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The Journal of Sociology & Social Welfare

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Volume 1  
Issue 3 *Spring*

Article 6

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April 1974

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### Recommended Citation

Placek, Paul J. (1974) "The Impact of Directly Mailed Family Planning Materials to AFDC Welfare Mothers," *The Journal of Sociology & Social Welfare*: Vol. 1 : Iss. 3 , Article 6.

Available at: <https://scholarworks.wmich.edu/jssw/vol1/iss3/6>

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THE IMPACT OF DIRECTLY MAILED FAMILY PLANNING  
MATERIALS TO AFDC WELFARE MOTHERS

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Communications research has repeatedly documented the fact that people are affected by the various forms of mass media, and so family planning programs have begun to use television (Hutchinson, 1970), radio, movies, posters, telephones (Dabbs and Neiger, 1970), newspapers, and various combinations of these media (Clark and Morris, 1972; Chase, 1972; Balakrishnan, 1967; Takeshita, 1966; Cernada and Lu, 1972) in transmitting the message of family planning. Our present media focus, however, involves direct mailing, which in contrast to other media, often has the advantages of being sent by an authoritative or prestigious source, is relatively inexpensive, can be directed to specific individuals, and may be passed along to others by the recipient.

Direct mailings have typically not met with much success in family planning programs where the intention of the direct mailing was the immediate recruitment of family planning acceptors. Freedman and Takeshita (1969) report that in Taiwan the family planning acceptance rate in neighborhoods where mailings were sent was no higher than in neighborhoods where no program effort was made. A similar outcome was observed in Seoul, Korea, where mailings specifically keyed to the IUD failed to produce any significant effect (Kwon et. al., 1966). However, Schramm (1971) reports that more recent efforts in Taiwan with direct mailings to new mothers have brought a 4% acceptance rate, and Cernada (1970) reports that 1-2% acceptance rates have been obtained with direct mailings to women in towns without field workers, to government employees, and to teachers. Udry's 6 month, \$330,000 multimedia advertising campaign had no effect on the sale of contraceptives in drug stores (Levy, 1972), but did have a very slight effect on patient recruitment to clinics (Clark and Morris, 1972; Udry, 1972). On the other hand, a Chicago direct mail experiment apparently doubled the expected number of clinic patients for a time (Rosa and Bogue, 1966). Thus, while the results of direct mailings have been variable, they have typically had very limited impact on patient recruitment.

However, direct mailings have met with more encouraging results when the attempt was to create awareness and improve knowledge among recipients. In Palmore's (1967) "Chicago Snowball" study, 78% of the women in this sample read a birth control brochure mailed to them, and 27% said they improved their birth control practice after receiving the booklets. In Kaoshiung, Taiwan, after an information campaign, it was found that 17% of all wives in the city received family planning news through mailings, and 9% learned of family planning news from others who had received mailings (Cernada and Lu, 1972). In Taichung, Taiwan, 11% of early birth control acceptors in Taichung who did not have a home visit cited direct mailings as one of their sources of information about the program (Freedman and Takeshita, 1969). Furthermore, Palmore found that a significant percentage of "awareness units" (an awareness unit is one mention of a source for one method of birth control)

among Taichung women were from newspapers, books, and magazines (Palmore, 1968). Similarly, evaluations of the effects of mass media programs in Seoul, Korea (Park, 1968), Honduras (Schramm, 1971), India (Balakrishnan and Matthai, 1967; Rain et al., 1967; Dubey and Choldin, 1967), and Puerto Rico (Stycos, 1962) have suggested that booklets and letters have been generally useful in imparting awareness and knowledge of family planning.

