

Exposure to and recall of the *Parents Fiers* campaign in three regions of Guinea

Technical Report

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Introduction

In 2020, Breakthrough ACTION Guinea, a social and behavior change (SBC) project funded by the United States Agency for International Development, in consultation with Guinea's Service National de la Promotion de la Santé, launched a 14-week SBC campaign to reach young parents (aged 15–30) and new parents of children under five. The *Parents Fiers* (Proud Parents) campaign promoted routine childhood immunization, family planning for birth spacing, communication between couples regarding their family's health, the importance of paternal engagement in family health matters, and safety precautions related to COVID-19 when visiting health centers. The campaign employed a multi-channel approach which included radio spots and shows, billboards, interactive voice response (IVR) messaging, community engagement, and social media activities. With targeted efforts in Nzérékoré, Mamou, and Faranah and reinforcement through national-level radio, the campaign reached approximately 715,062 through radio and billboard, 1.9 million with social media, 35,000 through community engagement, and 43,822 through direct IVR mobile phone calls. At the end of the campaign, Breakthrough ACTION conducted a survey designed to assess the reach of the campaign, the retention of campaign messages, and intention for behavior change. The findings of this survey demonstrate that the campaign did influence the intention to adopt birth spacing methods and child vaccination. The study results reinforce the importance of investing resources investing in multi-channel campaigns.

Methods

Roughly one month after the end of the SBC campaign, Breakthrough ACTION Guinea conducted an IVR-based survey to assess campaign reach and recall. The study leveraged the database of phone numbers used to reach individuals with campaign messages to identify potential IVR survey participants. These phone numbers were linked to residents in the three priority regions (Nzérékoré, Mamou, and Faranah) who had listened to at least one of the six campaign messages through IVR direct mobile phone calls. *Parents Fiers* developed and disseminated via IVR six unique spots (also disseminated via radio) with messages about the importance of routine childhood vaccinations, family planning (specifically around birth spacing), and integrated health services (combining childhood vaccination and family planning in one visit).

To enlist study participants, an automated system called potential participants in the database up to three times. If, after the first time the system dialed a number, no one answered, it made a second call three hours later. If the contact still did not pick up, the system called a third and final time three hours later. This process ensured attempts to reach occurred during morning, noon, and evening. Each potential participant heard a recorded message explaining the survey when they answered the phone call. If the individual chose to consent and stay on the line, they could respond to up to ten questions about their exposure to and recall of campaign messages. Answered questions were recorded even if the participant did not reply to all ten. In addition to exposure and recall questions, the survey also asked participants two intent questions: one about intention to vaccinate their children and the other

about intention to use family planning for birth spacing. Participants responded “yes” or “no” to the questions using the keypad on their cell phones. Demographic data related to this survey came from the original phone database.

Results

Out of 40,223 calls answered, 3,012 (7.5%) participants completed all ten survey questions (see Table 1). Of the 2,165 participants for whom gender data was available, the majority were male (65.1%). The majority of study participants either had a child under five years of age or were currently pregnant or had a partner that was currently pregnant (62.3%).

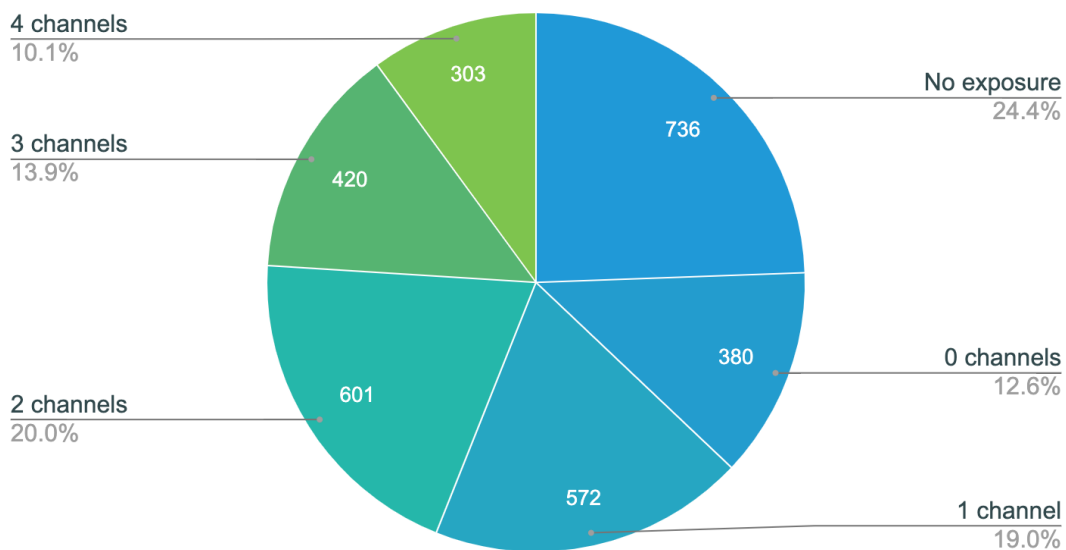
TABLE 1. SUMMARY OF PEOPLE WHO RESPONDED TO A SURVEY ABOUT EXPOSURE TO AND RECALL OF THE PARENTS FIERS CAMPAIGN IN GUINEA (N = 3,012)	
REGION (N = 3,012)	N (%)
Faranah	1,274 (42.3%)
Mamou	446 (14.8%)
Nzérékoré	1,292 (42.9%)
GENDER (N = 2,165)	N (%)
Male	1,410 (65.1%)
Female	755 (34.9%)
PREGNANCY/CHILD STATUS (N = 3,012)	N (%)
Individuals without a child < 5 years and not currently pregnant	1,136 (37.7%)
Individuals with a child < 5 years or they/their partner was currently pregnant	1,876 (62.3%)
EXPOSURE RECALL	N (%)
Saw or heard about vaccination or family planning in the past 3 months	2,276 (75.6%)
Heard this information over radio*	1,314 (57.7%)
Heard this information over mobile phone*	1,010 (44.4%)
Saw this information on Facebook or social media*	918 (40.3%)
Saw this information on posters or billboards*	1,004 (44.1%)
* = Among individuals who reported seeing/hearing about vaccination/family planning in the last 3 months.	

