

The Contraception-Adoption Process in Jordan

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SUMMARY

Contraceptive use is a dynamic process, involving the decision to adopt contraception (or not to), the selection of a contraceptive method, and, over time, the decision to continue to use a method, switch to another method, or discontinue using contraception. This study examines some of the elements of that process, including the people women talk with about using contraception and choosing a method, why they switch methods or stop using contraception, and how satisfied they are with their contraceptive method and with the health care providers who are the sources of their contraceptives.

Commercial Market Strategies Jordan (CMS/Jordan) works with the private and commercial sectors to increase access to reproductive and primary health care and improve the quality of reproductive and primary health care products. It is the authors' hope that understanding the contraception–adoption process, through this study and related research, will help CMS/Jordan and other social service agencies design interventions that facilitate successful family planning decisions, increase continuation of contraceptive use, reduce method failure, and lead to fewer unwanted or mistimed pregnancies among Jordanian women.

The study described below surveyed 155 married women of reproductive age living in Amman, Jordan's capital and largest city. All had adopted a modern method of contraception within the last 18 months.

Major findings

The decision to use contraception

Family planning and the possibility of using contraception were first discussed with husbands (43% of the women surveyed), physicians (37%), and friends (11%). When specific methods of contraception were discussed with these initial advisors, their recommendations were evenly split between oral contraceptives (OCs) and intrauterine devices (IUDs).

Advice on method selection

Once the women decided to adopt contraception, they sought advice from physicians (72%), husbands (11%), and nurses (10%). Recommendations continued to be evenly split between OCs (41%) and IUDs (44%). At the point of service delivery, recommendations for OCs (36%) weakened, although not those for IUDs (44%). The women had the greatest trust in physicians (77%) as sources of advice on contraceptive methods.

Discontinuation

Sixty-four percent of the women surveyed discontinued use of the method chosen within 12 months. This is similar to findings in national surveys on family planning. Among those who stopped using OCs, 66 percent cited side effects as their reason for discontinuation. Among IUD discontinuers, 39 percent cited side effects, and 41 percent cited desire for pregnancy.

Eighty percent of these women discussed discontinuation before they quit — 46 percent talked about it with their spouse, 45 percent, with a physician.

Readoption

Eighty-five percent of women who stopped using a method of contraception sought advice on adopting a different method before quitting the old one. The methods recommended at this point included IUDs (52%), condoms (19%), and OCs (11%).

Almost all the discontinuers adopted a new method: the IUD (56%) was the most common choice, followed by condoms (19%), OCs (10%), and traditional methods (7%). The most credible advice came from a physician (68%) or spouse (29%).

Eighty-two percent of the women who chose a new method described themselves as being very satisfied with it; 88 percent were satisfied with the advice they received.

Criteria for selecting a contraceptive provider

In selecting a provider, the women ranked the factors in their choice from most important to least important as follows:

1. Service quality
2. Good treatment
3. Proximity
4. Privacy
5. Cost
6. Recommendation by others.

Analysis and implications

These findings have several important implications for CMS/Jordan and other organizations that promote family planning.

First, it is helpful to understand that the majority of women who use traditional methods of contraception do *not* come from dissatisfied former users of modern methods. Almost all women who discontinue use of one method of contraception readopt another, despite their dissatisfaction with the first method. In other words, women give up on a method, but not on family planning.

Oral contraceptives are not badly regarded by women and their advisors. They are, however, frequently abandoned.

Husbands are influential in decisions to begin and discontinue using contraception, but have less to say about the choice of contraceptive method.

Finally, pharmacists apparently play no significant role in the decision to adopt a contraceptive method or continue to use it. General practitioners (GPs) specializing in women's health are the pivotal actors in advising women. This makes the work of CMS/Jordan more challenging, as pharmacists in Jordan have been very responsive to family planning information. Physicians are much more difficult to reach.

BACKGROUND

The last national Demographic Health Survey (DHS), conducted in 1997, showed that knowledge of contraceptive methods was widespread in Jordan. Virtually all married women had heard about commonly available methods such as oral contraceptives (OCs), IUDs (intrauterine devices), injectables, female sterilization, and barrier methods.