Direct mailings have also proven useful in stimulating recipients to engage in informal family planning communications with friends, relatives, and neighbors. Though these informal discussions may not constitute an official part of formal family planning program efforts, they are nevertheless important for program success. For example, in Tennessee, 27% of all new patients admitted to family planning clinics said their referral source was a friend or relative (Tennessee Department of Public Health, 1972). In a Kentucky family planning program, preliminary data indicated that one-third of the clients for a new birth control program heard about the program through friends, relatives, and neighbors (Palmore and Monsees, 1966). In New York and other places, teen clinics rely heavily on word-of-mouth for patient recruitment (House and Goldsmith, 1972). Palmore's (1967) experiment with direct mailings resulted in a 50% increase in family planning communications in Chicago, and Bogue and Palmore (1964) found that 65% of their respondents had shown mailed booklets to others, and 91% had talked to an average of four others about family planning. A chain letter experiment in Kentucky (Palmore and Monsees, 1966) produced one-half as many requests for information as the direct mailings originally sent out. In Taichung, Taiwan, where an extensive formal family planning campaign was instigated, one-half of the IUD acceptors within Taichung and two-thirds from outside Taichung said they heard about the family planning program from friends, relatives, and neighbors. It was concluded that the stimulus of the formal program (including home visits, radio, posters, neighborhood meetings, and direct mailings) was at least matched and perhaps exceeded by the resulting indirect influence in informal diffusion (Freedman and Takeshita, 1969). Evaluations of other family planning programs in Thailand (Fawcett et. al., 1967), Korea (Park, 1968), Japan (Noda, 1962), Chile (Requena, 1965), Pakistan (Cobb et. al., 1965), and India (Dubey and Choldin, 1967) have documented the fact that friends, relatives, and neighbors are active in recruiting family planning acceptors. We thus concur with Schramm (1971), who based on his review of the roles of various forms of communication in family planning programs, concluded that direct mailings and booklets contribute substantially to family planning communications and hence promote family planning acceptance.

In summary, direct mailings have met with limited success in recruiting family planning acceptors. However, mailings have proven very useful in creating awareness and knowledge among the target population, as well as in encouraging the informal discussions that are necessary for program success. Palmore's (1972) catch phrase for this phenomenon is "the target that talks". However, some aspects of previous research have been less than ideal. First, there is a chronic lack of control groups, so that no previous study has examined the effects of direct mailings on clinic recruitment, knowledge, and communications

within comparable groups which have and have not received direct mailings. Secondly, while previous direct mailing programs have dealt with diverse target populations, no study to date has examined the effects of direct mailings on welfare mothers in the United States. Since low income women have the greatest proportion of pregnancies unwanted (e.g. Westoff and Westoff, 1968), it is argued that an economic category such as welfare mothers might have the most critical need for family planning information. Lastly, it seems that the potential utility of direct mailings in the United States has not been thoroughly examined, where their value would seem greater due to higher literacy rates. Given these comments on previous studies, the purpose of this article is to examine the effects of direct mailings on clinic recruitment, family planning knowledge, and informal clinic communications of a sample of AFDC welfare mothers in Davidson County, Tennessee.

#### Data and Method

The data of this study come from structured, in-depth interviews by trained interviewers with a random sample of 300 AFDC (Aid to Families with Dependent Children) welfare mothers age 15-44 in Davidson County, Tennessee. Data were collected in the summer of 1972 by the Evaluation, Survey, and Health Research Corporation of Nashville, Tennessee. Since there were about 4,000 female recipients of Aid to Families with Dependent Children in this category in Davidson County, a 7.5% sample of the population was interviewed. Approximately one to three weeks before the interviews, a random one-half (N = 150) of the respondents were mailed the following items in one direct mailing:

- a) A list of fourteen public clinics providing family planning services within the county including the phone number to call for an appointment,
- b) A cordial letter pointing out that the clinics are free and available to anyone, regardless of age and marital status, and encouraging them to discuss the clinics and family planning with their friends, relatives, and neighbors, and
- c) Three packets of birth control booklets, each packet containing ABC - About Birth Control, Questions and Answers about the Pill, and Questions and Answers about the IUD. Printed on the back of each of these three booklets was the following: "HAVE YOUR CHILDREN BY CHOICE. NOT BY ACCIDENT." FOR INFORMATION ON THE FREE BIRTH CONTROL CLINICS, CALL 327-9313, EXT. 218. Two of the three packets had the notice attached: "Please give these extra booklets to a friend, relative, or neighbor."