A majority (75.6%) of respondents recalled having seen or heard messages about child immunization or the use of family planning in the three months prior to the survey. Among those individuals, radio reached the greatest number of respondents (57.7%), followed by mobile phones (44.4%), posters/billboards (44.1%), and Facebook/social media (40.3%). In addition, 70% of survey respondents reported having heard messages about the father’s role in the health and well-being of the family, a

sentiment included at the end of all six *Parents Fiers* messages. No statistically significant difference in message exposure appeared between regions.

Because *Parents Fiers* was a multi-channel SBC campaign, participants could have seen or heard campaign messages via more than one source. One measure of exposure used in the analysis was the number of channels through which a respondent reported hearing or seeing messages about vaccination or family planning (See Figure 1 for exposure to child immunization and family planning messages, by the number of channels). About one-quarter of the respondents said they had not been exposed to any channel. The majority of respondents who reported exposure to campaign channels had been exposed to one or two channels (20.0% and 19.0%, respectively). Another 13.9% reported exposure to three channels, and 10.1% of the sample reported exposure to all four channels. Additionally, 12.6% of people who recalled seeing or hearing messages reported not having exposure to any of four channels: radio, cellphone, Facebook/social networks, or posters/billboards. These respondents may have heard about these messages through interpersonal communication through the *Parents Fiers* community engagement work.

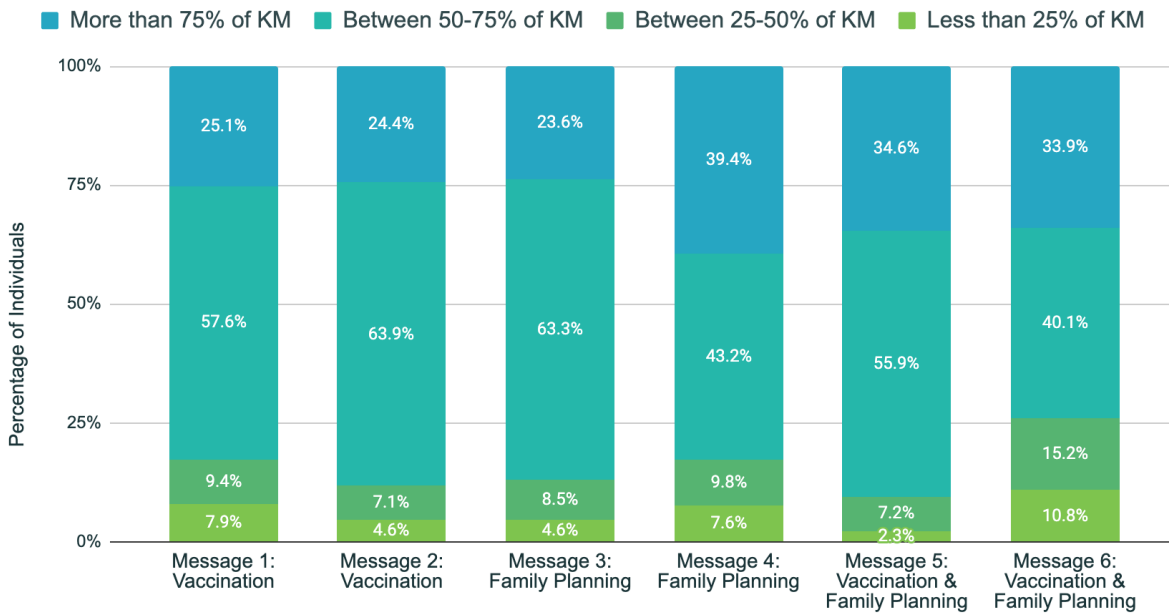
Figure 1. Exposure to Vaccination/Family Planning Messages by Number of Channels (N = 3,012)



