Drama, provided valuable support to the PRISM project; Drs. Morisanda Kouyate and Madina Rachid of the Division of Reproductive Health and Dr. Rafi Diallo of the Division of Health Promotion, provided strategic direction throughout the campaign.

Special appreciation goes to Mohamed Cissé, Michel Haba, and Amiata Kaba, PRISM regional IEC Coordinators, who played lead roles in the design of

the campaign and coordinated its implementation in their regions. Without their commitment and sense of responsibility, the objectives of the project would not have been achieved. The authors also acknowledge the valued technical assistance of colleagues within JHU/CCP: Susan Krenn, Chief of the Africa Division; Kim Seifert and Carol Sienché, Program Officers; and Danielle Baron, Senior Program Officer in the Africa Division.

The authors are grateful to all the PRISM colleagues who contributed to the implementation of the Male Motivation Campaign including Alain Joyal and Tanou Diallo. Their professional insight and advice helped to shape the campaign and its evaluation. Other key collaborators from the private and public sector include Diallo Thierno Oumar and Dr. Mahmoud Barry with Population Services International/Options Santé Familiale; Alpha Kabine Keita, Saa Toure, and Gregoire Bilivogui with Rural Radio; and El Hadj Fadiga with Oulémas de Guinée.

Many people played a significant role in collecting the data used to evaluate the impact of the campaign including Thierno Wann, Mamadou Diallo, Mamadou Bah, and Abdoulaye Diallo. Their technical competence and sense of responsibility, which helped to ensure the availability of quality data, are sincerely appreciated.

Thanks also goes to Harry Birnholz, Cathy Bowes, and Mariama Bah of USAID/Guinea for their useful insights, which helped guide the project. USAID, under Cooperative Agreement 624-G-00-97-00077-00, provided funding for the project and for the preparation of this report.



*Jane Bertrand, PhD, MBA
Professor and Director
Center for Communication Programs
Johns Hopkins University*



*Jose G. Rimon, II
Senior Project Director
Population Communication Services
Johns Hopkins University*

April 2002

Introduction

The Republic of Guinea, which covers an area slightly smaller than Oregon, has a population of about 7.5 million. With a predominantly young and illiterate population, Guinea has yet to overcome the consequences of political and economic isolation to which the former leader, Sekou Toure, subjected the country between 1958 and 1986.

When Guinea opened its borders to Western aid in 1986, it began implementing the Bamako Initiative, a set of primary health care guidelines adopted by African Ministers of Health in the same year. Adherence to the decentralized focus of the Initiative helped to increase access to primary health care services for large segments of the population. Nonetheless, the primary health situation in general and the maternal and child health situation in particular remain precarious. The country is characterized by high rates of fertility and infant and child mortality, a high incidence of communicable diseases and malnutrition, low usage of contraception, and a rising incidence of sexually transmitted diseases (STDs), including HIV/AIDS. Life expectancy is 46 years, and more than 130 children out of every 1,000 do not live past their first birthday. Contraceptive prevalence was at a low 4.9 percent in 1999, while the total fertility rate was 5.5 births per woman (DNS and Macro, 2000). Everywhere in the country, signs of a deficient health system are visible: poor quality of care, inadequate referral and supervisory systems, limited drug supplies, difficult access to services, and lack of community involvement in health center management and operations.

In response to the health needs of the Guinean population, the United States Agency for International Development (USAID) designed a 5-year family planning and reproductive health initiative known by its French acronym PRISM (Pour Renforcer les

Interventions en Santé Reproductive et MST/SIDA). The PRISM project's objectives were to increase the use of family planning and maternal health services and decrease the spread of STDs/HIV/AIDS through appropriate prevention practices. Management Sciences for Health (MSH) led the implementation of the PRISM project in two regions of the country: Haute Guinée and Guinée Forestière.

The PRISM project had a strong Behavior Change Communication (BCC) component that focused on increasing both knowledge about quality health care services and the use of them, and adopting positive health practices. The Male Motivation Campaign, the major BCC intervention of the PRISM project, focused on achieving the intermediate goals of increased access to health care services and increased demand for them, improved quality of care, and improved coordination and linkages among health care providers and services. The Johns Hopkins University Center for Communication Programs (JHU/CCP) guided the design, implementation, and evaluation of the Male Motivation Campaign, which consisted of two phases: advocacy and multimedia interventions.

The intended audience for Phase I was religious leaders. Within the context of the patrilineal and male-dominated society in Guinea, it was reasoned that empowering religious leaders would help ensure social support for family planning. Thus, the first phase of the campaign used advocacy interventions. The main audience for Phase II of the campaign was married men. Focusing on married men, multimedia interventions sought to promote spousal communication about family planning to increase the use of available services. In addition to the two primary audiences, the campaign also focused on women of reproductive age and service providers.

The Male Motivation Campaign

The Male Motivation Campaign took place from October 1999 to May 2000 in 15 prefectures of 3 administrative regions of Guinea: Kankan, Faranah, and N’Zerekore. With limited social support for modern contraception and little spousal communication about family planning, the campaign primarily focused on religious leaders and married men of reproductive age to increase their overt involvement in the promotion of family planning. Intensive advocacy work with religious leaders during the first phase of the campaign attempted to gain social support for family planning. The second phase focused on married men to motivate them to talk to their wives about family planning and encourage their wives to use available services.

Among religious leaders, the intervention specifically sought to:

- Increase knowledge about modern contraceptive methods, and
- Increase the frequency of talking about family planning during sermons.

Among married men, women of reproductive age, and service providers, the specific objectives of the campaign sought to:

- Increase the proportion of married men capable of citing at least one modern contraceptive method,
- Increase the proportion of men who discuss family planning with their spouses,
- Increase attitudes that are favorable toward small family size and contraceptive use, and
- Increase contraceptive use in the study regions.

