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Social Science & Medicine 63 (2006) 2770–2783

SOCIAL SCIENCE & MEDICINE

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Contraceptive practices in Armenia: Panel evaluation of an Information-Education-Communication Campaign

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Available online 7 September 2006

Abstract

Induced abortion remains the major form of birth control among Armenian women, contributing to their excess mortality and preventable morbidity. Reliance on abortion is attributed to limited access to information concerning modern methods of contraception and to widely held misinformation among women regarding family planning and reproductive health. Based on the Steps to Behavior Change model, the *Green Path Campaign for Family Health*, an information-education-communication (IEC) campaign, was launched in June 2000. This multimedia campaign promoted greater awareness, knowledge, acceptance, and adoption of modern contraception through increased utilization of counseling and related services provided at underutilized family planning centers. A representative panel of 1088 married women aged 18–35 were surveyed on reproductive health/family planning knowledge, attitudes, and practices immediately prior to and immediately following the 6-month national campaign. Exposure to the campaign was associated with significant increases in factors associated with contraceptive behavior change: knowledge, favorable attitudes toward modern methods, favorable attitudes toward family planning services, and information seeking and utilization of family planning services. Women who were more educated, more affluent, and slightly older were more likely to use family planning services as well as modern contraceptive methods. New visits to family planning centers increased by 84%. Despite the usual 25% turnover among those using modern methods at the start of the study, use of modern contraceptive methods increased by 4.6%, significantly exceeding the projected 3% increase. The results document changes in underlying behavioral predictors consistent with the Steps to Behavior Change model and highlight the relatively untapped potential of media-based health promotion efforts in post-Soviet Republics.

Keywords: Armenia; Behavior change; Family planning; Program evaluation; Health communication

Introduction

Behavioral risk factors are the major cause of premature death, morbidity, and loss of quality adjusted years of life (McGinnis & Foege, 1993; Nemcek, 1990). Health education and health promotion programs are a central tool in modifying behaviors at a population level. A number of similar theories with relevance to family planning programs relate the cascade of events from increased knowledge to changes in attitudes to sustained behavioral changes (Bandura, 1977; Becker, 1974; Fishbein & Ajzen, 1975; Piotrow, Kincaid, Rimon, & Reinhart, 1997; Prochaska, DiClemente, & Norcross, 1992).

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doi:10.1016/j.socscimed.2006.07.026

Built in part on theoretical foundations of the health belief model and the theory of reasoned action and complemented by empirical evidence, information-education-communication (IEC) campaigns are effective in increasing knowledge and raising awareness (Grimley, Prochaska, Velicer, & Prochaska, 1995; Nemcek, 1990; Piotrow et al., 1997). The "entertainment-education" approach of inserting social messages within entertainment vehicles such as soap operas and other non-explicit health communications first introduced by Miguel Sabido is increasingly common (Arvind & Rogers, 1999; Freedman, 1997). Behavioral changes are typically modest at the individual level but the cumulative impact of modest changes across a population can be significant (Glasgow, Vogt, & Boles, 1999). It is unclear whether these documented changes in practice reflect changes in preference (Piotrow et al., 1997) or merely crystallizing of latent demand (Freedman, 1997) and to what extent these behavioral changes are constrained by external forces (Greene & Biddlecom, 2000; Greenhalgh, 1994).

Understanding the dynamics of adopting preventive behaviors—in terms of individual characteristics, the social networks through which the diffusion occurs, the role of providers/health educators, and the impact of media—is essential to enhancing the delivery and effectiveness of health education campaigns (Kincaid, 2000a, b). This paper documents the effects of a targeted 6-month media campaign in the former Soviet Republic of Armenia, which promoted increased use of modern contraceptives by targeting predictors of behavior change.

Background

Located south of the Caucasus Mountains at the western edge of the former Soviet Union, the Republic of Armenia is at the cross-roads of Europe, Asia, and the Middle East. Armenia has a highly educated, highly literate, and largely homogenous population of 3.8 million people (American University of Armenia Center for Health Services Research and Development, 2000b; Government of the Republic of Armenia, UNICEF/Armenia, & Save the Children, 1998). This population estimate is of some debate (American University of Armenia Center for Health Services Research and Development, 2000b; Hovhannisyan, Tragakes, Lessof, Aslanian, & Mkrtchyan, 2001), with unofficial estimates ranging as low as 1.8 million, with most suggesting from 2.5 to 3.2 million. Approximately one-third of the population resides within the capital city of Yerevan and its suburbs. Women and men have equal access to education (American University of Armenia Center for Health Services Research and Development, 2000b; Government of the Republic of Armenia, UNICEF/Armenia, & Save the Children, 1998). The state religion in Armenia is Christianity, adopted in 301AD. Most of the Armenian population (98.6%) consider themselves Christian (National Statistical Service Republic of Armenia & ORC Macro International, 2000).

Like many of the Newly Independent States, Armenia initially suffered tremendous disruption to its economy. Living standards regressed dramatically in the years immediately following the 1991 Independence and are slowly recovering—and only for segments of the population (American University of Armenia Center for Health Services Research and Development, 2000b). A survey conducted in 2000 showed that, among young households, the highest percentage of people (38.7%) reported monthly expenditures less than $50 (American University of Armenia Center for Health Services Research and Development, 2000a), well below the 1998 minimal subsistence budget of $66 per person (Apkarian & Yeghiazarian, 1999).

Health services in Armenia are organized according to an 'echelon of care model,' with large specialty referral hospitals located in urban centers; polyclinics serving the primary care needs of defined catchment areas in urban centers and larger towns or serving rural regions; ambulatory care centers serving larger villages; and medical points providing basic care and triage in the smaller villages (Hovhannisyan et al., 2001). The economic collapse left the state run health system virtually bankrupt and in disarray. As a result, indicators of health and well-being of the population, once among the highest of the former Soviet Union and approaching those of western countries, dramatically regressed (American University of Armenia Center for Health Services Research and Development, 2000b). Utilization of health services has declined dramatically during this period, with primary care services being especially affected: 34% of the general population requiring medical care do not visit a doctor due to financial constraints (Armenian Social Transition Project, 2001). Due to targeted international humanitarian interventions, access to prenatal care,