A separate platform used by Breakthrough ACTION also tracked percent listenership, defined as the percentage of each key message that an individual listened to before hanging up. Messages 1 and 2 were related to childhood vaccinations, whereas messages 3 and 4 were related to using family planning for birth spacing. Messages 5 and 6 provided information on integrated health services, accessing both childhood vaccination and family planning services in one visit. Most of the key messages experienced

Figure 2. Percent Listenership per Key Message (N = 3,012)

Percentage of key message (KM) regarding either vaccination, family planning, or both heard by the participant



greater than 50% listenership (see Figure 2). Between 23.6% and 39.4% of key messages had listenership levels greater than 75%, with the last three messages—all of which included information about using family planning for spacing—reaching levels greater than 33%. Pearson’s chi-square tests for independence showed that gender and region were not statistically significantly associated with intention to vaccinate or to use family planning, respectively (see Table 2). In other words, similar numbers of men and women reported intention for both behaviors across regions. For example, over 85% of both men and women responded that they intended to vaccinate their child. Regardless of whether a survey respondent had a child or had ever been pregnant, a large majority of respondents reported an intention to vaccinate their child or use family planning to space births. At the same time, greater percentages of individuals who had a child or were currently pregnant, compared to those who had never been pregnant, intended to vaccinate (94.5% versus 73.6%, $p < 0.001$) or use family planning (73.7% versus 67.1%, $p < 0.001$). Similarly, the difference in the percentage of individuals who reported having seen or heard messages in the last three months versus those with no recall was statistically significant for intention to vaccinate (87.6% versus 83.7%, $p = 0.007$), as well as to use family planning to space births (73.3% versus 64.7%, $p < 0.001$).

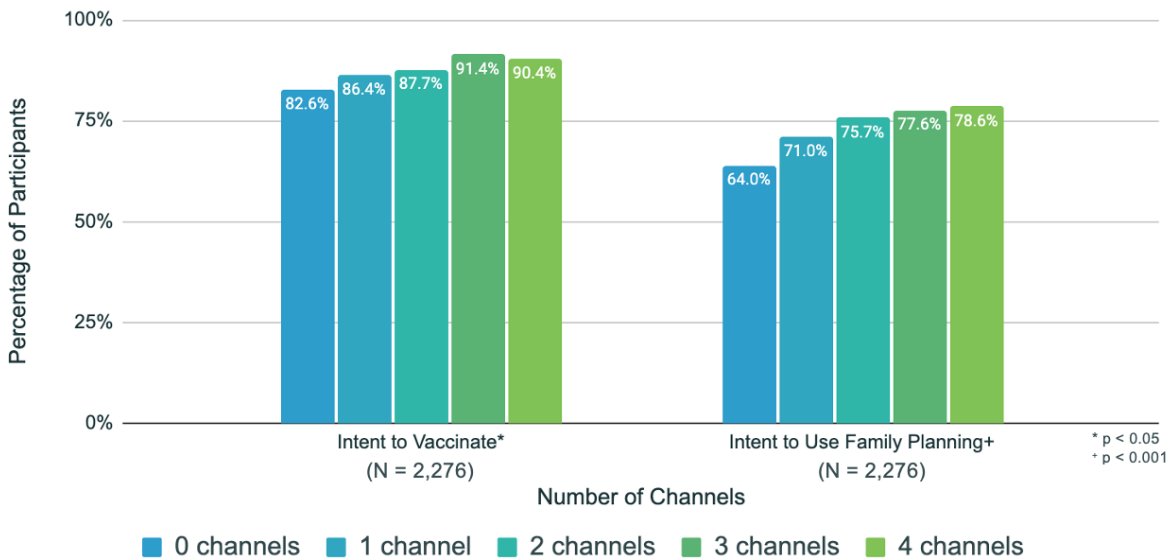
TABLE 2. INTENTION TO VACCINATE ONE’S CHILD OR TO USE FAMILY PLANNING TO SPACE BIRTHS AMONG, BY CERTAIN RESPONDENT CHARACTERISTICS