In collaboration with the PRISM project, the Guinea Ministry of Health (GMOH) and other private sector partners (such as Oulémas de Guinée, Kine-Sud-Video, and Rural Radio/N’Zerekore) carried out the following activities during the campaign.

Phase I - Religious Leaders’ Advocacy

CONFERENCES — Islamic religious leaders attended 3-day conferences in each of the project’s 15 prefectures. Approximately 450 leaders, including the Imam, Deputy Imam, and Communal Secretary from each sub-prefecture, attended the conferences designed around the themes pertaining to Islam and Child Health, Maternal Health, Couple Health, and Family Planning. N’Zerekore was the host region for a Christian Leaders and Reproductive Health Conference. After the conference, attendees formed a support group mobilizing Christian leaders to back health centers and reproductive health activities.

PRINT MATERIALS — During community mobilization events, religious leaders received a brochure and poster in the French language and the local dialect, Malinke.

VIDEO — The main support material for the religious leaders’ conference was a video produced in Malinke and subtitled in French on Islam and reproductive health issues.

Phase II - Multimedia Interventions

LAUNCHES — The campaign had a national launch in Conakry (covered on TV); regional launches in Kankan, Faranah, and N’Zerekore; and launches in 12 prefectures (aired on national and rural radio). The launches featured speeches, parades, music, dance, theater, film, and other activities inspiring the mostly male audiences to discuss family planning with their wives and encourage the women to use a health center.

MUSIC CONTESTS — Traditional music contests, conducted in 15 prefectures, familiarized the community with local health centers and family planning providers. Health centers held contests where local artists performed songs conveying family planning messages to about 22,500 people. Rural radio stations broadcast a compilation of winning songs.

COMMUNITY MOBILIZATION ACTIVITIES — Almost 30,000 people attended community mobilization events surrounding 30 rural health centers (2 per prefecture). The events included dances, presentation of the religious leaders' video, question-and-answer sessions, and distribution of campaign materials.

PRINT MATERIALS — The tag line on 9,000 posters, half produced in French, half in Malinke, featured the quote "I talk to my wife about family planning. How about you?" Multi-paneled campaign brochures, produced in both languages, totaled 200,000.

AUDIO MATERIALS — A 20-minute cassette, entitled *La Vie N'est Pas Compliquée*, featured a popular local comedian who demonstrated a husband's

dilemma in discussing family planning with his wife. Distribution of 3,000 of these cassettes, produced in French and Malinke, took place during the campaign. A 26-episode radio drama, with the same title and based on the same theme, aired in French on National Radio during the campaign. Ten rural radio programs, produced in four languages, frequently aired during the campaign, while ten radio spots in five languages aired prior to and during the campaign.

PUBLICITY MATERIALS — Materials produced to support launches and community mobilization events featured the campaign logo and slogan and included T-shirts, plastic and cloth bags, hats, stickers, water pots, key chains, pens, and cloth wraps.

MATERIALS FOR SERVICE PROVIDERS — Health service providers and community health agents received existing materials including family planning, AIDS, diarrhea, and adolescent health flipcharts; AIDS prevention posters; brochures on family planning, AIDS, and childhood communicable diseases; and wooden penis models. Health centers received a GATHER poster for improved counseling, an infection prevention poster in French and English, and contraceptive sample cases.

Research Design

Research played a key role in the design and evaluation of the Guinea Male Motivation Campaign. The Communication Design and Evaluation System (CODES) (Piotrow, et al., 1997) provided the framework for the evaluation strategy. CODES recognized the importance of research throughout the communication intervention process, from the strategy design to the final evaluation. Focus group discussions and in-depth interviews with religious leaders, men and women of reproductive age, and service providers guided the development of the campaign's strategy and messages. Formal and anecdotal field reports helped identify message production and diffusion problems, so they could be corrected promptly.

The evaluation design consisted of two components: a panel study among religious leaders and a population-based study among men and women of reproductive age. The panel design included baseline interviews at the start of the advocacy activities of half of the religious leaders who attended seven randomly selected conferences. When the project ended 4 months later, the baseline respondents were re-interviewed. In all, 98 religious leaders were interviewed at the two points in time.

The evaluation design for assessing the impact of the campaign among the general population involved identifying and re-interviewing men and women who were interviewed in the 1999 Guinea Demographic and Health Survey (GDHS) within 110 enumeration areas. The evaluation survey, conducted between August and September 2000, 14 months after the GDHS, consisted of 55 randomly selected enumeration areas. Analysis of campaign impact comprised both baseline and follow-up interviews of 1,045 respondents. The evaluation sought to answer the following questions:

- What was the proportion of the intended audience exposed to the campaign and to which materials?
- Did the campaign lead to an increase in spousal communication about family planning?

- Did the campaign lead to improvements in ideation variables influencing contraceptive use?
- Did the campaign lead to an increase in the use of modern contraceptives?

Survey responses provided the basis for baseline and follow-up comparisons of relevant indicators. Analyses were based on the ideation model of behavior change. The model denoted changes in ways of thinking resulting from the diffusion of new ideas through communication and social interactions. Since demographers (Cleland, 1985; Cleland and Wilson, 1987) first drew attention to the role of ideation in fertility decline, increasing evidence has supported the claim that elements of ideation are strongly correlated with reproductive health behavior (Storey, et al., 1999; Kincaid, 2000; Kim, et al., 2001).

