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Pakistan (2007): Family Planning TRaC Study Evaluating Contraceptive Use among Married Men and Women in Rural and Urban Pakistan

First Round

The PSI Dashboard

Punjab, Sindh, North Western Frontier and Baluchistan Provinces, Pakistan
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Summary

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This report represents the work of many individuals. Technical over sight for the project, including study design, analysis and reporting was provided by Dr Sohail Agha (Consultant to Greenstar Social Marketing). The data collection was made possible through ACNielsen Pakistan (Pvt.) Ltd. From Greenstar Social Marketing, Shujaat Zaidi (Senior Manager Research) monitored interviewer training and supervised survey implementation in the Punjab province. Faraz Rizwan (Asst. Manager Research) facilitated survey development, monitored survey implementation in Sindh and Balochistan and conducted bivariate data analysis. Muhammad Islam (Manager Data Analysis) monitored survey implementation in the North Western Frontier province, implemented data quality checks and conducted multivariate logistic regression analysis. Dr Kathryn O'Connell (Regional Researcher SE Asia, Pakistan and PNG) conducted psychometric data analysis. Ms. Shazina Masud (DGM Organizational Development) facilitated the study implementation. Dr Kathryn O'Connell wrote this report, which was reviewed and edited by Justin Buszin (Research Consultant).

Background & Research Objectives Greenstar/Pakistan (GS/Pakistan) conducted a national household survey designed to investigate behaviors related to family planning use among married men and women living in Pakistan. This survey aimed to: 1) identify behavioral determinants associated with the use of a modern method of family planning; 2) formulate baseline findings to inform communication campaigns promoting family planning messages; 3) monitor levels of behavioral practices as well as determinants of modern methods of family planning; 4) assess respondent's exposure to different communication channels.

Description of Intervention GS/Pakistan is a non-profit, non-governmental organization (NGO) that specializes in social marketing in family planning, maternal and child health products, and social franchising services. It has been operating in Pakistan since 1986. The family planning program includes implementation of a health education and behavior change communications campaign that promotes the benefits of family planning and advertises the availability of contraceptive products, with the goal of increasing the use of commercial, public

sector, and social marketed contraceptives in Pakistan. In addition, GS/Pakistan has over 50,000 active franchised providers that provide socially marketed family planning services and products.

Methodology This baseline study consisted of a cross-sectional survey conducted in April 2007. The target population of the study was married females of reproductive aged 15-49 years and males whose wives were in the age bracket of 15-49 years, who live in all four provinces of Pakistan: Punjab, Sindh, North Western Frontier (NWF) and Baluchistan. A multi-stage, stratified, systematic, disproportionate sampling methodology was used. A sample of 4062 eligible respondents (2032 males and 2030 females) was recruited for the first round of the survey. The main survey tool was a questionnaire used to conduct verbal interviews. Information was collected on respondents' demographic characteristics, behavior related to family planning, knowledge of family planning methods, quality of family planning services, social norms, social support, attitudes, self-efficacy, locus of control related to family planning, and exposure to media channels and other social marketed products and services. Data were weighted for the analysis. Multivariate analyses were performed to identify factors significantly associated with modern methods of family planning among men and women with met and unmet need. Simple frequencies and means were run on descriptive data to permit monitoring of project indicators.

Main Findings Current use of a modern method of family planning was prevalent in around one third of the population (33.1%). Use of a long term contraceptive method was lower, with only 14.4% of respondents using IUDs, injections or sterilization. Sterilization was the most common long term method practice (9.1%); 10% of the sample used condoms. Of the total population 31.8% reported unmet need for family planning – i.e. around one in three respondents reported they did not want any more children or wanted to delay the birth or their next child by two years.

Segmentation analyses conducted on a sub-population of men and women with unmet need showed that availability of family planning methods, social norms related to use of family planning and quality of care were all significant, positive determinants of behavior. Social support related to talking to one's spouse about family planning, was also a significant and positive determinant of family planning in both men and women. Men and women who used modern methods of family planning were significantly more likely to know how to use an effective method of family planning than non-users. Female family planning users were significantly more likely to believe they could do something to avoid getting pregnant too soon than non-users. However, these women were less likely to agree with the statement 'If I decide to

use contraceptives, my husband's parents would support my decision' than those women who did not use family planning methods. Men who used modern methods of family planning were more likely to agree that family planning can help improve one's standard of living and did not think that God determined the number of children they have.

Programmatic Recommendations Family planning health campaigns aim to raise awareness of different contraceptive methods and counseling services. Based on segmentation analyses, a number of communication messages are recommended: 1) increase the awareness of different family products and ensure national coverage of family planning services and products, 2) highlight the benefits and acceptability of family planning use among younger women and as a means of birth spacing, 3) increase self-efficacy to use a family planning method 4) address spousal relationships to promote acceptance of family planning methods within marriage and encourage support for this among married couples.

Monitoring Table: Trends in behavior, OAM determinants of behavior, and exposure among married men and women, Pakistan, 2007

Risk Group: *Married females of reproductive age (15-49 years) and males whose wives were in the age bracket of 15-49 years*

Behavior: *Current use of a modern method of family planning*

INDICATORS	February March 2007 Male N=2032	February March 2007 Female N= 2030	February March 2007 Total N= 4062
BEHAVIOR/USE	%	%	%
Current use of a modern family planning method ✦	31.4	34.7	33.1
Current use of a long term contraceptive method:	11.8	17.0	14.4
By type of long term method:			
IUD	1.5	2.9	2.2
Injectables	2.1	3.7	2.9
Female Sterilisation	8.0	10.2	9.1
Male Sterilisation	0.2	0.2	0.2
Ever used long term contraceptive method	16.7	34.5	25.5
By type of long term method**:			
IUD	3.1	11.0	7.0
Injectables	5.4	13.1	9.2
Female Sterilisation	8.0	10.2	9.1
Male Sterilisation	0.2	0.2	0.2
Unmet need for family planning	31.1	32.5	31.8
Ever used emergency contraceptive	0.5	0.9	0.7
Ever used family planning services	11.5	23.4	17.5
OPPORTUNITY			
Availability			
Knows where to find a provider	40.4	38.5	39.4
	Mean	Mean	Mean
There are many different types of contraceptive methods available in their area ♀	2.95	2.89	2.92
Can easily obtain the family planning methods that they want to use ♂	2.73	2.64	2.69
Quality of Care			
The medical staff at family planning clinics are friendly and helpful ♂	2.87	2.78	2.83
Family planning products are usually of good quality ♀	2.75	2.67	2.71
Social Norms			
Among the people known, family planning use is done secretly ♀ ®	2.56	3.04	2.80
Only God determines the number of children a couple has ♀ ®	1.54	1.64	1.59
Family planning is not considered to be a good thing among most people they know ♂ ®	2.57	2.83	2.70
Family planning should be used only by older women who want no more children ♂ ®	2.85	2.94	2.89