Other studies show that both knowledge of family planning and contraception and attitudes towards their use are changing. In the last decade of the 20th century, the percentage of married women ages 15 through 49 in Jordan who used modern or traditional methods of contraception increased from 40 percent in 1990 to 57 percent in 1999.¹ The use of modern methods increased from 27 percent in 1990 to 40 percent in 1999. During this period, a notable increase was recorded for the IUD, from 15 percent in 1990 to 24.5 percent in 1999. Use of OCs, another modern method, also increased, from 5 percent in 1990 to 9 percent in 1999. Reliance on condoms and sterilization was static over the period, and the use of other modern methods, such as injectables and vaginal barriers, was negligible.

Yet despite this good news about the steady increase in use of contraception, there were problems:

- Discontinuation was high. Sixty-eight percent of OC users abandoned the method within 12 months of adoption. The same figure of discontinuation was found for condoms, and the rate of discontinuation for all modern methods was almost 50 percent.
- Women relied heavily on the less effective traditional methods of contraception — almost a third of the total — and failure rates for all methods seemed high. Women who used traditional methods had a 30 percent failure rate. Users of modern methods also suffered from high failure rates — for example, 10 percent for OC users, about twice the rate that might be expected.²
- As a consequence of reliance on less effective methods, high failure rates by method, and high rates of discontinuation, many births to Jordanian women were unwanted or not ideally timed. The 1997 DHS reported that 20 percent of all births in the previous five years were mistimed, and 17 percent were unwanted.

There has been much speculation about how and where the contraceptive adoption/use process fails. But to date there has been little hard evidence upon which to design interventions that would increase continuation, limit method failure, and reduce unwanted or mistimed pregnancies. Earlier focus group research conducted by the CMS/Jordan³ suggested that a contraceptive adopter typically followed this process:

- A woman considers birth control and talks with friends and family.
- They inundate her with conflicting advice.
- She seeks information and a method from a physician.
- She receives the method, but there is little counseling at the time of adoption.

¹ 1999 data from the 1999 Jordan Annual Fertility Survey, Department of Statistics, Amman.

² Hatcher and Guillebaud (1998) report a 5 percent failure rate with “typical” OC use, and a 0.1 percent failure rate with “perfect” use.

³ “Blue circle promotion: focus group results,” by Jumila Lebedeh. CMS/Jordan, March 2000.

- If the women experiences side effects, she regards them as vindication of the warnings given to her earlier by friends or relatives.
- She drops the method.
- Finally, she switches to a different modern method; uses a traditional method; and/or becomes pregnant.

These results, given the focus-group methodology through which they were obtained, were only suggestive of directions for future research. The study described here seeks to provide a stronger empirical basis for addressing the problems of contraceptive discontinuation and unplanned pregnancy.

Objectives

A logical starting point for understanding the dynamics of these problems would be to document the adoption/use process itself, with an eye toward identifying critical decision points, sources of influential information, and intervention points for reducing the unwanted behaviors and effects that currently undermine the best efforts of individuals and the national family planning program.⁴

This research sought to answer the following questions:

- When a woman first contemplates fertility regulation, with whom does she discuss it, if anyone? What advice does she receive?
- After she has decided to adopt a method, with whom does she speak and what advice does she receive?
- When she seeks service, where does she go, and what information is provided to her?
- Does she continue with the method?
- If not, what steps does she take, if any, before dropping a method?
- If she discontinues a method, does she adopt another? What method? Where does she seek advice about it?

Additional questions examined respondents' perceptions of the credibility of the sources of information they consulted and their satisfaction with the advice they received. Researchers also asked which factors influenced respondents most in selecting a service provider.