In this report, eight variables measure ideation: awareness about modern family planning methods, approval of family planning, spousal communication about family planning, perceived spousal approval of family planning, perceived social support for family planning, discussion of family planning with friends and relations, social influence for using family planning, and personal advocacy of family planning. The variables represent the cognitive and social interaction dimensions of ideation. The analytic model posits that ideation is influenced by communication and depends on socio-demographic variables such as education, religion, age, parity, and place of residence. Implicit in the ideation model is the assumption that behavior change is mediated by ideation and that the effects of communication on contraceptive use are both direct and indirect, that is, through its influence on ideation.

The evaluation of religious leaders and the general population used many of the same ideation variables to analyze the effects of the Male Motivation Campaign. The analyses included women, as a secondary audience, because of their exposure to the campaign's messages promoting use of family planning and health center services.

Results

Impact on Religious Leaders

The 98 religious leaders in the panel had a mean age of 55 years, an average of 2.4 wives, and 9 children. About 16 percent of them had some formal education, while the remaining 84 percent never went to school. All the religious leaders interviewed at baseline and 4 months later at follow-up had exposure to at least one campaign activity or material.

AWARENESS OF MODERN FAMILY PLANNING

METHODS Awareness about modern family planning methods increased markedly with 73 percent of religious leaders at baseline aware of 3 or more modern methods compared to 99 percent at follow-up. Awareness about specific methods also increased with all of the leaders at follow-up aware of condoms and pills, 98 percent aware of injectables, and 80 percent aware of female sterilization.

PERCEPTIONS ABOUT FAMILY PLANNING

AND ISLAM A favorable shift in the perceptions about the position of Islam on family planning occurred since the campaign began. At baseline, 37 percent of the leaders interviewed reported knowledge of a verse in the Koran or Hadith that favored the practice of family planning; at follow-up 93 percent reported such knowledge. Also, those who believed Islam supports the use of family planning for child spacing increased from 55 percent at baseline to 94 percent at follow-up. Although at follow-up, the majority of the respondents still believed Islam condemns the use of family planning for limiting the number of births, the data showed a decline in this attitude. More than one-third of the respondents at follow-up compared to one-fifth at baseline believed the use of family planning for limiting births was acceptable under Islam. Attitudes also became more positive concerning the perceived position of Islam on specific methods. As shown in Table 1, those who believed that Islam forbids specific methods declined since baseline. Nonetheless, some methods, mainly

permanent surgical ones, are still perceived by some religious leaders as contrary to the teachings of Islam.

BELIEFS AND VALUES ABOUT PROCREATION

Analysis of the data showed personal beliefs and values about procreation became more favorable toward smaller family size. For example, religious leaders who believed that having many children is a sign of wealth decreased from 35 percent at baseline to 11 percent at follow-up. Similarly, those who believed that the value of a woman depends upon the number of children she has, decreased from 35 percent to 25 percent. Nonetheless, some negative attitudes toward family planning persisted. Almost one-third of religious leaders continued to believe that family planning could encourage adultery.

SPOUSAL COMMUNICATION ABOUT FAMILY

PLANNING The data indicated increased spousal communication about family planning among religious leaders since the onset of the advocacy campaign. The leaders who reported ever discussing family planning with their spouses increased from 41 percent at the baseline to 95 percent at follow-up. Much of the reported spousal communication about family planning

TABLE 1. Percent of religious leaders who believed that specific family planning methods are forbidden by Islam: baseline, follow-up

Method	Baseline	Follow-up
Vasectomy	69.8	45.8***
Female sterilization	56.8	36.5**
Implant	52.1	22.9***
IUD	41.0	22.1**
Mousse/jelly	44.8	21.8***
Pill	26.0	19.8
Condom	33.7	15.6**
Injectable	28.1	15.6*
No. of respondents	98	98

Difference between baseline and follow-up significant at:
 * p ≤ 0.05, ** p ≤ 0.01, *** p ≤ 0.001

Source: PRISM Religious Leaders' baseline and follow-up surveys, 1999 & 2000

occurred only since the campaign's onset. At baseline, about 25 percent reported discussing family planning with their spouse during the 3 months preceding the survey compared with 91 percent at follow-up.

PERCEIVED SOCIAL SUPPORT FOR FAMILY PLANNING

Data showed evidence of increased perceived social support for family planning. Compared to baseline, more religious leaders at follow-up perceived that most of the people around them were in favor of family planning (see Table 2). However, almost half of the religious leaders still believed that most men in their community did not favor family planning.

TABLE 2. Percent of religious leaders who believed that specific categories of people favor family planning: baseline, follow-up

Specific categories of people	Percent Reporting	
	BASELINE	FOLLOW-UP
Their wives	65.3	84.7**
Most of their friends	46.5	66.7**
Fellow religious leaders	45.4	66.7**
Most men in the community	40.5	51.4
Most women in the community	49.5	63.6*
No. of Respondents	98	98

Difference between baseline and follow-up significant at * p< 0.05, ** p< 0.01

Source: PRISM Religious Leaders' baseline and follow-up surveys, 1999 & 2000

PERSONAL ADVOCACY FOR FAMILY PLANNING

Involvement in advocating modern family planning methods became more widespread among religious leaders. About 96 percent at follow-up compared with 43 percent at baseline reported they encouraged someone to use modern contraception. Similarly, those who ever preached in favor of using modern family planning methods increased from 38 percent at baseline to 96 percent at follow-up. The mean number of sermons preached

promoting the use of modern contraception increased from 1.6 at baseline to almost 7 at follow-up.

USE OF MODERN FAMILY PLANNING

METHODS Current use of modern family planning methods increased insignificantly from 9 percent at baseline to 11 percent at follow-up. However, at follow-up, about 53 percent of the non-contracepting respondents aged 60 years or less indicated the intention to use a modern contraceptive method in the future.