INDICATORS	**February March 2007** Male N=2032	**February March 2007** Female N= 2030	**February March 2007** Total N= 4062
ABILITY			
Social Support			
If they decide to use contraceptives, their husband's parents would support their decision ♀♂	2.38	2.24	2.31
If spouse opposes the use of contraceptives, they are unable to convince him/her that it's a good idea ♂ ®	3.45	2.94	3.19
	%	%	%
Reports discussion with spouse concerning contraception [1]	75.9	83.1	81.5
Self-Efficacy	Mean	Mean	Mean
Knows how to use an effective method of family planning ♀♂	2.73	2.53	2.63
MOTIVATION			
Attitudes			
Family planning can help improve one's standard of living ♀	2.03	1.73	1.88
Spouses who care for one another will use family planning ♀	2.01	1.78	1.90
Using some contraceptives can lead to side-effects ♀	2.85	2.50	2.67
	%	%	%
Thinks birth spacing is acceptable [2]	33.7	32.9	33.3
Intention			
Intends to use modern family planning method in future	27.4	32.8	30.1
Locus of Control	Mean	Mean	Mean
There is nothing they can do about getting pregnant too soon ♂ ®	3.02	2.80	2.91
Willingness to Pay	%	%	%
Family planning services are affordable[3]	94.0	87.8	89.8
EXPOSURE	% N=149	% N=305	% N=454
Has visited a Greenstar clinic for family planning	8.7	12.5	11.2
Can recall the Greenstar brand (un-prompted)	19.1	20.1	19.6
Has heard, seen or listened to family planning add in last 3 months (un-prompted)	38.7	37.1	37.9
Have ever used emergency contraceptive hotline services	1.7	0.7	1.2

Symbol Key:

✦ PSI PERForM indicator
** Multiple response
♀ Item found to be a significant determinant of modern contraception among males
♂ Item found to be a significant determinant of modern contraception among females
® Conceptual meaning of items is negative and therefore lower scores are indicative of better opportunity, ability or motivational beliefs to carry out the promoted behaviors

Scaled values range from 'strongly disagree' (1), 'disagree' (2), 'neither agree nor disagree' (3), 'agree' (4), or 'strongly agree' (5) with statements.

	POPULATION SUBGROUPS	Males 2007 N	Females 2007 N	Total N
1	Reports discussion with spouse concerning contraception[1]	14	51	65
2	Thinks birth spacing is acceptable	620	629	1249
3	Believes family planning services are affordable	234	475	709

Monitoring Analysis: Trends in Family Planning and indicators of opportunity, ability and motivation among the general adult population, Pakistan, 2006

The monitoring table presents trends in behavior and factors that are significantly associated with use of a modern method of family planning in segmentation analyses, as well as logframe indicators of interest to donors and for internal monitoring. This section includes baseline findings from GS/Pakistan's 2007 TRaC Survey among married men and women.

Behavior

Current use of a modern method of family planning was prevalent in one-third of the sample (33.1%). Slightly more women than men reported using modern contraception (31.4% of males vs. 34.7% of females). Use of a long term contraceptive method was substantially lower, with only 14.4% of respondents using IUDs, injections or sterilization. Sterilization was the most common practice (9.1%). Of the total sample 31.8% reported an unmet need for family planning – i.e. around one in three respondents reported they did not want any more children or wanted to delay the birth or their next child by two years. Use of family planning services was much lower than actual reported use of a method, only 17.5% reported ever using a service and this was much higher for women than for men (11.5% of men vs. 23.4% of women). This suggests that men and women may purchase or seek family planning methods from other traditional outlets, such as pharmacies or clinics, or grocery stores in the case of condoms (10% of the sample use condoms as a method). So while product availability may be high, family planning counseling services may be less available or awareness of these services is lower. Finally, use of emergency contraceptive was very low (0.7%).

Opportunity

Opportunity includes institutional factors (such as norms in community) or structural factors (such as the availability of family planning products and services) that influence an individual's chance to perform a behavior – in this case using a modern method of family planning. Opportunity can be measured both objectively (observing the presence of products in a given outlet) or subjectively (by eliciting responses from the individual about knowing where to get family planning services). The latter was done in this survey. Both availability, quality of care and social norms were found to influence modern methods of family planning.

In terms of availability, around 40% of the study population reported that they knew of a family planning provider. To address availability of family planning, respondents were asked whether they "Believe there are many different types of contraceptive methods available in their area" and "Can easily obtain the family planning methods that they want to use". Respondents could 'strongly disagree' (1), 'disagree' (2), 'neither agree nor disagree' (3), 'agree' (4), or 'strongly agree' (5) with this statement. The results are presented as a mean score, ranging from one to five. Respondents were more likely to agree with the statement that 'there are many different types of contraceptive methods available' ($\bar{x}$ = 2.92) than with the statement 'they can easily obtain a family planning methods' ($\bar{x}$ = 2.69).

Two items related to quality of care were found to be significant determinants of behavior. These indicators were scored as a mean, where a higher value is indicative of greater quality of care. The item 'Medical staff at family planning clinics around here are friendly and helpful' and 'Family planning products are usually of good quality' were determinants for use of modern methods of family planning for females and males respectively. These items had a mean score of 2.83 and 2.71 respectively, indicating respondents were not likely to strongly agree or disagree with these statements.

Social norms are the values or traditions that exist within a community, pertaining to what behaviors and ideas are considered typical and acceptable. To address social norms surrounding use of modern family planning, respondents were asked four questions: 1) 'Among the people I know, family planning use is done secretly,' 2) 'Only God determines the number of children a couple has,' 3) 'Family planning is not considered to be a good thing among most people I know,' and 4) 'Family planning should be used only by older women who want no more children.' As with other scaled responses, respondents could 'strongly disagree' (1), 'disagree' (2), 'neither agree nor disagree' (3) 'agree' (4), or 'strongly agree' (5) with this statement. The results are presented as a mean score. Is important to note that these questions are negatively worded, so lower scores are indicative of better social norms. Mean scores suggest that people were most likely to disagree with the statement 'Only God determines the number of children a couple has' ($\bar{x}$ = 1.59). Means for other items were in a range between $\bar{x}$ = 2.70 and $\bar{x}$ = 2.89.

Ability

Ability refers to whether or not an individual has the skills or proficiencies needed to perform the promoted behavior. For example, if a person does not have social support for use of a modern contraceptive, this may inhibit his or her ability to use family planning methods. In this survey, ability was only measured subjectively by asking respondents questions to measure their knowledge pertaining to family planning methods, social support for use and self-efficacy. Two concepts, social support and self efficacy, were found to influence behavior.