Research design

Because many of these questions required the respondents to remember past events, it was decided to survey only women who had adopted a modern contraceptive method within the preceding 18 months. Identifying such women through door-to-door canvassing would have been an arduous process — and dependent upon accurate recall by potential respondents of when they had adopted a method. To get around this problem, researchers obtained as many names of recent adopters as possible from such sources as private physicians, public hospitals, pharmacies, family

⁴ A companion study, "Treatment Practices of Female General Practitioners in Amman" by Omar Bagaeen, Michael Bernhart, and Emile Cubeisy investigates the quality and length of counseling received at the source of prescription and supply.

planning clinics, and public clinics. Although an effort was made to sample broadly from these sources, there is little guarantee that the resulting sample of women is representative of the larger population; this caveat will be repeated when discussing the findings. The sample of 155 was, however, drawn from different sectors of the city of Amman to ensure that it included women from different social groups and classes.

THE DECISION-MAKING PROCESS

Contraceptive history of the sample

Forty percent of the women in this survey were first-time users of modern contraception. Only one woman of the 155 in the survey had used a contraceptive prior to the birth of a first child. Twenty percent adopted a method after the birth of the first child, and the majority began using contraception after the birth of the second child.

Table 1 shows the distribution of past method use. The results are consistent with the distribution of method use reported among Jordanian women in national surveys; for example, the most commonly employed method in this study and in national surveys is the IUD, followed by oral contraceptives.

Table 1. History of contraceptive use within the sample

| First method used | Number of respondents | Percent of sample |
|---------------------|-----------------------|-------------------|
| IUD | 73 | 47 |
| OCs | 55 | 36 |
| Injectables | 11 | 7 |
| Condoms | 6 | 4 |
| Traditional methods | 10 | 7 |
| TOTAL | 155 | 101% |

First consideration of contraception

When the women in the sample began to think about family planning, the largest group of them talked with their husbands about it; half as many talked with general practitioners, and a still smaller group talked to specialists. It is worth noting here that there is some confusion among clients regarding who is a specialist. Many general practitioners (GPs) specialize in a medical area, and their clients may fail to distinguish between specialists and “specializers.” As evidence of this phenomenon, only two of the 35 women who had talked to a GP understood that their physician was not a specialist. The distribution in the sample among medical personnel should be given little weight.

It is also important to mention again that that the sample was drawn in part from the records of doctors and clinics. That selection process no doubt influenced the responses regarding whom these women talked to about contraception. Of greater significance, then, is the finding that many women — but less than the majority — first discussed family planning with their husbands.

Table 2. People initially consulted about contraceptive use

| First person talked with | Number of respondents | Percent of sample |
|--------------------------|-----------------------|-------------------|
| Spouse | 67 | 43 |
| General Practitioner | 35 | 23 |
| Specialist | 26 | 17 |
| Friends | 17 | 11 |
| Pharmacist | 1 | 1 |
| Nurse | 5 | 3 |
| Others | 4 | 3 |
| TOTAL | 155 | 101% |

Preliminary recommendation of method

The majority of the women (54 percent) reported that these preliminary discussions included recommendations about methods. This is hardly surprising, as it seems natural to discuss specific methods when considering whether to use contraception or not. Table 3 shows the distribution of methods recommended in these early conversations.

Table 3. Methods suggested in early discussions

| Method suggested | Number of respondents | Percent of sample |
|------------------|-----------------------|-------------------|
| OCs | 38 | 46 |
| IUD | 36 | 43 |
| Injectables | 5 | 6 |
| Condoms | 4 | 5 |
| TOTAL | 83 | 100% |

Although the respondents sought counsel from many sources, not all of these sources would advise them on contraceptive methods. Physicians, nurses, and friends were the most forthcoming. Physicians and nurses favored the pill and the IUD. Husbands and friends were less inclined to suggest a method, but when they did, they more often opted for the IUD.