Impact on the General Population COMPARABILITY OF GDHS AND FOLLOW-UP

SAMPLES The impact on the general population came from analyzing the change in the indicators between the 1999 GDHS baseline interviews with respondents and the follow-up survey performed by PRISM in 2000. Baseline respondents lost to follow-up totaled 44 percent. Because of this, it was important to examine the socio-demographic characteristics of the respondents re-interviewed and those lost to follow-up. As shown in Table 3, the respondents lost to follow-up and those re-interviewed were similar in age, education, and residence. However, there were differences between the two groups by children-ever-born and marital status. Specifically, the women lost to follow-up were more likely to be single, so had fewer children than those re-interviewed.

Since the campaign focused on married people, the fact that the sub-sample that served as a basis for the analyses contained a comparatively higher proportion

TABLE 3. Comparative characteristics of GDHS respondents by follow-up status

Indicator	Re-interviewed	Lost to follow-up
Percent aged 35 years and above	37.2	34.2
Percent with no formal education	82.5	79.6
Percent of urban residents	18.9	21.2
Percent single	5.8	13.9***
Mean children-ever-born	4.0	3.3***

*** difference between groups significant at 0.001

Source: GDHS, 1999 and PRISM Male Motivation Campaign follow-up survey, 2000

of married respondents should not be a major concern. All the same, the model that estimated the net effects of the campaign on contraceptive ideation and use included parity, marital status, and other relevant socio-demographic variables. Also, separate models for single and married women estimated the extent observed effects understated or overstated the impact of the campaign.

CAMPAIGN EXPOSURE Most of the intended audience (77 percent of men and 68 percent of women) had exposure to at least one campaign material or activity (see Table 4). These figures mean that the campaign reached an estimated 1.1 million people in the project regions. In terms of exposure to specific campaign materials, rural radio programs were the most popular with around half of the respondents reporting exposure. Posters, the radio drama, and the family planning song were other campaign materials in which more than one-fourth of respondents reported exposure. On average, the audience received the campaign messages from 2.5 different sources. Nearly one-third of the respondents had exposure to four or more campaign materials or activities. It is not surprising that the proportion exposed was higher in the urban area than in the rural area (see Table 5). Campaign exposure was also higher among men than women. Other variables associated with increased campaign exposure were education and Christian religious affiliation. In addition, prior ideation was

TABLE 4. Exposure to specific campaign materials

Campaign Materials/Activities	Percent Exposed	
	MEN	WOMEN
Rural radio program	57.2	48.7
Poster	48.7	38.2
Radio drama	45.3	26.3
Family planning song	36.4	30.5
Leaflet	25.4	16.1
Radio jingle	24.6	16.0
Religious leader's talk	22.9	15.2
FP talk during community meetings	19.9	16.7
Promotional materials	19.1	10.0
Mean number of materials exposed	3.2	2.3
Percent exposed to at least one material	77.1	68.5
Number of respondents	236	809

Source: PRISM Male Motivation Campaign follow-up survey, 2000

markedly associated with increased campaign exposure. This finding suggested that the campaign was somewhat selective in its reach in that the people more likely to be exposed were those who already were favorably disposed to contraception.

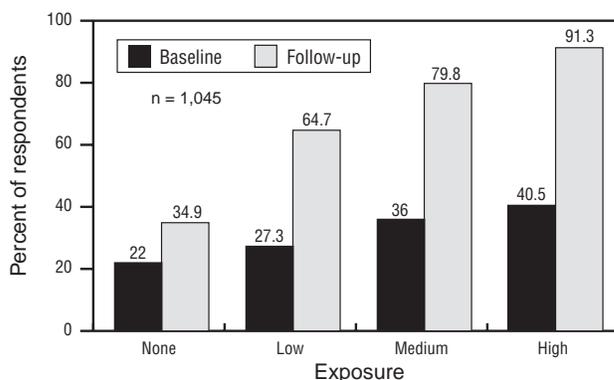
TABLE 5. Results of the OLS regression of campaign exposure on prior contraceptive use and ideation and other socio-demographic variables

Variable	Level	Coeff.	Std. Error
Prior use of modern FP method	6.0%	0.376	0.348
Prior ideation (mean; range: 0-12)	1.94	0.107**	0.037
Education			
None (RC)	79.4%	0.0	—
Primary	12.3%	0.917***	0.244
Post primary	8.3%	2.106***	0.318
Parity (mean)	4.0	-0.008	0.025
Place of residence			
Rural (RC)	76.8%	0.0	—
Urban	23.2%	1.415***	0.196
Religion			
Muslim (RC)	73.2%	0.0	—
Christian	19.9%	1.539***	0.203
Others	6.9%	-0.314	0.313
Gender			
Male (RC)	22.6%	0.0	—
Female	77.4%	-0.658	0.20
Explained variance		23.8%	
Number of respondents		1,034	

(RC) = reference category ** p ≤ 0.01; *** p ≤ 0.001

Source: GDHS, 1999 and PRISM Male Motivation Campaign follow-up survey, 2000

FIGURE 1. Percent who cited at least one modern family planning method by level of campaign exposure: baseline, follow-up



Source: GDHS, 1999 and PRISM Male Motivation Campaign follow-up survey, 2000

baseline to 64 percent at follow-up. During the same period, the indicator more than doubled, from 29 percent to 65 percent, among women. As shown in Figure 1, exposure to the campaign was strongly linked to increased levels of contraceptive awareness. Whereas the proportion citing at least one modern contraceptive method more than doubled among those with campaign exposure, it only increased by a few percentage points among those without exposure. Moreover, a dose-response effect of campaign exposure on increase in contraceptive awareness was evident: the higher the level of exposure, the greater the increase in awareness.