Social support was based on the extent to which respondents agreed or disagreed that they discuss family planning with other people. Respondents were asked 'If I decide to use contraceptives, my husband's parents would support my decision' and this item was found to be a significant determinant of family planning behavior among men and women. This indicator was scored as a mean, where a higher value is indicative of greater social support. The overall mean was rather low compared with the availability and quality of care determinants in the table ($\bar{x}$ =2.31). However, 81.5% of respondents reported that they discuss contraception with their spouse. This was higher among women than men (83.1% vs. 75.9% respectively). Respondents were also asked 'If my spouse opposes the use of contraceptives, I am unable to convince him/her that it's a good idea'. This indicator was also scored as a mean, but given the statement is negatively phrased, lower scores are indicative of greater social support. The mean score suggests that men are more likely to agree with this statement than women ($\bar{x}$ =3.45 vs. $\bar{x}$ = 2.94 respectively). This may also suggest that men have a greater role in the decision making process for use of family planning methods.

In terms of self-efficacy, the statement 'I know how to use an effective method of family planning' was asked. This item was found to be a significant determinant of family planning behavior among men and women. Men were more likely to agree with this statement than women ($\bar{x}$ =2.73 vs. $\bar{x}$ = 2.53 respectively), and the overall mean suggests general agreement with this item ($\bar{x}$ =2.63).

Motivation

Motivation pertains to an individual's desire to perform a promoted behavior – in this case, his or her motivation to use a modern method of family planning. Motivation can only be measured subjectively, based on responses elicited from the individual. Attitudes, intention, locus of control

and willingness to pay, were all motivation factors that are significantly related to family planning use in this study.

Beliefs are perceptions about a promoted behavior, which typically address myths and misconceptions. Respondents were asked to state their level of agreement or disagreement with the statements 'Family Planning can help improve one's standard of living,' 'Spouses who care for one another will use family planning,' and 'Thinks using some contraceptives can lead to side-effects.' As with other scaled responses, respondents could 'strongly disagree' (1), 'disagree' (2), 'neither agree nor disagree' (3), 'agree' (4), or 'strongly agree' (5) with this statement. The results are presented as a mean score, ranging from one to five. Few respondents believed that family planning can improve ones standard of living or agreed that spouses who care for each other will use family planning. These statements had some of the lowest scores in the monitoring table ($\bar{x}$=1.88 and $\bar{x}$=1.90 respectively). For both items, men were more likely to agree with these statements than women. Respondents in general were more likely to think that using some contraceptives can lead to side-effects ($\bar{x}$=2.67). Finally, only one in three people agreed that birth spacing is acceptable (33.3%).

One item was measured under locus of control. In this study, respondents were asked "There is nothing I can do about getting pregnant too soon'. This item was a significant determinant of behavior among women. As with other scaled responses, respondents could 'strongly disagree' (1), 'disagree' (2), 'neither agree nor disagree' (3), 'agree' (4), or 'strongly agree' (5) with this statement. The results are presented as a mean score, ranging from one to five. This indicator was also scored as a mean, but given the statement is negatively phrased, lower scores are indicative of greater locus of control. The data suggest most the men were more likely to neither agree nor disagree with this statement than women ($\bar{x}$ = 3.02 vs. $\bar{x}$ = 2.80 respectively).

Exposure

In terms of exposure, 11.2% of the sample had ever visited a Greenstar clinic for family planning, while 19.6% could recall the Greenstar brand. Almost 40% had heard, seen or listened to a family planning ad in the last 3 months (37.9%). Only 1.2% had ever used the Emergency Contraceptive hotline service.

Segmentation Table (1 of 2)
Determinants of Using Modern Methods of Family Planning among Married Women Living in Pakistan, 2007
Risk Group: *Married females of reproductive age (15-49 years) with Unmet Need for Family Planning*
Behavior: *Use of Modern Method of Contraception*[1]

INDICATORS	Users of Modern Family Planning N = 705	Non-Users of Family Planning N = 660	Sig.
OPPORTUNITY	%	%	
Availability			
Can easily obtain the FP methods that want to use	57.1	50.2	**
Quality of Care			
The medical staff at family planning clinics in the area is friendly and helpful.	46.9	39.6	**
Social Norms			
Family planning is considered to be a good thing among most people I know	67.3	62.8	*
Family planning should not only be used only by older women who want no more children	69.3	63.5	*
ABILITY	%	%	
Self Efficacy			
Is not nervous discussing contraception with spouse	74.4	67.9	*
Knows how to use an effective method of family planning	67.1	43.8	***
Social Support			
If I decide to use contraceptives, my husband's parents would support my decision	57.6	74.7	***
MOTIVATION	%	%	
Locus of Control			
Can do something to avoid getting pregnant too soon	65.1	59.4	*

Notes:
Percentages and odds ratios are adjusted by age, education, type of residence, province, number of children and all other variables in the model.
Statistical Tests of the Model:

Omnibus test	Chi-square = 377.14 DF= 16 p<0.001
Nagelkerke	R squared=32.2%
***	p< 0.001 ;
**	p< 0.01
*	p< 0.05

[1] The full model includes only those women with unmet need. There were no missing cases in selected variables. The table above shows the number of respondents in the final model.

Segmentation Analysis (1 of 2): Determinants of Use of a Modern Contraceptive Method for Married Men Aged 15-49 Who do Not Want a Child in the Next Two Years or Want No More Children, Pakistan, 2007

In the preceding segmentation table, the population at risk is married women living in Pakistan. The table shows determinants of the behavior of interest, users of a modern family planning method. Respondents who report currently using pills, condoms, IDUs, injectables or sterilization methods were considered current users. Those respondents that report using other traditional methods (such as the rhythm method), or no method, were categorized as non-users. The table only includes data from those women with unmet need. A series of analyses were conducted with variables from the questionnaire to determine which factors were significantly associated with using a modern method of family planning.[2] All indicators, including those that use Likert scales, were converted into dichotomous variables for this analysis in order to allow for comparisons of proportions.

The results of this segmentation analysis revealed that eight variables are determinants of current use of family planning. Family planning users are characterized by: believing they can easily obtain the family planning methods that they want to use; thinking that medical staff at family planning clinics in their area are friendly and helpful; thinking that family planning is considered to be a good thing among most people they know; believing that family planning methods do not only need to be used by older women who want no more children; reporting that they are not nervous to discuss contraception with their spouse; believing they can do something about getting pregnant too soon; and knowing how to use an effective method of family planning. Users of a modern family planning method were however less likely to believe that if they decide to use contraceptives, their husbands parents would support their decision.

Opportunity

Findings show that family planning availability is an important determinant of frequent use. Women who believe that they can easily obtain the family planning methods that they want to use are more likely to use modern methods of family planning than those that did not know where they could easily obtain methods (57.1% vs. 50.2%, $p<.01$). In terms of quality of care, users of

[2] Percentages for variables that were found to have a statistically significant relationship with the behavior are shown in the table. Significance levels are indicated with asterisks. Percentages are adjusted for other significant factors in the final logistic regression and population characteristics. Further detail of the analysis can be found in the Methodology Annex.

modern family planning were more likely to agree that medical staff at family planning clinics in their area are friendly and helpful (46.9% vs. 39.6% p<.01).