Table 4. Initial contraceptive methods suggested, by source

| Source | Percent who suggested a method | | Method suggested, by those who offered advice, percent | | | |
|----------------------|--------------------------------|-----|--|-----|-----------|---------|
| | Yes | No | OCs | IUD | Injection | Condoms |
| General practitioner | 89 | 11 | 39 | 42 | 10 | 10 |
| Specialist | 89 | 12 | 78 | 17 | 4 | |
| Pharmacist | 100 | | 100 | - | - | - |
| Nurse | 100 | | 80 | 20 | | |
| Friends | 65 | 35 | 9 | 82 | 9 | |
| Spouse | 16 | 84 | 9 | 82 | | 9 |
| Other | 25 | 75 | 100 | - | - | - |
| ALL SOURCES | 54% | 47% | 46% | 43% | 6% | 5% |

Source of advice after deciding to use contraception

Once the decision had been made to adopt a contraceptive method, the women sought advice from general practitioners (46%), specialists (29%), husbands (11%), nurses (10%), and friends (2%). At this point in the contraceptive-adoption process, the percentage of those advisors ready to recommend a method went up, but only to 70 percent. As each woman had made a decision at this point and, presumably, was ready to take the next step, it is interesting to note that not everyone she talked to had a method recommendation to offer. This is at variance with the information that came from the earlier focus groups; the women in those groups believed that everyone had opinions about contraceptive methods and that people shared their biases freely.

Method suggested

Among the 70 percent of physicians, husbands, nurses and friends who did recommend a method, 40 percent suggested the IUD, and 41 percent the pill; injectables were recommended by nine percent, and condoms by six percent. There were some differences in method preference among the advisors: general practitioners recommended the IUD and the pill; specialists recommend the pill, the IUD, and the injection, in that order. Nurses suggested the IUD.

Providers of contraceptives

To obtain contraceptives, the women in this study went to the following health care providers: the Jordan Family Planning and Protection Association (JAFPP, 25%), pharmacies (16%), private clinics (44%), and public clinics (14%). Again, please note that the sample was drawn from records in many of these same facilities. For a more accurate perspective on where Jordanian women obtain contraceptive service, the 1999 Jordan Annual Fertility Survey reports the contraceptive sources shown in the table below. Clients of private- or commercial-sector sources were apparently over-represented in the research sample for this study.

Table 5. Sources of contraceptives, 1999 Jordan Annual Fertility Survey

| Provider | Percent |
|-------------------------|---------|
| Public sector facility* | 37.4 |
| Private doctor | 17 |
| JAFPP | 24.6 |
| Pharmacy | 8.1 |
| TOTAL | 100% |

*Includes the Royal Medical Service

With minor exceptions, when providers of contraceptives recommended that a woman adopt a specific method of contraception, she followed the advice and adopted that method. For example, if a woman was told by a private doctor to try OCs then that is what she did.

Interestingly, different providers tended to recommend different methods. Private, public, and family planning association clinics tended to recommend the IUD and OCs; pharmacies and the United Nations Relief and Works Agency (UNRWA) recommended OCs. The percent of each method recommended by each source is shown in Table 6, below. For example, 31 percent of the women who went to private physicians were advised to adopt OCs. The last column shows the percentage of women going to each source who do not recall whether or not a recommendation was made.

Table 6. Contraceptive methods recommended by source

| Source | Method recommended, percent | | | | | TOTAL |
|----------------|-----------------------------|-----|-------------|--------|------|-------|
| | OCs | IUD | Injectables | Condom | None | |
| Private clinic | 31 | 52 | 8 | 8 | | 100 |
| Public clinic | 27 | 47 | 13 | 7 | 7 | 100 |
| Pharmacy | 77 | | | | 23 | 100 |
| JAFPP | 22 | 59 | 11 | 0 | 7 | 100 |
| UNRWA | 100 | | | | | 100 |

Source of best advice

The respondents' evaluations of the quality of the counseling they received closely parallel their choice of whom to see for advice. For example, general practitioners received the most votes as "best advisors": 48 percent of the respondents said that GPs provided the best advice, almost exactly the same percentage as went to GPs for counsel. Specialists were seen by 29 percent of the respondents, and 33 percent rated specialists the best source of advice. In short, the women in the sample believed in the people they sought out for counsel.