The presence of selectivity bias in the data may cast a shadow on the evaluation of the impact of a campaign. It may be difficult to know if the observed behavior is the result of the intervention, or if it results from pre-existing positive attitudes. Fortunately, with longitudinal data, it is possible to control for selectivity bias while estimating the effects of a campaign on pertinent indicators because information on predisposing factors is normally available. For this reason, information on prior ideation and contraceptive use are included in the models estimating the effects of campaign exposure on ideation and contraceptive use, respectively.

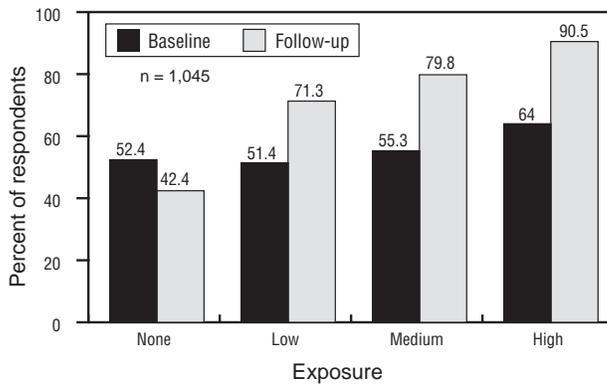
IMPACT ON IDEATION The link between campaign exposure and each element of ideation was examined to determine the impact of the campaign on ideation. Subsequently, through multiple regression, the influence of the campaign on overall ideation while controlling for the confounding effects of prior ideation was identified.

Awareness about Modern Family Planning Methods — Awareness about modern contraceptive methods increased since the baseline. Among men, those who could spontaneously cite a modern contraceptive method increased from 35 percent at

Approval of Family Planning — The data showed approval of family planning at follow-up was more widespread than at baseline: the proportion reporting approval increased from 55 percent at baseline to 69 percent at follow-up. Interestingly, increased approval of family planning occurred only among the respondents exposed to the campaign. Among those not exposed, approval of family planning decreased. The dose-response effect of the campaign was also evident in the case of approval; even a low level of exposure was associated with a considerable increase in approval level (see Figure 2).

Spousal Communication about Family Planning — One of the main goals of the campaign was to promote spousal communication about family planning as a means to increase contraceptive use. The evaluation data showed discussion about family planning between spouses increased appreciably. Those who reported discussing family planning with their spouse or partner during the 12 months preceding the survey increased significantly from 20 percent at baseline to 25 percent at follow-up. Those exposed to the campaign were more likely than others to experience increased spousal communication about family planning. For example, among those with no campaign exposure, fewer people at follow-up than at

FIGURE 2. Percent who reported approval of family planning by level of campaign exposure: baseline, follow-up



Source: GDHS, 1999 and PRISM Male Motivation Campaign follow-up survey, 2000

baseline reported spousal communication, while among those with high campaign exposure, the proportion more than doubled since baseline. At baseline, the level of spousal communication was about the same among the four exposure groups, while the follow-up data revealed the higher the level of campaign exposure, the higher the level of spousal communication. The results of a logistic regression relating spousal communication to prior spousal communication, place of residence, religion, education, and gender showed the odds of reporting spousal communication increased monotonically and significantly with exposure (see Figure 3).

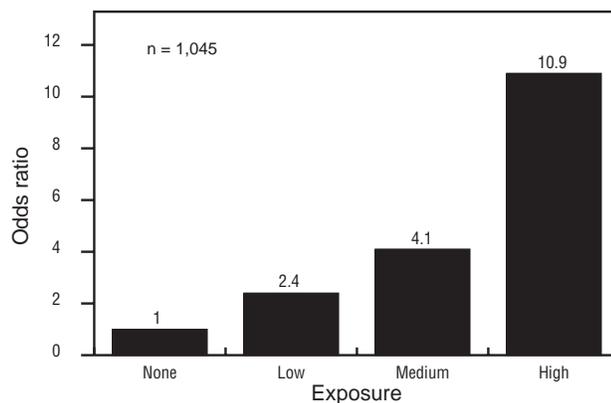
Perceived Spousal Approval of Family Planning — Personal approval of family planning strongly correlated with spousal approval of family planning. When the spouse was perceived to approve of family planning, the respondent was likely (93 percent) to report personal approval. In many cases (51 percent for men and 61 percent for women), when the spouse was perceived to disapprove of family planning, the respondent still reported personal approval. Thus, spousal disapproval of family

planning was not necessarily a deterrent to personal approval, although it may have made use problematic. Nonetheless, perceived spousal approval of family planning increased since the baseline. Those reporting perceived spousal approval increased significantly from almost 23 percent at baseline to 30 percent at follow-up. The relative increase in perceived spousal approval was larger among men (58 percent) than among women (24 percent). This finding indicated that men communicated more with their spouses and became increasingly aware of their wives' views on family planning.

The data strongly suggested that increased perceived spousal approval of family planning was linked with the campaign. Whereas the indicator declined considerably among those with no campaign exposure (from 19 percent to 7 percent) and remained stagnant among those with low exposure, it more than doubled among respondents with high campaign exposure (from 26 percent to 57 percent).

Perceived Social Support for Family Planning — The follow-up questionnaire included a question on perceptions about community support for family

FIGURE 3. Odds* of reporting spousal communication about family planning by level of campaign exposure



*Controlling for prior spousal communication, place of residence, religion, education, and gender
Source: GDHS, 1999 and PRISM Male Motivation Campaign follow-up survey, 2000

planning. The question specifically asked what proportion of the community the respondent believed was in favor of family planning. Unfortunately, the GDHS questionnaire did not include a similar question, so it was not possible to gauge the change in perceived social support between baseline and follow-up. Nonetheless, the follow-up data showed the proportion perceiving that the majority of people in their community favor family planning increased steadily from 5 percent among the respondents with no campaign exposure to more than 42 percent among those with high campaign exposure.

