



JORDAN

An integrated approach to increasing use of modern family planning methods

PROGRAM OBJECTIVE

The Commercial Market Strategies (CMS) project in Jordan works to increase the use of modern family planning methods by addressing the underlying issues impeding their adoption, including improving knowledge of modern methods among married couples of reproductive age and providers and reducing the discontinuation rate, particularly for pills.

CONTEXT

Jordan's annual rate of population growth is among the highest in the world, at 2.3 percent. If this rate continues unabated, Jordan's population, estimated at 5.3 million in 2002, will increase to 8.7 million by 2025.

There has been widespread political and cultural acceptance of family planning due to donor-funded activities and the support of the Jordanian government. As a result, contraceptive use increased from 40 percent in 1990 to 56 percent in 2002. A concurrent trend in delayed marriage — related to Jordan's efforts to promote education and literacy for women — also has contributed to a reduction in fertility from 5.6 children per woman in 1990 to 3.6 in 2002.

Modern-method use, however, seems to have leveled off at just under 40 percent.

There are several factors contributing to this stagnation. The discontinuation rate for oral contraceptives and condoms is high — 68 percent, according to the 1997

Demographic and Health Survey (DHS).

While fear of side effects and widespread misconceptions continue to pose barriers to modern-method use, research also points to the need to address more fundamental beliefs and attitudes that inhibit use, including the desire for large families, preference for male children, pressure to have a child within the first year of marriage, and husbands' opposition to family planning.

Additionally, CMS research shows that provider biases and misconceptions about modern methods are common and may contribute to the high discontinuation rate for modern methods. Given the significant role that private providers play in influencing women's choice of a family planning method — 66 percent of women seek family planning in the private sector — CMS also works to improve provider knowledge and behavior related to family planning service provision in the private sector.

PROGRAM COMPONENTS

CMS Jordan employs a multifaceted approach to address demand- and supply-side barriers to modern-method use. Main project activities include

- **Mass media** — a multimedia campaign designed to improve knowledge about modern contraceptive methods and address underlying issues contributing to non-use and discontinuation
- **Community outreach** — door-to-door community outreach that provides home-based counseling and referrals
- **Quality improvement initiatives** — projects that focus on private providers, including provider training, medical detailing, and a quality assurance program for pharmacies
- **Hospital in-reach** — on-site reproductive health counseling and referral services in large hospitals
- **Policy interventions** — targeted interventions designed to remove barriers to modern-method use

MASS MEDIA CAMPAIGN

CMS designed an innovative multimedia campaign to improve knowledge about modern contraceptive methods and to address the underlying issues contributing to non-use. A combination of communication strategies — including humor, music, animation, and medical and religious testimonials — are used to capture the target audience's attention. The campaign includes TV public service announcements (PSAs), magazine articles, posters, and brochures.

The PSAs address issues contributing to the non-use of family planning, such as the desire for large families, the preference for sons, pressure from mothers-in-law, religious concerns, method-specific misconceptions, fear of side effects, and concerns about husbands taking another wife. A total of 21 PSAs address issues that contribute to high discontinuation rates for modern methods, especially oral contraceptives.

Seven articles on family planning issues have been published in *Sharqiat*, a leading women's magazine, and thousands of reprints were distributed in maternity clinics, doctors' offices, and beauty salons. CMS

also recruited Imad Hajjaj, a famous cartoonist, who allowed the project to use his widely recognized character "Abu Mahjoob," a satirical Jordanian male, in promotional materials.

The PSA campaign was highly successful. Message comprehension was 80 to 90 percent the day after the PSAs were first broadcast. Individual spots also have had a positive effect in dispelling misconceptions that contribute to the high discontinuation rate for oral contraceptives. For example, PSAs on the myth that oral contraceptives cause cancer increased rejection of the rumor from 37 to 87 percent among survey respondents. PSAs addressing the misconception that oral contraceptives cause infertility led to increased rejection of this rumor from 28 to 89 percent of respondents. On the issue of birth spacing, a single PSA on minimum birth intervals increased the desired interval from 31.5 months to 37.5 months.

COMMUNITY OUTREACH

CMS developed an outreach campaign to increase modern-method contraceptive use by providing home-based counseling and referrals to women who are not using contraception or who are using less-effective traditional methods. A community outreach strategy, which is effective in areas with high population density, is particularly suited to the Jordanian context, where more than 70 percent of the population is concentrated in Amman, Zarqa, and Irbid. Community outreach workers are also effective in reaching women with limited mobility, such as those in lower-income groups or with a large number of children. Household visits also allow community workers to reach important influencers in family planning decision-making, such as husbands and mothers-in-law.

