

Communication Impact

January 2013



AWSO™ Expands Women's Participation in Community & Family Life

Ayat Abu Salem is 25 years old and, until recently, was illiterate. But the AWSO™ sessions she attended changed her outlook on life. The interactive sessions challenged her to turn her dreams into objectives. She learned to critically explore the opportunities around her and to overcome the obstacles that stood in her way. Motivated by the AWSO™ experience, Ayat took literacy lessons and can now read and write. But her ambitions did not stop there; recently she opened a beauty salon, which is modest but within her means. She spreads AWSO™ messages about planning for the future, family planning, and gender equity to clients who frequent her salon.

Program

Arab Women Speak Out™ (AWSO™) was developed and launched by the Johns Hopkins Center for Communication Programs in 1999 to promote women's empowerment in the Near & Middle East. Since then, the program has been implemented in more than ten countries in the region and has impacted the lives of more than one million Arab women. AWSO™ is designed to be integrated into ongoing community-based programs and implemented by NGOs and government agencies.

The Jordan Health Communication Partnership (JHCP) implemented AWSO™ with a number of partners. The program focused on a variety of health concerns, with emphasis on family planning (FP) and reproductive health (RH). Enabling and empowering women to identify their health needs, prioritize them and take actions to address them is a major outcome of the AWSO™ program.

Materials

Training Manual - This incorporates factual information, case studies and instructions

on how to facilitate six separate sessions covering gender equity, planning for the future, a woman's participatory role in her household, FP, RH and family health.

Flashcards - These summarize the six sessions and their relevant case stories. Drawings were included in order to facilitate discussion.

Referral card - The cards encourage women to go to maternal and child health centers for their health needs.

Program Implementation

First Tier:

In April 2011 a total of 86 volunteers from the Jordan National Forum for Women (JNFW), an NGO in Irbid, were trained in Training of Trainers (TOT) workshops to facilitate the AWSO™ sessions within their communities. A total of 806 women were reached between April and August 2011. From December 2011 4,543 women attended facilitated sessions.

Second Tier:

In an attempt to reach more women in Irbid, JHCP designed flashcards with stories and key messages from the AWSO™ manual. Women who attended the six sessions during the 1st Tier used these to disseminate messages to their relatives and neighbors, generating a second tier of AWSO™ implementation. According to message dissemination logs, 28,705 women were reached between March and July 2012 through this approach.

See Figure 1 for the total number of women reached in Irbid governorate during 2011-2012.



A trainer using the AWSO™ manual as she discusses modern FP methods.

To learn more contact:

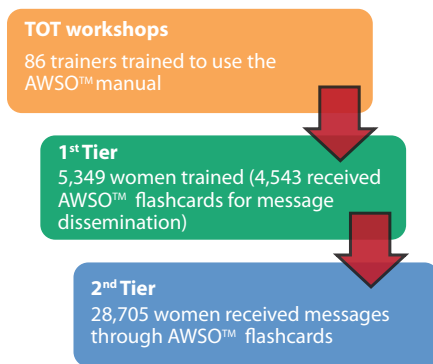
Carol Underwood
Senior Research Advisor
cunderwo@jhsph.edu

Heather Hancock
Near East Manager
hsanders@jhuccp.org

The Johns Hopkins Bloomberg School of Public Health • Center for Communication Programs

111 Market Place, Suite 310
Baltimore, Maryland 21202, USA
Tel: (410) 659-6300
Fax: (410) 659-6266
Website: <http://www.jhuccp.org>
E-mail: orders@jhuccp.org

Figure 1: The number of women reached through AWSO™ in Irbid governorate



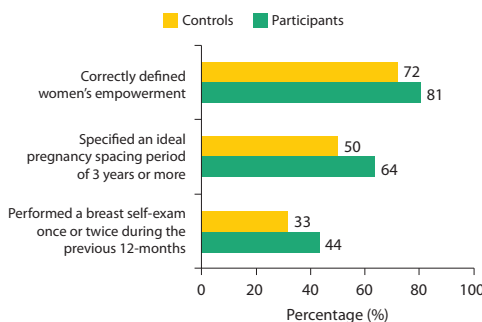
Program Evaluation

First Tier:

A total of 472 individuals (213 baseline controls and 259 participants) were interviewed by telephone for the evaluation of 1st Tier AWSO™ implementation. Controls were interviewed in March 2011 and post-test data were collected from participants in November 2011.

Figure 2 depicts the main findings from this evaluation. AWSO™ participants reported higher levels of knowledge relating to women’s empowerment as compared to controls. Participants were also more likely than controls to specify the ideal spacing period between pregnancies to be at least three years, which is one of the program’s key messages. Moreover, AWSO™ participants performed breast self-exam at a higher frequency than controls. These results were maintained when controlling for potential confounders.

Figure 2: Main Finding from the Evaluation of 1st Tier AWSO™ Implementation



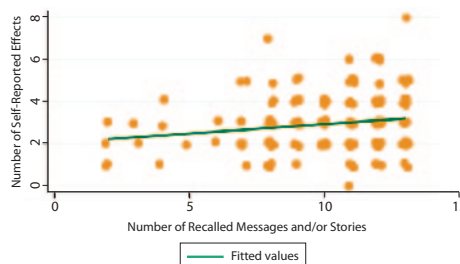
About 98% of AWSO™ participants reported that they benefitted from participating in AWSO™. When asked how, AWSO™ participants reported increased self-confidence (43%); improved relationships with their spouse (32%), their families (29%), and their communities (23%); and engaging in discussions about family planning with relatives (21%) as well as with friends and neighbors (23%).

Nearly 55% of the women received a referral card during AWSO™ sessions; 34% of these women went to a health center for care.

Second Tier:

Two studies were conducted in order to evaluate 2nd tier message dissemination. A total of 408 women were interviewed by telephone in February-March 2012 and 408 women were interviewed during May 2012. Both studies revealed a “dose effect,” where the more messages recalled, the greater the number of message-related actions taken, thus attesting to the quality of the message dissemination (Figure 3). Hearing 2nd tier messages was positively and significantly related to planning for the future, knowledge and performance of a breast self-exam, and exercising or adhering to a proper diet.

Figure 3: Number of Self-Reported Effects by Number of Recalled Messages/Stories



Program Sustainability

AWSO™ will find a new home with two local NGOs: the Jordan River Foundation and the Queen Zein Al Sharaf Institute for Development (ZENID). Women from both NGOs attended TOTs so they can carry on the program using the AWSO™ manual and the flashcards.



“I consider AWSO™ to be a very very important program because ... it addresses housewives, mothers, and women who have limited social participation ... AWSO™ gives us a chance to enter into people’s homes and to reach the mothers ... the mother works in the home; she raises children, teaches and graduates a generation and at the same time her opinion counts with her husband.”

Oula (pictured above), a trainer from Ma’an, Jordan.

Photo credit: Jordan Health Communication Partnership Staff

COMMUNICATION IMPACT

Summarizes research and programmatic findings from the Center for Communication Programs.