After controlling for the confounding effects of residence, religion, education, gender, and parity, the odds of perceiving widespread social support for family planning were almost eight times as high among those with a medium level of exposure as among those with no campaign exposure. The effect of high campaign exposure was even more striking: the odds of reporting perceived widespread support for family planning were more than 15 times as high among this category of respondents as among those with no exposure.

Discussion of Family Planning with Friends and Relations — The campaign led to increased discussion about family planning in the community. Whereas only 26 percent reported discussing family planning with a relation or acquaintance at the baseline survey, about 40 percent did so at follow-up. Men were almost twice as likely to report increased discussion about family planning as women.

Apparently, increased discussion of family planning was characteristic only of those who were exposed to the campaign. Moreover, the campaign appeared to have a dose-response effect on discussion of family planning. For example, while those who reported discussion of family planning declined since the baseline, the indicator increased by 13 percentage points among those with low exposure and by 42 percentage points among those with high exposure (data not shown).

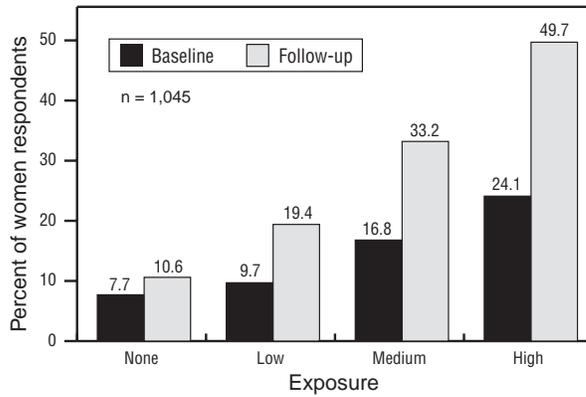
Social Influence for Using Family Planning —

The follow-up questionnaire asked respondents if they were encouraged by someone to use family planning. This question dealt with social influence, which is another element of ideation. About one-fifth of the follow-up respondents reported that someone had encouraged them to use a family planning method. Men were considerably more likely than women (28 percent compared to 18 percent) to report social influence for using family planning. This finding supported the fact that the campaign was reaching its primary audience of married men. The data showed that the proportion reporting social influence for using family planning was a function of campaign exposure. Social influence increased steadily from 4 percent among respondents with no campaign exposure to almost 23 percent among those with medium exposure and almost 45 percent among those with high exposure. Thus, the campaign generated increased discussion in favor of family planning among the intended audience, thereby creating an atmosphere favoring the use of contraceptive methods.

Personal Advocacy of Family Planning — Both the GDHS female questionnaire and the follow-up survey contained a question about personal advocacy of family planning. The question was missing from the GDHS male questionnaire, so it was not possible to examine the change in the indicator between the two surveys among men. The information from the female respondents indicated an increase in those who reported encouraging someone to use a family planning method: from 14 percent at baseline to almost 27 percent at follow-up. Also, only women with campaign exposure experienced significant increased advocacy of family planning (see Figure 4).

Overall Ideation — By combining the various elements of ideation, it was possible to obtain an overall ideation score for the respondents at each of the baseline and follow-up surveys. For ease of analysis, the elements included in the computation of the ideation score were those common to the two surveys—awareness about modern contraceptive

FIGURE 4. Percent of women who reported personal advocacy of family planning by level of campaign exposure: baseline, follow-up



Source: GDHS, 1999 and PRISM Male Motivation Campaign follow-up survey, 2000

methods, approval of family planning, discussion of family planning with spouse, spousal approval of family planning, and discussion of family planning with friends and relations. These five items had a Cronbach's alpha score for internal reliability of 0.74 at baseline and 0.70 at follow-up, indicating that they collectively measured the same underlying factor. The ideation index indicator ranged between 0 and 12 for both surveys.

Improvement in family planning ideation was significant. The improvement in ideation, however, did not cut across the board but was only characteristic of those exposed to the campaign. Indeed, while family planning ideation actually deteriorated among the respondents with no campaign exposure, there was significant improvement among those with campaign exposure.

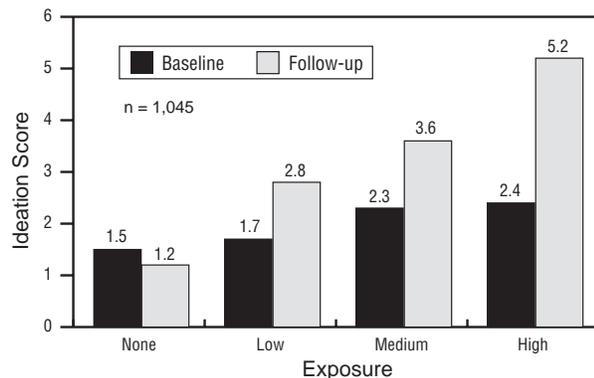
Moreover, the higher the level of campaign exposure, the more impressive the improvement in ideation (see Figure 5). The results of a conditional change logistic regression relating high ideation (above median score) with prior ideation, prior use of modern family planning methods, religion, residence, education, and gender confirmed

the mediating role of the campaign. The estimated model was a conditional change model because of the inclusion of prior ideation. It assessed the effects of campaign exposure on the change in the level of ideation while controlling for the confounding effects of socio-demographic variables theoretically susceptible and empirically demonstrated to influence ideation. The Hosmer/Lemeshow statistic indicated a proper fit between the model and the data (see Table 6). Moreover, the set of independent variables included in the model collectively explained almost one-third of the variance in ideation. It is not surprising that prior ideation, education, gender, and religion turned out to be significant correlates of ideation. However, by far the single most significant determinant of ideation was campaign exposure. After

controlling for the confounding effects of the other variables, compared with no exposure, low exposure was associated with almost a four-fold increase in the odds of manifesting a high ideation level. Even more impressive were the effects of medium exposure, which were associated with a 12-fold increase, and high exposure, which resulted in a 29-fold increase in the odds of manifesting high ideation.