A pilot project in East Amman demonstrated that an outreach campaign using community health workers to promote responsible paternity and birth spacing effectively increased contraceptive use. In addition, the campaign was very cost-effective, at less than \$1 per home visit. The campaign was extended to the rest of Amman, Zarqa,

and surrounding areas, covering about 30 percent (185,000) of the married women of reproductive age in the country.

Outreach approach. CMS implemented the community outreach campaign in collaboration with four local non-governmental organizations. A trained community health worker visited each woman four times at four- to six-week intervals. The community worker promoted contraceptive use and referred women who demonstrated an interest in contraception to a public or private provider, according to her ability to pay. On the first visit, if a woman was found to be using a modern method and was satisfied with it, she received only one additional visit. All women who were not using contraception or who were using a traditional method received four visits. Community health workers were trained to provide full and accurate information on all modern methods, counsel women on possible side effects, and refer women for services.

Following four outreach visits, approximately 11 percent of the women who did not use contraception adopted a modern method, and another 5 percent who relied on traditional methods switched to a modern method. The acceptance of referrals was high, with 60 to 70 percent of women acting on the referral.

Voucher plan. All women were screened during the first visit for maternal risk (the risk of the woman or her infant dying during or shortly following childbirth). Each woman's maternal risk was assessed using guidelines provided by the Jordanian Ministry of Health, and women were told if they were at high risk. Poor, high-risk women received service vouchers that entitled them to discounted family planning services at the clinics of participating neighborhood physicians. CMS negotiated lower fees for family planning services for poor clients with 40 private physicians. CMS paid the fees for very poor, high-risk women who could not afford the discounted price and who did not have access to free government clinics.

The outreach program recently has been expanded to additional areas covering another 200,000 women. Due to the success of the program, CMS was able to access local funds to complement the USAID field support budget.

QUALITY IMPROVEMENT INITIATIVES

The quality improvement initiatives focus on private-sector general practitioners and pharmacists. Sixty-six percent of the target population seeks family planning in the private sector and would benefit from improved service delivery. Fear of side effects and health concerns are among the factors that cause women to forgo modern methods of family planning or discontinue the methods they are using. While these issues are addressed through the mass media and outreach campaigns, there is a need to address provider shortcomings as well. Incomplete counseling on proper use and side effects, and lack of informed choice appear to contribute to the high modern-method discontinuation rate. Providers also sometimes misinform women about modern methods and recommend unreliable and inconvenient traditional methods.

The quality improvement initiatives include provider training and a quality assurance program for pharmacies.

Training. Research at the beginning of the project identified several areas for improvement in the quality of family planning services provided by private providers. CMS developed a comprehensive plan to address these issues, comprising medical detailing, pharmacist and general practitioner training in family planning methods, and quality assurance for pharmacies. Areas of emphasis in provider training include improving counseling about the management of contraceptive side effects, addressing common misconceptions about modern methods, and reinforcing the importance of informed choice.

USAID JORDAN

The strategic objective of USAID Jordan's population, health, and nutrition program is to increase access to and the quality of reproductive and primary health care services. USAID originally asked CMS to expand the role of the private sector in the provision of family planning products and services. Since the modern-method contraceptive prevalence rate was stagnating, CMS was asked to address the underlying issues impeding modern-method use.

ENGAGING RELIGIOUS LEADERS

While most Jordanians believe that family planning is consistent with the tenets of Islam, many believe that specific methods are prohibited. CMS Jordan gained the support of Sheik Tamimi, the preeminent Islamic leader in Jordan, to promote family planning in a mass media campaign. Three TV PSAs featured Sheik Tamimi speaking directly to the issue of Islamic acceptance of family planning. He mentioned methods by name and said that there was no contradiction between family planning and Islam. Research shows that 72 percent of respondents who saw the PSAs accepted oral contraceptives compared to 53 percent who didn't see the PSAs. Similarly, 69 percent of PSA viewers accepted intrauterine devices (IUDs) compared to 50 percent of non-viewers.



Video stills from a CMS family planning PSA show Sheik Tamimi, a respected religious leader, explaining to a group of men that there is no contradiction between family planning and Islam.

COLLABORATION WITH PROFESSIONAL ASSOCIATIONS

As an expression of opposition to US policy in the region, the Medical Syndicate, the national medical society, refused to work with CMS. Despite this substantial obstacle, CMS successfully negotiated collaborative relationships with the Association of General Practitioners, which is a subgroup of the Medical Syndicate, and the Pharmacists' Syndicate. These collaborative relationships facilitated the training of general practitioners and pharmacists.



CMS captured the target audience's attention with humorous, non-threatening animations. One animation, which depicts birds exhausted by trying to feed their constantly hungry young, speaks to the difficulties of supporting a large family. The other uses sheep to show a newlywed couple overwhelmed by family pressure to have children immediately.