Social norms were also found to influence family planning use. Users of family planning were more likely to agree with the statement 'family planning is considered to be a good thing among most people I know' than non-users of family planning (67.3% vs. 62.8% p<.05). Users were also more likely to agree that 'family planning should not only be used only by older women who want no more children' than non-users of family planning (69.3% vs. 63.5% p<.05).

Ability

Regarding self-efficacy, family planning users were more likely to report that they were not nervous about discussing contraception with their spouse (74.4% vs. 67.9% p<.05). Lastly, family planning users were more likely to agree that they know how to use an effective method of family planning than non-users (67.1% vs. 43.8% p<.001).

Social support, which involves the exchange of information related to a promoted behavior, was measured by asking respondents the statement 'If I decide to use contraceptives, my husband's parents would support my decision.' In this case an inverse relationship was found, where non-users were more likely to agree with this statement than users (non-users: 74.7% vs. users: 57.6% p<.001).

Motivation

Locus of control was also found to determine behavior. With regards to the statement 'I can do something about getting pregnant too soon' users were more likely to agree with this than non-users (65.1% vs. 59.4%, p<.05).

Segmentation Table (2 of 2)
Determinants of Using Modern Methods of Family Planning among Married Men Living in Pakistan, 2007
Risk Group: *Males whose wives were in the age bracket of 15-49 years with Unmet Need for Family Planning*
Behavior: *Use of Modern Method of Contraception*[3]

INDICATORS	Users of Modern Family Planning N = 639	Non-Users of Modern Family Planning N = 631	Sig.
OPPORTUNITY	%	%	
Availability			
There are many different types of contraceptive methods available in this area	51.8	44.7	**
There's a clinic where I could obtain family planning advice in this neighborhood	41.3	45.3	*
Quality Care			
Family planning products are usually of good quality	48.9	42.4	*
Social Norms			
God does not determine the number of children a couple has	21.3	12.6	**
Family planning should not only be used only by older women who want no more children	58.4	65.7	*
ABILITY	%	%	
Self Efficacy			
Knows how to use an effective method of family planning	53.5	36.1	***
MOTIVATION	%	%	
Attitudes			
Family planning can help improve one's standard of living	76.9	69.0	***
Spouses who care for one another will use family planning	77.1	71.4	**

Notes:
Percentages and odds ratios are adjusted by age, education, type of residence, province, number of children and all other variables in the model.
Statistical Tests of the Model:

Omnibus test	Chi-square = 234.49 DF= 16 p<0.001
Nagelkerke	R squared=22.5%

*** p< 0.001
** p< 0.01
* p< 0.05

[3] The full model includes only those men with unmet need. There were no missing cases in selected variables. The table above shows the number of respondents in the final model.

Segmentation Analysis (2 of 2): Determinants of Use of a Modern Contraceptive Method for Married Men Who do Not Want a Child in the Next Two Years or Want No More Children, Pakistan, 2007

In the preceding segmentation table, the population at risk is married men living in Pakistan. The table shows determinants of the behavior of interest: users of a modern family planning method. Respondents who reported their wives were currently using pills, IDUs, injectables or whether they were using condoms, or sterilization methods, were considered current users. Those respondents that report using other traditional methods (such as the rhythm method), or no method, were categorized as non-users. The table only includes data from those men with unmet need. A series of analyses were conducted with variables from the questionnaire to determine which factors are significantly associated with using a modern method of family planning.[4] All indicators, including those that use Likert scales, were converted into dichotomous variables for this analysis in order to allow for comparisons of proportions.

The results of this segmentation analysis revealed that eight variables are determinants of current use of family planning. Family planning users are characterized by believing there are many different types of contraceptive methods available in their area, thinking that family planning products are usually of good quality, believing that God does not determine the number of children a couple has, knowing how to use an effective method of family planning, thinking that family planning can help improve ones standard of living, and thinking that spouses who care for one another will use family planning. However, male users of family planning were also more likely to believe that family planning should be used only by older women who want no more children and were less likely to know of a clinic where they could obtain family planning advice.

Opportunity

Findings show that family planning availability is an important determinant of family planning use. Two items were found to determine behavior. Men who use modern methods of family planning were more likely to think there are many different types of contraceptive methods available in their area (51.8% vs. 44.7% $p<.01$). However, they were less likely to know of clinic where they can obtain family planning advice in their neighborhood (41.3% vs. 45.3% $p<.05$).

[4] Percentages for variables that were found to have a statistically significant relationship with the behavior are shown in the table. Significance levels are indicated with asterisks. Percentages are adjusted for other significant factors in the final logistic regression and population characteristics. Further detail of the analysis can be found in the Methodology Annex.

This perhaps suggests that while product availability may be high, family planning counseling services may be less available or awareness of these services is lower.

In terms of quality of care, male users of modern family planning were more likely to agree that family planning products are usually of good quality (48.9% vs. 42.4% p<.05). It is important to note that more than half of the population of users and non-users of family planning, do not think that such products are usually of good quality.

Social norms were also found to influence family planning use. Family planning users were more likely to agree with the statement 'God does not determine the number of children a couple has' (21.3% vs. 12.6% p<.01). Users however were less likely to agree that 'family planning should not only be used only by older women who want no more children' than non-users of family planning (58.4% vs. 65.7% p<.05). This suggests that users are more likely to think that family planning should only be used by older women.

Ability

Regarding self-efficacy, family planning users were more likely to agree that they know how to use an effective method of family planning than non-users (53.5% vs. 36.1% p<.01).

Motivation

Attitudes were also found to determine behavior. With regards to the statement 'Family planning can help improve ones standard of living,' users were more likely to agree with this than non-users (76.9% vs. 69.0%, p<.001). Male users were also more likely to agree that spouses who care for one another will use family planning (77.1% vs. 71.4%, p<.01).

Programmatic Recommendations

Family planning health campaigns aim to raise awareness of different contraceptive methods and counseling services. Based on segmentation analyses, a number of communication messages are recommended:

1) Availability of contraceptive methods was found to be a significant determinant of family planning use. Availability of family planning services was still quite low as only half of the sample believed that family planning methods were easily obtainable and that there were many different types of methods available in their areas. Interventions should focus on increasing the awareness of different family products and ensure national coverage of family planning services and products.

2) Social norms related to family planning showed unusual results. Regarding the item 'Family planning should only be used by older women who want no more children' – this item was found to be a significant determinant of behavior for both men and women. However, male users were more likely to agree with this statement than male non-users. In the case of females, the opposite was found - female users were less likely to agree with this statement than female non-users. Interventions should challenge this perception among men, highlighting the benefits of family planning use among younger women and as a means of effective birth spacing. Focusing on the positive belief, that it is acceptable for younger women to use family planning methods, will also be an effective means to increase use of a family planning method among women.

3) Knowing how to use a family planning method was a significant determinant of behavior among men and women. Interventions should increase awareness of how family planning methods can be used. Given this item was positively and significantly related to behavior among men and women, such interventions could be applied to men and women universally.