In sum, the evaluation data showed that campaign exposure was associated with considerable and

FIGURE 5. Score for ideation by level of campaign exposure: baseline, follow-up



Source: GDHS, 1999 and PRISM Male Motivation Campaign follow-up survey, 2000

TABLE 6. Results of the logistic regression of high ideation on prior contraceptive use and ideation, religion, and other socio-demographic variables

Variable	Level	Odds Ratio	z
Prior use of modern FP method	6.0%	1.412	0.831
Prior ideation (mean; range: 0-12)	1.94	1.202**	4.255
Education			
None (RC)	79.4%	1.0	—
Primary	12.3%	1.526	1.672
Post primary	8.3%	3.501**	3.153
Place of residence			
Rural (RC)	76.8%	1.0	—
Urban	23.2%	1.451	1.830
Religion			
Muslim (RC)	73.2%	1.0	—
Christian	19.9%	1.569*	2.121
Others	6.9%	1.185	0.553
Gender			
Male (RC)	22.6%	1.0	—
Female	77.4%	2.058***	3.379
Campaign exposure			
None (RC)	29.6	1.0	—
Low	27.4	3.685***	6.146
Medium	19.9	11.983***	10.458
High	23.1	28.888***	12.298
Pseudo-R ² 29.7%			
Cases correctly classified 77.7%			
Hosmer/Lemeshow $\chi^2/p > \chi^2$ 4.70 / 0.789			
Number of respondents 1,034			

(RC) = reference category * p ≤ 0.05, ** p ≤ 0.01, *** p < 0.001

Source: GDHS, 1999 and PRISM Male Motivation Campaign follow-up survey, 2000

significant improvement in ideation among the intended audience. Even a low level of campaign exposure made a marked difference in terms of improvement in contraceptive ideation.

Impact on Contraceptive Use and Intention

Between baseline and follow-up, the proportion using a modern family planning method increased insignificantly from 3.9 percent to 4.9 percent among women and remained at the same level, 13 percent, among men. Nonetheless, the campaign led to the use of modern family planning methods among previous

non-users. For example, among women not using a family planning method at baseline, only 0.4 percent of those with no campaign exposure compared with 5 percent among those with medium exposure and 13 percent among those with high exposure used a modern family planning method at follow-up.

The data also showed that while the campaign did not achieve its primary objective of increasing contraceptive prevalence, it moved the intended audience toward that objective, as shown by the combined percentage of those using or intending to use a modern contraceptive method in the near future. The proportion of women who were either using a modern contraceptive method or intending to use one in the future increased significantly from 33 percent at baseline to 39 percent at follow-up. The change in contraceptive behavior, however, was not uniform; it depended on the level of campaign exposure.

For those who had no campaign exposure, the indicator declined significantly (see Table 7). For the others, the gain in the proportion using or intending to use a modern family planning method increased steadily with the level of campaign exposure. More than two-thirds of the women with high campaign exposure were either using a modern contraceptive method or expressed the intention of using one. The men's data revealed a similar pattern between campaign exposure and contraceptive use and intention.

Results of the logistic regression confirmed the positive and statistically significant effects of campaign exposure on contraceptive use and intention. After controlling for prior use and intention, education,

TABLE 7. Percent using or intending to use a modern family planning method by campaign exposure: baseline, follow-up

Level of Campaign Exposure	Men (n=236)		Women (n=809)	
	BASELINE	FOLLOW-UP	BASELINE	FOLLOW-UP
None	22.2	13.0	33.3	16.1
Low	40.0	40.0	32.6	37.3
Medium	28.8	48.1	38.5	48.1
High	50.0	66.2	45.7	69.7
All respondents	36.8	44.5	32.9	39.2

Source: GDHS, 1999 and PRISM Male Motivation Campaign follow-up survey, 2000

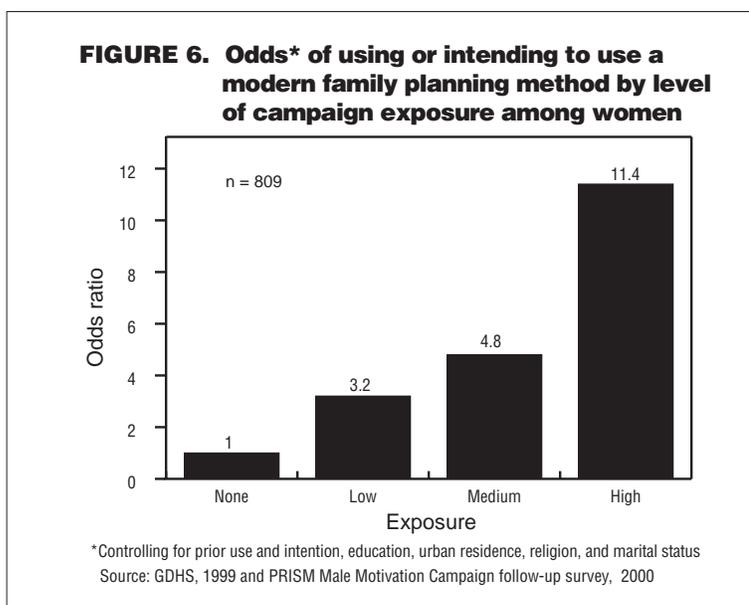
urban residence, religion, and marital status, the odds of using or intending to use a modern contraceptive method was more than three times as high among women with low campaign exposure as among those with no exposure (see Figure 6). Compared with the same group, medium exposure was associated with nearly a 5-fold increase and high exposure with almost an 11-fold increase in the odds of using or intending to use a modern contraceptive method.