CMS addresses fundamental attitudes that inhibit modern contraceptive use, such as the preference for sons. This video still is from a PSA highlighting the special joys that girls bring their fathers.

Pharmacist training has exceeded its target, with more than 1,600 pharmacists trained in 900 of the estimated 1,500 pharmacies in the country. In addition, a total of 564 general practitioners have been trained in family planning methods (except IUD insertion and sterilization). A subset of 20 female general practitioners in Amman and Zarqa were trained in IUD insertion.

Quality assurance. Experience from several countries suggests that provider training is more effective with follow-up and a clear standard of performance for providers. In collaboration with the Pharmacists' Syndicate, CMS developed a manual on quality assurance protocols for providing family planning services at pharmacies. CMS conducted a baseline survey to assess quality of care at pharmacies and found that only 17 percent were following the protocols.

A quality assurance program was launched in early 2002 to improve the quality of services at pharmacies. Participation is offered to pharmacists who attend the training and agree to mystery client assessments of their service quality.

Within a month of pharmacists' training on the program and protocols, quality surveyors posing as clients visit the participating pharmacies. After completing their assessment, the surveyors disclose their affiliation and provide immediate feedback. If a pharmacist doesn't pass the assessment, a remedial on-site tutorial is arranged, and a second mystery client visit is made within a month. The Pharmacists' Syndicate certifies pharmacies that pass.

The on-site tutorial also allowed CMS to reach pharmacist assistants, who typically don't attend the training, but serve the bulk of clientele in many pharmacies.

To date, 784 pharmacies have enrolled in the quality assurance program, and 91 percent were certified by the first or second mystery client visit. The quality assurance program appears to make lasting improvements in service quality at pharmacies. A sample of certified pharmacies was assessed by an additional mystery client visit six months

after initial certification, and 87 percent still met the quality assurance standards.

HOSPITAL IN-REACH

The objective of the in-reach program was to increase modern-method contraceptive use by counseling women who are already visiting health facilities. Under the program, a counselor was appointed for each participating hospital. The counselor approached women in waiting rooms and provided information on and referrals for family planning and reproductive health services. More than 4,500 women were referred for reproductive health services through the in-reach program, and more than 40 percent sought services.

In-reach was implemented in 10 major private hospitals and large clinics from 2001 until 2002. According to the Jordan Fertility Survey and *DHS* data, the use of family planning in private hospitals and clinics increased from 5.2 percent in 2000 to 6.5 percent in 2002.

POLICY INTERVENTIONS

CMS Jordan also implements targeted policy interventions to improve access to family planning products and services in the country. Persistent lobbying by CMS staff with key stakeholders at the Ministries of Health and Finance led to several significant policy changes:

- The 40 percent import duty and the 13 percent sales tax on condoms were eliminated, as was the 6 percent sales tax on pills and injectables.
- The restriction on selling condoms only in pharmacies was removed. Condoms are now available in all major supermarket chains and several non-pharmacy retail outlets.
- The user fee for female sterilization (JD 55) at public clinics was removed. Sterilization was the only family planning method with a user fee, which posed a significant financial barrier for poor women.

- The Ministry of Health changed its policy to allow IUD insertion by trained midwives, in addition to physicians. Because cultural restrictions prevent male providers from inserting IUDs, the lack of trained female physicians is a major obstacle in a country where IUDs are the most popular modern method. The Ministry of Health has initiated IUD training for midwives and has agreed to train private female general practitioners to meet the high demand for IUD services.

- CMS was successful in negotiating a referral mechanism between Ministry of Health clinics in South Jordan that lacked female providers and three female physicians in Aqaba. A total of 71 IUD insertions occurred in the first six weeks of the program. Such public-to-private referral of clients is unprecedented in Jordan.

Jordan TV's (JTV) decision to eliminate free airtime for the PSAs and place restrictions on the content and format of the spots hampered the mass media campaign.

Jordan TV stopped providing free airtime for CMS's TV spots halfway through the project. JTV also placed several restrictions on the content and format of the TV spots. This hindered CMS's ability to implement its planned media strategy in terms of content and frequency. Although local funds for media advertising were made available later by the Ministry of Planning, there was a period of about six months in which advertising was suspended.

PROGRAM RESULTS

Increased modern-method contraceptive use.

It is difficult to show the impact of CMS's efforts on modern-method use at the population level as the latest *DHS* data were collected from July to September 2002, which coincided with the scale-up of the community outreach campaign — one of the most significant CMS activities. Program data, however, show that 11 percent of non-users and 5 percent of traditional-method users adopted a modern method, among the 185,000 married women of reproductive age visited by CMS outreach workers.