4) Interventions should also address spousal relationships to promote acceptance of family planning methods within marriage ad encourage support for this. Two items – spouses who care for one another will use family planning and not being nervous to discuss contraception with a spouse – were found to influence behavior. Interventions that foster spousal communication will be useful.

Population Characteristics

POPULATION CHARACTERISTICS	Male N=2032	Female N=2030	Total N=4062
CURRENT AGE GROUP YEARS	%	%	%
15 to 19	1.2	7.3	4.3
20 to 24	10.4	17.3	13.9
25 to 29	16.4	24.0	20.2
30 to 34	17.4	21.3	19.3
35 to 39	18.9	18.1	18.5
40 to 44	15.2	9.2	12.2
45 to 49	10.9	2.8	6.8
50+	9.6	-	4.8
RESPONDENTS LEVEL OF EDUCATION			
Illiterate	31.8	58.0	44.9
Primary	8.3	7.3	7.8
Middle	29.8	18.0	23.9
Secondary	15.5	9.8	12.7
Matriculation of higher	14.6	6.8	10.7
CAN READ & UNDERSTAND LETTER OR NEWSPAPER			
Easily	55.0	35.9	45.5
With difficulty	13.7	6.1	9.9
Not at all	31.3	58.1	44.7
INCOME GROUPS			
3000 or less	19.7	11.4	15.6
3000 – 5000	22.5	29.6	26.0
5001 – 7000	12.5	14.4	13.5
7001 – 9000	5.5	7.9	6.7
9001 – 12000	6.3	5.9	6.1
12001 – 15000	3.8	2.4	3.1
15001 – 20000	1.7	1.0	1.4
20001 – 30000	1.0	.7	.9
30000 or more	1.1	.5	.8
Don't Know	25.8	26.2	26.0
ETHNIC GROUPS			
Urdu	8.7	8.2	8.4
Punjabi	41.5	42.2	41.9
Sindhi	11.7	11.0	11.3
Pashto	12.6	12.8	12.7
Hindko	3.0	2.9	2.9
Balochi	4.0	4.6	4.3
Borohi	.6	.7	.7
Saraiki	14.0	13.7	13.9
Others	4.0	3.9	4.0

Fertility Preferences

	Male N=2032 %	Female N=2030 %	Total N=4062 %
PREGNANCY STATUS			
Currently pregnant	9.3	8.6	8.9
Ever Pregnant	81.6	86.2	83.9
Never been pregnant	9.1	5.2	7.2
NUMBER OF CHILDREN EVER BORN			
None	12.7	7.2	9.9
1 to 2	21.2	21.3	21.2
3 to 4	25.6	30.9	28.3
5 or more	40.6	40.5	40.5
WHAT WERE YOUR INTENTIONS ABOUT YOUR LAST/CURRENT PREGNANCY?	N=1846	N=1925	N=3771
Wanted then	84.3	77.3	80.7
Wanted later	6.5	11.7	9.1
Did not Want at all	9.2	11.1	10.1
NUMBER OF CHILDREN WOULD LIKE IN THE FUTURE	N=264	N=352	N=616
One child	30.7	35.2	33.3
2 – 3 children	39.4	42.0	40.9
4 or more children	29.9	22.7	25.8
HOW LONG WOULD YOU LIKE TO WAIT FOR NEXT BIRTH	N=295	N=336	N=631
One year	13.2	8.0	10.5
Two years	30.5	19.3	24.6
Three years	20.3	14.6	17.3
Four or more years	6.8	19.9	13.8
Don't Know	29.2	38.1	33.9

Behavior & Awareness of Family Planning Products

	Male N=2032 %	Female N=2030 %	Total N=4062 %
HEARD ABOUT CONTRACEPTIVE METHOD			
Pill	71.1	89.8	80.4
IUD	31.5	69.0	50.2
Injectables	63.4	84.1	73.8
Condom	81.9	60.8	71.4
Female Sterilisation	65.8	81.7	73.7
Male Sterilisation	29.6	27.3	28.5
Rhythm	34.4	28.6	31.5
Withdrawal	30.9	22.5	26.7
Emergency contraception	8.6	7.1	7.9
EVER USED CONTRACEPTIVE METHOD			
Pill	7.6	14.3	11.0
IUD	3.1	11.0	7.0
Injectables	5.4	13.1	9.2
Condom	21.8	18.5	20.1
Female Sterilisation	8.0	10.2	9.1
Male Sterilisation	.2	.2	.2
Rhythm	9.8	11.4	10.6
Withdrawal	9.8	9.0	9.4
Emergency contraception	.5	.9	.7
INTENTION TO USE CONTRACEPTIVE METHOD			
Pill	4.6	4.6	4.6
IUD	1.5	3.7	2.6
Injectables	2.6	4.8	3.7
Condom	14.7	10.7	12.7
Female Sterilisation	7.2	11.4	9.3
Male Sterilisation	.0	.2	.1
Rhythm	6.3	8.6	7.5
Withdrawal	7.7	6.1	6.9
Emergency contraception	.5	.2	.3
CURRENT USE OF FAMILY PLANNING METHOD	31.4	34.7	33.1
CURRENTLY USING FAMILY PLANNING METHOD			
Condoms	11.5	8.4	10.0
Pills	2.8	3.0	2.9
Injectables	2.1	3.7	2.9
IUDS	1.5	2.9	2.2
Female Sterilization	8.0	10.3	9.1
Male Sterilization	.2	.2	.2
Withdrawal	3.2	3.2	3.2
Rhythm	2.0	2.8	2.4
If a woman does not use family planning methods and has sex with her husband, is there anything she can do to prevent pregnancy after that?	8.5	5.1	6.8

Current use of Family Planning Brands

Behaviour	Male N=2032 %	Female N=2030 %	Total N=4062 %
CURRENT BRAND USE	N=332	N=307	N=639
Nova Pills	6.0	4.6	5.3
Novadol Pills	.6	2.6	1.6
Famila 28 Pills	5.7	4.6	5.2
Famila Low-Dose pills	1.2	1.3	1.3
Other Pills	.3	1.3	.8
Femi-Ject Injection	1.2	6.8	3.9
Nova-Ject Injection	3.9	5.2	4.5
Megestron injection	.9	2.3	1.6
Deproprovera Injection	1.2	1.0	1.1
Other Injections	1.8	2.0	1.9
Sathi Condoms	50.0	36.8	43.7
Touch Condoms	4.2	2.9	3.6
Hamdam Condoms	1.8	1.3	1.6
Spark Condoms	.3	.3	.3
Other Condoms	4.2	2.6	3.4
Don't Know	16.6	24.4	20.3