	INTENT TO VACCINATE THEIR CHILD		INTENT TO USE FAMILY PLANNING	
	N (%)	P-VALUE	N (%)	P-VALUE
GENDER (N = 2,165)				
Male	1,236 (87.7%)	0.143	1,018 (72.2%)	0.69
Female	645 (85.4%)		539 (71.4%)	
REGION (N = 3,012)				
Faranah	1,092 (85.7%)	0.274	899 (70.6%)	0.14
Mamou	383 (85.9%)		304 (68.2%)	
Nzérékoré	1,134 (87.8%)		941 (72.8%)	
PREGNANCY/CHILD STATUS (N = 3,012)				
Never had a baby/been pregnant	836 (73.6%)	< 0.001	762 (67.1%)	< 0.001
Have had a baby/been pregnant	1,773 (94.5%)		1,382 (73.7%)	
EXPOSURE RECALL (N = 3,012)				
Seen or heard about vaccination or family planning in the past 3 months	1,993 (87.6%)	0.007	1,668 (73.3%)	< 0.001
Not seen or heard about vaccination or family planning in the past 3 months	616 (83.7%)		476 (64.7%)	

When evaluating exposure by the number of channels, the Pearson’s chi-square tests were statistically significant for intention to vaccinate their child ($p = 0.002$) and intention to use family planning ($p < 0.001$), as depicted in Figure 3. For both intention outcomes, as an individual was exposed to an increased number of channels, both intention to vaccinate and intention to use family planning for birth spacing also increased. The finding highlights the value of using a multi-channel campaign.

Figure 3. Association Between Number of Channels Exposure and Intention to Vaccinate One’s Child or to Use Family Planning for Birth Spacing

Among individuals who reported seeing/hearing about vaccination/family planning in the last 3 months



Multivariate logistic regression estimated the magnitude and statistical significance of the associations between the intention outcomes (intent to vaccinate one’s child and intent to use family planning for birth spacing), demographic characteristics, and exposure to vaccination and family planning messages. These analyses only included respondents who reported that they were the parent of a child under five years of age or that they/their partner was currently pregnant, as this was the primary intended audience of the SBC campaign.

While the associations between the number of channels and intention to vaccinate their children did not achieve statistical significance, the association was statistically significant for intention to use family planning (see Table 3). Those with exposure to three or four channels had 2.18 and 2.08 greater odds of reporting intention to use family planning for birth spacing than individuals who reported either no exposure to vaccination or family planning messages in the last three months ($p < 0.001$).

TABLE 3. ASSOCIATION BETWEEN INTENTION TO USE FAMILY PLANNING TO SPACE BIRTHS, BY NUMBER OF COMMUNICATION CHANNELS REPORTED, AMONG CURRENT/FUTURE PARENTS OF CHILDREN UNDER AGE 5 (N = 1,876)

NUMBER OF CHANNELS	ODDS RATIO	95% CONFIDENCE INTERVAL (CI)	P-VALUE
NO EXPOSURE	REFERENCE GROUP		
Heard/saw messages, 0 channels reported	1.10	0.77–1.57	0.581
1 channel reported	1.32	0.96–1.79	0.084
2 channels reported	1.53	1.12–2.09	0.007
3 channels reported	2.18	1.52–3.14	< 0.001
4 channels reported	2.04	1.37–3.02	< 0.001

Note: Region was controlled for in the multivariate regression.

Conclusions

Over three-quarters of survey respondents (75.6%) reported having seen or heard messages about childhood vaccination or using family planning to space births in the last three months. In addition, 70% of survey respondents reported having heard messages about the father's role in the health and well-being of the family. This finding is of particular interest given that this promotion of male engagement was unique to *Parents Fiers* and incorporated at the end of all six messages. Moreover, the finding that message exposure did not differ by region at a statistically significant level suggests that *Parents Fiers* was equally wide-reaching across the three regions.

When looking only at the primary intended audience, parents with children under age five and individuals who are currently pregnant (or whose partners are currently pregnant), 94.5% reported intending to have their children under five vaccinated against childhood diseases, and 73.7% reported intending to use family planning to space births. In terms of exposure to channels related to campaign influence on intention to change, the levels of vaccination intention were consistently high across all exposure levels, and, unsurprisingly, exposure to a greater number of channels did not further influence intention. At the same time, this study found a statistically significant association between intention to use family planning to space births and greater exposure to messages. Starting with two or more channels of exposure, the odds of intending to use family planning to space births statistically significantly increased. Individuals with two channels of exposure had 1.53 greater odds of intending to use family planning to space births than similar individuals with no exposure ($p = 0.007$). Moreover, respondents who reported exposure to messages via either three or four different channels had more than twice greater odds of intending to use family planning to space births ($p < 0.001$). These dose-response findings reinforce the value of investing resources in creating a multi-channel campaign.

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