Respondents lost to follow-up, and therefore not included in the analyses, were more likely than others to be single, raising a concern about the ability to generalize the findings. Separate models for married and non-married respondents estimated the extent observed results understated or overstated the true impact of campaign exposure on the intended audience. The results revealed that the campaign had significant effects on both groups of women. Moreover, the data did not show any noticeable difference in the magnitude of effects of the campaign by marital status. The odds of using a family planning method or intending to do so increased by 39 percent among single women exposed to each additional campaign material. Among married women, the comparative

figure was 41 percent. This finding suggested that observed results adequately reflected the impact of the campaign on intended audiences, regardless of differences in the composition of respondents re-interviewed and those lost to follow-up.

Interestingly, most of the respondents (61 percent of women and 55 percent of men) did not use a method and indicated no intention of doing so in the future. This showed that contraception was far from being the norm in Guinea and underscored the extent of work that remains to be done. Also, among respondents not exposed to the campaign, the indicators of contraceptive ideation and use conspicuously deteriorated. While the reason for this was not clear, it has important programmatic implications, and points to the need for continued exposure to family planning information. This exposure is important to ensure that gains in knowledge, attitudes, and positive behavior are sustainable.

FIGURE 6. Odds* of using or intending to use a modern family planning method by level of campaign exposure among women



Conclusions

Using the ideation model, the foregoing examined the impact of a family planning communication program that promoted increased male involvement by gaining support from religious leaders and promoting spousal communication among married men. The analysis was based on the premise that communication affects behavior directly and indirectly through its influence on the intended audiences' ways of thinking (ideation). Overall, the results showed that the Male Motivation Campaign promoted an environment compatible with increasing the use of family planning and adopting positive health practices. Below are the main lessons derived from this campaign.

The campaign used proven behavior change strategies that helped ensure its effectiveness.

Use of formative research to identify barriers to using modern family planning methods allowed project staff to design activities and materials that appropriately addressed the information needs of the intended audiences.

From the start of the advocacy campaign, favorable attitudes toward the use of modern family planning methods, in perceived social support for family planning, and in personal advocacy of modern family planning methods increased among religious leaders.

It was possible to work with Islamic religious leaders to promote the use of modern family planning methods in the predominantly Muslim society of Guinea. Involving religious leaders in designing the campaign helped ensure their support to situate the messages within Islamic precepts. Moreover, situating messages initially within the non-threatening framework of child and maternal health helped ensure the leaders' continued participation as messages moved to more controversial issues such as family planning.

More religious leaders became aware that modern family planning, especially for the purpose of child spacing, was not against the teachings of Islam. The majority of the leaders interviewed at follow-up reported awareness of at least one verse of the Koran or Hadith that favored family planning.

Project staff worked with religious leaders to identify passages in the Koran or Hadith that favored family planning. These verses provided the background for campaign messages and served to encourage religious leaders to talk to their followers about family planning.

The acceptability of family planning for the purpose of limiting the number of children was not widespread among religious leaders.

The belief that the number of children is for God to determine was still prevalent among religious leaders. Many of them did not accept that Islam justifies the use of family planning for the purpose of limiting births. This finding underscored the need for continued advocacy work among religious leaders. Difficulty and persistence are to be expected in changing religious norms.

The use of multiple channels of communication helped ensure wide reach of campaign messages.

Formative research helped identify relevant communication channels. The use of a variety of channels to disseminate the messages helped ensure the majority of the intended audience was exposed to the campaign, and that many people heard the same messages from multiple channels. Multiple exposure to campaign messages was a key factor in behavior change among the general population. All the indicators of behavior change analyzed in this report showed a dose-response relationship with the level of campaign exposure.

The campaign resulted in positive impact on contraceptive ideation including awareness about modern family planning methods, discussion about family planning, personal advocacy of family planning, and perceived social support for using family planning among the general population.

It is possible to create an environment favorable to increasing the use of modern family planning with appropriately designed messages disseminated through credible channels.

Although current use increased only insignificantly among women and stagnated among men, increased intention to use a modern family planning method occurred among current non-users. The fact remains, however, that a noticeable proportion of the intended audience did not use a method at follow-up and did not express the intention to do so.

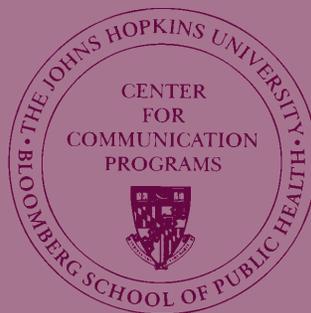
It is possible to generate increased demand for family planning in a low contraceptive prevalence area given appropriate communication strategies and messages. There is a need, however, for continued advocacy work and ongoing dissemination of family planning information in Guinea.

Almost all the indicators analyzed in this report showed a decline between baseline and follow-up among the respondents not exposed to the campaign.

It is important to continue providing relevant information about family planning to the population in Guinea. This will help ensure that previous improvements in ideation and behaviors are maintained.

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**Johns Hopkins Bloomberg School of Public Health
Center for Communication Programs
Population Communication Services
111 Market Place, Suite 310
Baltimore, Maryland 21202, USA
Telephone: 410-659-6300
Fax: 410-659-6266
E-mail: orders@jhuccp.org**