Opportunity, Ability and Motivational Factors Related to Family Planning

	Male N=2032 Mean[5]	Female N=2030 Mean	Total N=4062 Mean
OPPORTUNITY			
AVAILABILITY			
I know a place nearby where I can obtain contraceptives	2.78	2.69	2.74
There are many different types of contraceptive methods available in this area	2.95	2.89	2.92
There's a clinic where I could obtain family planning advice in this neighborhood	3.04	2.95	3.00
Family planning methods are expensive	3.13	3.08	3.11
I can easily obtain the family planning methods that I want to use	2.73	2.64	2.69
Family planning products are usually of good quality	2.75	2.67	2.71
QUALITY OF CARE			
Family planning services around here have staffs who are very knowledgeable.	2.86	2.83	2.84
Family planning clinics in this area have doctors available.	2.88	2.96	2.92
The medical staff at family planning clinics around here is friendly and helpful.	2.87	2.78	2.83
You can trust family planning providers to keep your questions confidential	2.60	2.46	2.53
Providers give good advise on use of method	2.52	2.39	2.45
Providers usually advise you on how to deal with side-effects of methods	2.57	2.48	2.53
SOCIAL NORMS			
Among the people I know, family planning use is done secretly	2.56	3.04	2.80
Only God determines the number of children a couple has	1.54	1.64	1.59
For most couples I know, the man decides whether his wife can use family planning	2.38	2.40	2.39
Family planning is not considered to be a good thing among most people I know	2.57	2.83	2.70
Family planning should be used only by older women who want no more children	2.85	2.94	2.89
ABILITY			
SOCIAL SUPPORT			
My parents would support any decision I make regarding childbearing	2.09	1.90	1.99
If I decide to use contraceptives, my husband's parents would support my decision	2.38	2.24	2.31
My friends are all positive about the use of contraceptives	2.44	2.23	2.34

[5] . Response options were based on a 5-point Likert scale – "strongly disagree" (1), "disagree" (2), "neither agree nor disagree" (3) "agree" (4), or "strongly agree" (5).

	Male N=2032 Mean[5]	Female N=2030 Mean	Total N=4062 Mean
If I used contraceptives and had any problems my husband's family would support me	2.45	2.29	2.37
SELF EFFICACY			
I am nervous about discussing contraception with my spouse	3.74	3.36	3.55
If my spouse opposes the use of contraceptives, I am unable to convince him/her that it's a good idea.	3.45	2.94	3.19
There's nothing I can do about getting pregnant too soon	3.02	2.80	2.91
I know how to use an effective method of family planning	2.73	2.53	2.63
MOTIVATION			
ATTITUDES TOWARDS FAMILY PLANNING			
Family Planning can help improve one's standard of living	2.03	1.73	1.88
Men should share the responsibility for family planning	1.98	1.82	1.90
Child spacing protects the health of mothers	1.77	1.65	1.71
Spouses who care for one another will use family planning	2.01	1.78	1.90
BELIEFS ABOUT CONTRACEPTION			
Using some contraceptives can lead to side-effects	2.85	2.50	2.67
Contraceptives can harm your womb	2.92	2.66	2.79
Contraceptives can make you sterile	2.99	2.85	2.92
If a woman uses contraceptives, she wont be able to get pregnant when she wants to	2.92	2.64	2.78
Modern contraceptives can be very dangerous for a woman's health	2.86	2.75	2.81
The contraceptives that we have in this country are not effective in preventing unwanted pregnancy	2.93	2.88	2.91
There are a lot of stories about contraceptives that make me wonder if they work	2.86	2.88	2.87

Exposure to Family Planning Services and Greenstar

	Male N=2032 %	Female N=2030 %	Total N=4062 %
KNOWS OF ANYWHERE IN THIS NEIGHBOURHOOD WHERE YOU COULD GO FOR FAMILY PLANNING SERVICES?	40.4	38.5	39.4
What type of facility is this?	N=820	N=783	N=1603
Govt. sectors	69.8	68.8	69.3
Private sectors	17.1	22.3	19.7
Others	3.7	.3	2.0
Don't Know	9.5	8.6	9.0
EVER VISITED FOR FAMILY PLANNING SERVICES	11.5	23.4	17.5
	N=234	N=475	N=709
EVER HEARD OF GREENSTAR?	63.2	64.0	63.8
	N=149	N=305	N=454
EVER VISITED TO GEENSTAR CLINIC?	8.7	12.5	11.2
	N=234	N=475	N=709
EVER HEARD OF KEY?	69.2	78.9	75.7
	N=162	N=375	N=537
EVER VISITED TO KEY TRAINED PROVIDER?	6.8	5.6	6.0
HEALTH WORKER VISITED HOUSE IN THE LAST 3 MONTHS TO DISCUSS FAMILY PLANNING	4.4	13.3	8.8
NAME OF THE ORGANIZATION FOR WHICH THE HEALTH WORKER WORKED:	N=89	N=270	N=359
Population welfare	74.2	63.3	66.0
KSM	1.1	1.5	1.4
Greenstar	3.4	1.5	1.9
Others	3.4	3.7	3.6
Don't Know	18.0	30.0	27.0
PARTICIPATED IN ANY OTHER FAMILY PLANNING ACTIVITY IN THE LAST 3 MONTHS	0.4	0.5	0.4
ATTENDED A CLINIC SAHOOLAT FREE CLINIC FAMILY PLANNING ACTIVITY AT A HEALTH FACILITY IN THE LAST 3 MONTHS	1.3	.7	1.0
ATTENDED A MOHALLA SANGHAT FAMILY PLANNING ACTIVITY IN THE LAST 3 MONTHS	0.8	0.2	0.5
HAS SEEN ANY FAMILY PLANNING ADVERTISEMENTS IN THE LAST 3 MONTHS	38.7	37.1	37.9
Ads were seen on (multiple response):			
TV	88.6	96.1	74.5
Signboard	15.9	8.5	9.9
Newspaper	17.2	3.7	8.5
Radio	5.0	1.0	2.4
At clinic/family planning clinic	5.2	1.0	2.5
Others	3.7	1.7	2.2

Media Habits

	Male N=2032	Female N=2030	Total N=4062
HOW OFTEN DO YOU WATCH TELEVISION?			
Daily	40.0	46.0	43.0
Once in a week	15.6	8.4	12.0
Once in a month	12.7	5.6	9.2
Don't watch TV	31.7	40.0	35.9
HOW OFTEN DO YOU LISTEN TO THE RADIO?			
Daily	9.9	6.3	8.1
Once in a week	5.8	4.0	4.9
Once in a month	8.5	4.7	6.6
Don't watch TV	75.8	85.0	80.4
HOW OFTEN DO YOU READ NEWSPAPERS?			
Daily	21.3	4.2	12.8
Once in a week	17.2	6.8	12.0
Once in a month	10.1	6.9	8.5
Don't watch TV	21.3	4.2	12.8
READ MAGAZINES	3.8	7.1	5.5

Methodology

Sampling and participants: The target population of the study was married females of reproductive aged 15-49 years and males whose wives were aged 15-49 years, and live in all four provinces of Pakistan: Punjab, Sindh, North West Frontier and Baluchistan. Federally Administered Tribal Areas (FATA), Federally Administered Northern Areas (FANA) and Azad Jammu Kashmir (AJK) were not covered in this survey. The areas not covered in the survey constitute about 10% of total population of the country. A sample of 4062 eligible respondents (2032 males and 2030 females) was recruited for the first round of the survey.