Lower modern-method discontinuation rates.

It appears that the CMS mass media campaign may have contributed to lower modern-method discontinuation rates. Discontinuation rates for oral contraceptives and condoms decreased from 68 percent in 1997 to 55 and 56 percent, respectively, in 2002.¹ Although it is difficult to attribute this decline to CMS because the *DHS* lacks specific questions about it, a secondary analysis of the Jordan Annual Fertility Surveys for 2000 and 2001² suggests that the decline in discontinuation rates for oral contraceptives and IUDs occurred after August 2001 — the peak of the CMS mass media campaign.

1 2002. Demographic Health Survey (Draft report).

2 Devitt, T. November 2001. *Inter-Survey Measurement of Contraceptive Discontinuation in Jordan*. US Census Bureau.

VOICES FROM THE FIELD

Community worker in Amman

In many houses where we go, it's the mother-in-law who doesn't want the woman to use any contraception. She exercises immense influence over her son, and the poor woman keeps bearing children despite her poor health. In such cases, I try to convince the mother-in-law that her grandchildren could lose their mother. I also point out that even Islam allows the use of family planning. I sometimes hide somewhere near the house and wait for the husband to come home so that I can talk to him and rationalize with him that his low, irregular income cannot support a large family and that he needs to think about his family's future. Unemployment is very high, and many of these men are street vendors or do odd jobs with no regular source of income.

Community worker in Zarqa

I was having a difficult time with a woman who wanted to stop having children. She was very weak and already had five children, but for some reason, she just couldn't seem to make up her mind about a method. I got a sense that she was overwhelmed with taking care of the house and the children. She also seemed somewhat skeptical of me, a strange health worker telling her about family planning. I thought of a strategy. Her neighbor had switched to a modern method during one of my visits and was quite satisfied with her choice of method. I asked her to accompany me to this woman's place and share her experience. She appeared to listen more carefully to her neighbor, and during my next visit two weeks later, she asked for an IUD referral. She is now an IUD user.

PROGRAM CHALLENGES

CMS Jordan operates in a difficult environment characterized by political hostility, conservative influences, and expectations that were not always commensurate with the allocation of field support funds. In spite of these challenges, CMS Jordan has evolved into a dynamic program responding to the country's reproductive health needs. As the circumstances demanded, the project's initial focus on the private sector was broadened to increase the modern-method contraceptive prevalence rate by expanding the outreach initiative and including additional topics in the media campaign.

There were several impediments that affected the physician training program. The opposition of the Medical Syndicate to US-funded projects made it extremely difficult to work with private physicians. In addition, local affiliate clinics of the International Planned Parenthood Federation were reluctant to organize IUD training for female general practitioners, possibly out of concern about creating competition for their own clinics. Some of these issues were resolved through persistent advocacy and lobbying efforts. For instance, the Ministry of Health agreed to conduct IUD training for private general practitioners and midwives.



Trained community health workers visit women in their homes, using an interpersonal approach to improve modern family planning knowledge and use.

LESSONS LEARNED

Strategic partnerships with influential local organizations are helpful in a hostile political environment. In a politically hostile environment, the importance of developing strategic relationships, coalitions, and partnerships with key professional, civic, and social organizations cannot be over-emphasized. CMS Jordan benefited from such relationships for its provider training program when the Pharmacists' Syndicate and the General Practitioners Association agreed to collaborate with CMS, despite the boycott by the Medical Syndicate and the opposition of the Council of Professional Associations.

A personalized, door-to-door campaign can be effective in stimulating use of family planning in densely populated urban neighborhoods. The door-to-door outreach strategy seems to work particularly well in conservative environments where women have restricted mobility. A one-on-one exchange between the outreach worker and the woman is an effective way to address misconceptions and rumors about family planning methods. Repeat home visits provide a chance for women to absorb the information provided in the first visit, clarify any doubts, and seek additional information from the outreach worker.

ADDITIONAL RESOURCES

Bagaeen O, L Cubeisy, M Bernhart, and E Cubeisy. 2000. *Treatment Practices of Female General Practitioners in Amman*. Washington DC: USAID/Commercial Market Strategies Project.

Shteivi, M and M Bernhart. 2001. *The Contraception-Adoption Process in Jordan*. Washington DC: USAID/Commercial Market Strategies Project.

"Islamic Precepts and Family Planning: The Perceptions of Jordanian Religious Leaders and Their Constituents," in *International Family Planning Perspectives*. September 2000.

USAID/Jordan website: www.usembassy-amman.org.jo/USAID/Extamm.htm

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Commercial Market Strategies (CMS) is a USAID-funded project that aims to increase access to and demand for reproductive health and family planning products and services in developing countries through the private sector.