Discontinuation

Consistent with the findings of larger surveys, 64 percent of the women in this study had discontinued using a contraceptive method within the last 12 months. The distribution of reasons they offered is shown in Table 7 below.

Side effects have been cited in all surveys as the primary reason why women stop using contraceptives. Perhaps what is most significant here is that the reasons for discontinuation vary by method. Among the women who dropped OCs, for example, 66 percent cited side effects. In comparison, 39 percent of the IUD users who discontinued said the reason was side effects. Both IUD and OC users raised concerns about method effectiveness. Couples who abandoned condoms complained of psychological side effects.

Table 7. Reasons for discontinuing use of a method

| Reason | Frequency | Percent |
|-------------------------|-----------|---------|
| Side effects | 48 | 50 |
| Wish to become pregnant | 36 | 38 |
| Suspect effectiveness | 9 | 9 |
| Difficult to obtain | 1 | 1 |
| Unconvinced of method | 2 | 2 |
| TOTAL | 96 | 100% |

Discussions before discontinuing

The majority of the women (80%) who discontinued a method said that they had talked with someone before abandoning the method. Most often, they had talked with their husbands (46%), followed by general practitioners (28%) and specialists (18%), before discontinuing.

After making the decision to discontinue a method, 86 percent of respondents said that they discussed alternative contraceptive methods with someone. More than a third of the women (37%) discussed those alternatives with general practitioners, 21 percent with specialists, 11 percent with their husbands, 10 percent with nurses, and a small percentage with friends.

More than half of the discontinuers (54%) reported that they were advised to switch to the IUD, 19 percent to condoms, and 10 percent to the pill. Of the remaining respondents who discontinued using a method, two percent were advised to use sterilization; four percent, injection; and seven percent traditional methods (breast feeding and the rhythm method). Nine percent said they did not receive advice on any alternative method.

Table 8. *Methods recommended to discontinuers*

| Method | Frequency | Percent |
|----------------|-----------|---------|
| OCs | 10 | 10 |
| IUD | 54 | 56 |
| Injection | 4 | 4 |
| Condoms | 18 | 19 |
| Sterilization | 2 | 2 |
| Breast feeding | 2 | 2 |
| Rhythm | 5 | 5 |
| Other | 1 | 1 |
| TOTAL | 96 | 100% |

Switching

Almost all of the women (97%) who had discontinued in the preceding 12 months adopted a new method. The new contraceptives were obtained from private clinics (40%), the family planning association (JAFPP) clinic (31%), public clinics (21%), pharmacies (3%), and UNRWA clinics (3%).

Most influential source of advice on new method

The most influential sources in determining which method to adopt at this point were general practitioners (44%), followed by husbands (29%), and specialists (27%). However, the majority of women who switched to a traditional method said that their husbands had been their most influential source of advice.

Satisfaction with the new method

Eighty-two percent of the switchers said they were very satisfied with the new method, 13 percent said they were satisfied, and 5 percent said they were not satisfied. The reported satisfaction was higher among women switching to a modern method than among those switching to a traditional method.

Regarding advice on the new method, 88 percent of the women stated they were very satisfied with the advice they obtained; 9 percent said they were satisfied with the advice.

Factors in selecting a service provider

The women in the survey were asked to rank order the different factors in their selection of a service provider. Respondents were given six index cards, one for each of the factors, and asked to arrange them in order of importance. The cards were later scored from most important (five) to least important (zero). Table 9 shows the average score for each factor, with a higher number meaning greater importance. Some of these factors are more specific than others. In particular, because recommendations made by friends and professionals are logically based on such criteria as high service quality, good treatment, privacy, etcetera, respondents may have assigned some of the importance of recommendations to these other factors. It can also be argued that the rankings may reflect the respondents' ideas about what the "right" answer should be, and not their actual decision-making experiences.