A multistage, stratified, systematic disproportionate random sampling was used in this survey. To cater to the diversity and heterogeneity in the population of the country, first the target population was divided into urban and rural strata.

Selection of Urban Areas:

Urban Pakistan was sub-divided into four strata on the basis of population: cities with a population more than 5 million (Stratum I), cities with a population between 1-5 million (Stratum II), cities with a population 0.1 – 1 million (Stratum III) and cities with a population less than 0.1 million (Stratum IV). A total of 20 out of 472 urban cities were selected[6]. Given that the 9 cities in Stratum I and II were more heterogeneous in nature and covered a very large majority of the urban population, 6 out were selected using equal probability. Probability Proportionate to Size (PPS) was used to select the remaining 14 cities in stratum III and IV.

The Pakistan Census Organization divides cities into circles and charges. An equal number or respondents (n=12) were interviewed in each circle. The required number of circles to be selected in each city was determined by dividing the total number of circles in the selected city by 12. Once the number of circles to be selected in each city was determined, the number of charges to be selected in each city was calculated by dividing the number of circles to be selected[7]. Each selected circle was then divided into 4 hypothetical quadrants and a starting point was selected in each quadrant. Households in each quadrant were selected through a systematic

[6] Stratum I included the two largest cities of the country Karachi and Lahore. There were 7 cities in stratum II, 43 cities in stratum III and 420 cities in stratum IV.

[7] For example, sample allocation for Karachi city was 400 and 12 interviews from each circle were to be conducted. Therefore the number of circles to be selected in the city was determined by dividing 400 by 12 which after rounding came to be 34. As per census information, Karachi is divided in 48 charges and 1310 circles. All circles were then listed in geographical order, and the sampling number was determined by dividing the total number of circles by 34 (1310/34 = 39) and through sequential random selection, the first circle was selected. Circles were then selected after an interval of 39

random selection technique. A Kish grid was used to select the respondent from the targeted household. The same methodology was used for selecting respondents in each selected city in urban Pakistan.

Selection of Rural Areas:

Rural Pakistan was divided into three strata: villages with population more than 5 thousand (Stratum I), villages with population between 3-5 thousand (Stratum II) and villages with population less than 3 thousand (Stratum III). Ten respondents were interviewed in each village. In total, 200 out of the 40,235 villages were selected[8]. Considering the geographical coverage, it was decided to select 100 villages in stratum I, 60 in stratum II and 40 in stratum III. After allocating the number of villages in each stratum, all districts were listed in each province geographically going from North to South, and then all *tehsils*[9] within a district clock-wise were listed. Again considering the geographical coverage, the required number of villages for each stratum from all listed *tehsis* was selected randomly.

Each village was divided into four hypothetical quarters with a starting point in each. Three interviews each from two starting points and 2 interviews each from remaining two starting points were conducted to achieve the sample size for rural Pakistan. Once the household was selected, the Kish grid was used for the selection of target respondent

Data Collection Procedure: Interviewers participated in a rigorous 6 day training, which was conducted across five major cities. In-class training included sessions on objectives of the study, field methodology, explanation of the questionnaire and tips on the demeanor of the interviewer. Field supervisors from Greenstar were also employed to supervise field practice sessions and to supervise interviewers. When data collection began, field supervisors and team leaders ensured that proper methodology was being followed. Greenstar research supervisors also performed random spot-checks and rectified the mistakes. The research supervisors also conducted random back-checking of the questionnaires to ensure that interviews had actually taken place and to unearth any data falsification.

Selected respondents were interviewed at home by AC Neilson, a market research agency, in February-March 2007. In case the selected individual was not available, three attempts were made to reach the selected respondent after which the respondent was dropped and the next

[8] Stratum I included 3606 villages. There were 5006 villages in stratum II and 316 villages in stratum III.
[9] A tehsil is a geographical unit and consists of many villages

household was selected through the random walk methodology in place of the previous one. The profile of replacement sometimes matched and sometimes did not match the profile of the replaced respondent.

Survey Instrument(s): A screening questionnaire and main questionnaire were used for collecting data. The screening questionnaire examined preliminary qualifications for the study. The questionnaire measured behavior related to family planning, respondents' demographic characteristics, knowledge of family planning methods, quality of family planning services, social norms, social support, attitudes, self-efficacy locus of control related to family planning, media habits and exposure to media channels and other social marketed products and services. Most opportunity (e.g. social norms), ability (e.g. social support) and motivational (e.g. attitudes) items were measured using a five-point Likert scale with response options: 'strongly disagree' (1), 'disagree' (2), 'neither agree nor disagree' (3), 'agree' (4), or 'strongly agree' (5). Higher scores are indicative of better opportunity, ability and motivation to carry out the promoted behaviors. Other questions, such as those measuring knowledge, were based on "Yes" or "No" response options.

The questionnaires were developed in English and translated into Urdu. The main questionnaire was pilot tested on 20 subjects to check for comprehensiveness, clarity and cultural appropriateness.

Analytic Technique: All analyses were conducted using SPSS Version 13. Weights were attached to the data to adjust the sample. The weights primarily adjusted the sample for representation of urban and rural areas as per the 1998 Census of Pakistan and for overrepresentation in Baluchistan.

Correlation analysis was used to detect multi-collinearity among the variables; no items were removed from the analyses due to multi-collinearity. The monitoring table was produced with baseline data from the survey, including indicators of behavior, OAM determinants of behavior (based on the segmentation analyses) and donor indicators. Simple means and frequencies were reported using descriptive statistics. The segmentation models were based on multiple logistic regression and UNIANOVA. Socio-demographic characteristics were used as controls, but not included in the model. For each segmentation analysis, only scaled items were included in the initial full logistic regression model. The model was then reduced to a restricted model by dropping non-significant variables and retaining those that were significant ($p<0.05$) or borderline significant ($p<0.10$). Removed variables were then re-entered into the model one by

one in order of significance (starting with the lowest p-value) to check if they improved the model. If the addition of a variable produced a significant omnibus chi-square and/or if the individual variable was significant in the model, the variable was kept in the model. Variables that did not improve the model were dropped from the analysis. A final parsimonious model is presented (i.e. a model with significant variables only). UNIANOVA was conducted to calculate adjusted means or proportions for each variable in the final regression model, controlling for all other significant independent variables in the model as well as study design related variables. Significance is based on a LSD test with a 0.05 limit on the family-wise error rate.

Challenges: Given the low female literacy rate, particularly in rural Pakistan, the biggest challenge the team faced was to collect valid and reliable data from married women of reproductive age. In spite of the previous mentioned quality checks and vigorous field monitoring, several interviewers performed below expectations and the interviews conducted by them were replaced by additional interviews conducted by experienced interviewers. In few instances, boundary maps were not available and team leaders sought the help of locals to get the proper lay of the land in order to follow the field methodology. Some villages were spread out in a random manner and were difficult to map, therefore, interviewers were dispatched to different corners of the village to ensure proper coverage of the village.

Some problems were also encountered during the analysis stage. Reliability analysis was only conducted after the data had been analyzed and presented internally. As a consequence, only single items were found to be determinants of behavior, rather than more meaningful scaled constructs.

Improvements for Next Study Round: During the next study round, several improvements will be made to ensure the reliability and validity of the data. The minimum qualification for the interviewers will be defined. Course content for interviewer training will be developed in consultation with Greenstar. Greenstar research team will prepare a pre and post training questionnaire for the interviewers and selection of interviewers will be based on the results of post training questionnaire. One hundred percent of questionnaires completed in the first day of training will be checked and edited, to prevent further mistakes. Twenty five percent of questionnaires will be given spot-checks during on the remaining days.

Considering the very low response for some questions on population characteristics, brand awareness and exposure to network services, questionnaire for the follow up TRaC will be reviewed and revised. The scales for availability, social norm, social support, belief, attitude,

outcome expectation and locus of control will be revised to improve their reliability and to clarify their association with the use of contraceptives. Researchers will also use means scores in segmentation analysis and avoid recoding Likert scales into dichotomous responses. Negatively phrased items should also be recoded and rephrased so that higher scores are indicative of more positive OAM items. Segmentation tables will also be produced for use of a long term family planning method or/and use of IUD. Key population characteristics will be included in segmentation analysis, as significant population characteristics can be useful for targeting.

Finally, sampling methodology and sample size for the follow up TRaC will also be revised to get meaningful results on both provincial and national level. Future research will also consider sampling only from a population of female respondents. Significant time and resources could be saved by investing in only a female sample, given that women are the primary users of family planning and can provide a proxy for determinants of male use of family planning. Findings from the segmentation tables of men and women suggest the determinants of behavior are not dramatically different between genders and in some cases, the same, providing further rationale for including women only. Analysis will also follow the PSI/Dashboard analysis plan, and ensure that scaled constructs are tested for their reliability and included in segmentation analysis.

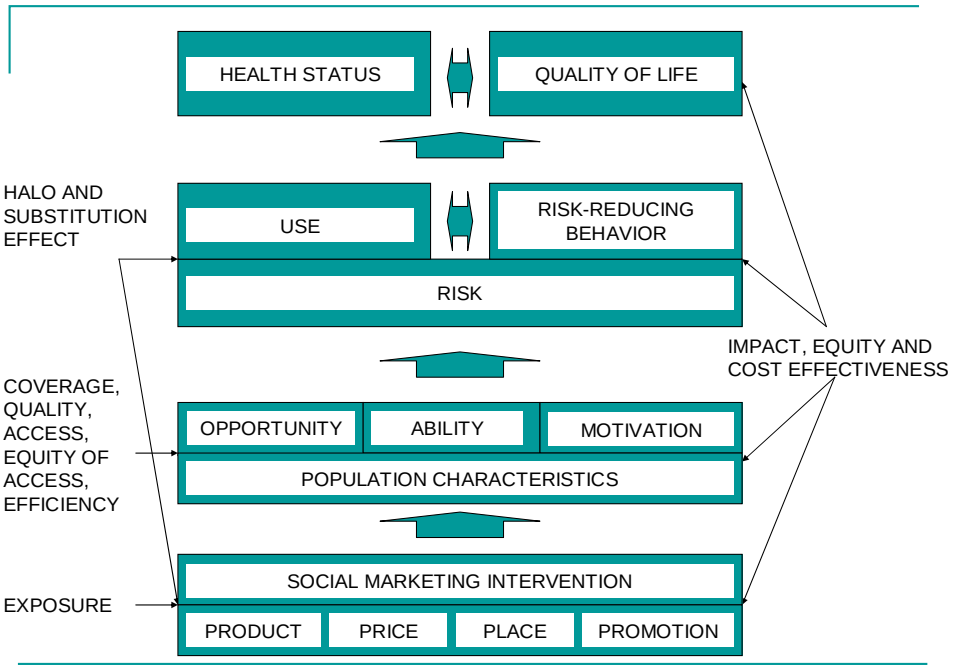
Reliability Analysis

Reliability analysis was conducted on data from female respondents, though the reliable scaled constructs were not used as part of the analysis. These constructs will be used in subsequent rounds.

Composite Variables	2007 (N=2,030)
	Cronbach's Alpha
Opportunity	
Availability - I know a place nearby where I can obtain contraceptives - There are many different types of contraceptive methods available in this area - There's a clinic where I could obtain family planning advice in this neighborhood - I can easily obtain the FP methods that I want to use - Family planning products are usually of good quality	.90
Quality of Care - Family planning services around here have staff who are very knowledgeable. - Family planning clinics in this area have doctors available. - The medical staff at family planning clinics around here is friendly and helpful. - You can trust family planning providers to keep your questions confidential - Providers give good advice on use of method - Providers usually advise you on how to deal with side-effects of methods	.91
Social Norms - Among the people I know, family planning use is not done secretly - God does not determine the number of children a couple has - For most couples I know, it is not only the man who decides whether his wife can use family planning - Family planning is considered to be a good thing among most people I know - Family planning should not only be used by older women who want no more children	.68
Ability	
Self efficacy - I am not nervous about discussing contraception with my spouse - If my spouse opposes the use of contraceptives, I am able to convince him that it's a good idea. - There's something I can do about getting pregnant too soon	.71
Motivation	
Attitudes - Family Planning can help improve one's standard of living - Men should share the responsibility for family planning - Child spacing protects the health of mothers - Spouses who care for one another will use family planning	.89

Composite Variables	2007 (N=2,030)
	Cronbach's Alpha
Motivation (cont.)	
Beliefs - Using some contraceptives can not lead to side-effects - Contraceptives can not harm your womb - Contraceptives can not make you sterile - If a woman uses contraceptives, she will be able to get pregnant when she wants to - Modern contraceptives are not very dangerous for a woman's health - The contraceptives that we have in this country are effective in preventing unwanted pregnancy - There are not a lot of stories about contraceptives that make me wonder if they work	.88

Performance Framework for Social Marketing



This study design is guided by PSI's PERForM framework. PERForM describes the social marketing research process, identifies key concepts important for designing and evaluating social marketing interventions and mirrors the four levels and concepts in the logical framework.

The top level consists of the goal of social marketing for any health promotion intervention, namely improved health status and/or for interventions relating to coping with sickness or disability, quality of life.

The second level consists of the objectives of social marketing stated as product or service use on the left side and/or other risk-reducing behaviours that do not involve the use of a product or service on the right side. The adoption or maintenance of these behaviours in the presence of a given risk or need for health services is causally antecedent to improving or maintaining health and or quality of life.

The third level consists of the determinants of PSI Behaviour Change framework summarised in terms of opportunity, ability and motivation that may differ by population characteristics such as age and sex. The fourth level consists of the characteristics of the social marketing intervention.

References

No refences were used.