Table 9. Factors in the selection of service providers, by order of importance

| Rank Order | Factor | Mean score |
|------------|-------------------------------|------------|
| 1 | Perception of service quality | 4.3484 |
| 2 | Good treatment | 3.8258 |
| 6 | Proximity | 2.4581 |
| 4 | Privacy | 2.2323 |
| 5 | Cost | 1.5742 |
| 6 | Recommendation by others | 0.6323 |

Changes as the process unfolds

The process of adopting, discontinuing use of, and readopting a method of contraception is a dynamic one. Tables 10 and 11 show some of the changes that occur as women go through this process.

Table 10. Sources of advice in the decision-making process

| Source of advice | When first considering contraception | After deciding to use contraception | Before discontinuing contraception | After discontinuing contraception |
|----------------------|--------------------------------------|-------------------------------------|------------------------------------|-----------------------------------|
| General practitioner | 23% | 41% | 28% | 44% |
| Specialist | 17 | 25 | 18 | 25 |
| Pharmacist | 1 | 1 | 3 | 12 |
| Nurse | 3 | 8 | 3 | 6 |
| Friends | 11 | 5 | 3 | 13 |
| Spouse | 43 | 19 | 46 | 1 |
| Others | 3 | 2 | 4 | |
| TOTAL | 101% | 101% | 105% | 101% |

There is an evident logic here. The husband is more likely to be included in the larger decision of whether or not to use contraception, and he is excluded from more technical discussions regarding method choice. The authors of this study might have postulated an expanded role for the specialist as a woman encountered problems with a method, but that does not occur. Friends are sought as a source of advice after a woman is disappointed with her first choice of method.

The method recommended also changes throughout the process of contraceptive adoption, discontinuation, and readoption. Table 11 shows the percentage of recommendations by method at each point in the process.

Table 11. Recommendations of method throughout the decision-making process

| Method | On first consideration | After decision is made | Upon seeking advice | After discontinuation | Once new method is adopted |
|---------------------|-------------------------------|-------------------------------|----------------------------|------------------------------|-----------------------------------|
| OCs | 46% | 41% | 36% | 11% | 10% |
| IUD | 43 | 44 | 44. | 52 | 56 |
| Injectables | 6 | 9 | 8 | 5 | 4 |
| Condoms | 5 | 6 | 5 | 19 | 19 |
| Sterilization | 0 | 0 | 0 | 1 | 2 |
| Traditional methods | 0 | 0 | 0 | 5 | 7 |
| No suggestion | - | - | 7 | 8 | - |
| TOTAL | 100% | 100% | 100% | 101% | 98% |

The steady decline in support for oral contraceptives is unmistakable, while the IUD gains adherents. Most important, it is troubling to see the switch to less reliable contraception — condoms and traditional methods — as the process unfolds.

DISCUSSION

The implications of this study include the following:

- The general practitioner is a key figure in the contraceptive-adoption process. In effect, this doctor specializes in women's health care without being a specialist, as usually defined by the profession.
- Pharmacists, on the other hand, play a negligible role in the decision-making process. This is unfortunate, as other research⁵ conducted by CMS/Jordan has found that pharmacists are willing to devote considerable time to counseling prospective users of contraception, and that their information is usually accurate.
- The husband is influential in decisions to begin and discontinue using contraception, less influential when it comes to selecting a contraceptive method.
- It had been thought — inaccurately — that physicians were disinclined to recommend hormonal methods. This research shows that oral contraceptives are initially well regarded by advisors. Over time, however, as a woman experiences side effects, she is steered toward other methods.
- Although most of the women surveyed abandoned the first method of contraception they tried, very few abandoned fertility regulation altogether. Most often, the switch was away from OCs to IUDs or to less reliable forms of contraception, such as condoms and natural methods.
- Women who use traditional methods of fertility regulation are not recruited from the ranks of women who have become dissatisfied with modern contraceptives. Although the sample in this study is small and was not randomly drawn, nevertheless, it is tempting to point out that only seven percent of the dissatisfied users switched to natural methods. Among a sample of 155 respondents, that is only 4.5 percent overall, which stands in contrast with the 17 percent traditional method users found in national surveys.

⁵ "Practices in pharmacies: a mystery shopper study," by Luma Antwan. CMS/Jordan, March 2000.

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