The direct mailing had three purposes:

- 1) Recruit women to the family planning clinics if they were not already clinic users,
- 2) Enhance the recipient's factual knowledge of contraception and related physiology through the booklets supplied, and

- 3) Encourage the recipient to discuss the clinics with friends, as well as give extra booklets to their friends.

Women who were sent the direct mailing will be called the experimental group, and women who were not sent the direct mailing will be called the control group. The primary focus of this report will be on the experimental group, but comparisons with the control group are necessary to demonstrate the effect (or lack of effect) of the direct mailings. Each area of intended effect (clinic recruitment, knowledge, and informal communications) will be examined separately.

### The Effect of Direct Mailings on Clinic Recruitment

Each respondent was asked if she had called the clinics within the last few weeks in order to determine whether any respondents had phoned regarding family planning clinic services. While slightly more of the direct mail recipients had called the clinics (18 of 150 in experimental groups, 13 of 150 in control group), we must conclude that the mailing had little immediate effect on telephone contact with the clinics. Since many respondents still had the mailed materials in their residences at the time of the interview, later phone contacts were possible, but available data permit us no conclusion on this possibility.

To determine the extent of changes in actual clinic use, clinic records were checked one month before the mailing, and again one month after the mailing. The names, addresses, ages, and races of interview respondents were compared to the corresponding information on the clinic roster. The roster lists all women ever enrolled in public clinics and current activity status according to four categories (Project Tennesyst, 1970) and this data system has been discussed extensively elsewhere (Moore et. al., 1973).

ACTIVE - a patient who was recently seen in the clinic and is scheduled to return for follow-up care in the future.

INACTIVE - a patient who missed a scheduled return visit to the clinic in the preceding 2 months and who still has not returned to the clinic for follow-up care.

DROPPED - a patient who is more than 2 months overdue for a scheduled return appointment and for whom a reason for loss to follow-up is not yet known.

TERMINATED - a patient who has discussed clinic-based contraceptive care for a known reason and whose record has been (temporarily) closed because of the patient's discontinuation.

Table 1 examines the extent of change and stability in clinic use status for individuals before and after the interview-direct mailing period.

Of the 150 women who were sent the direct mailing, a total of 131 (16 + 16 + 99) evidenced no change in clinic use status. Of the 150 who received no direct mailing, 136 (22 + 28 + 86) experienced no change in clinic use status. Change toward clinic use was experienced by 10 in the experimental group and 7 in the control group, and change away from clinic use was experienced by 9 in the experimental group and 7 in the control group. Again we conclude that the direct mailing had no substantial effect on stability or changes in clinic use among individuals. Hence, our findings are consistent with earlier research which found no substantial effect of direct mailings on clinic recruitment.

### The Effect of Direct Mailing on

#### Family Planning Knowledge

Fortunately, the direct mailings seemed to have a beneficial effect in contributing to the family planning knowledge of many of the AFDC welfare mothers in the sample.

Most of the women who were sent direct mailings remembered receiving them (139 of 150), even though the interviews occurred an average of 20 days after the mailings were sent to them. Those who remembered receiving the direct mailings were asked how much they read the booklets provided. Nearly half (49.6%) read the booklets "a lot", which possibly indicates an important need for information was being fulfilled by these direct mailings. Those who replied that they had read "none" of the booklets (17.3%) were asked "Is there any particular reason you didn't look through the booklets?" Their reasons were that they had no need for birth control, already knew about birth control or had read the information elsewhere, were happy with their present method and didn't need to know more, didn't have time to read them, or gave no reason.

Those who read "a little bit" or "a lot" of the booklets supplied (115 of the 139 who remembered receiving them) were asked: "Do you think the booklets helped you learn more about birth control?" Nearly four-fifths (79.1%) who read the booklets thought that they were helpful, and were then asked why the booklets were helpful. Their reasons were that the booklets gave them additional information, told them about how different birth control methods work, were very thorough, told them about different types of birth control, were well-written, told them about birth control for men, influenced the respondent to use birth control, and several did not report reasons for the booklet helping them learn more about birth control.

Those who read the booklets but said that they did not help them learn more about birth control were asked why the booklets were not helpful. Their reasons were that they already knew about birth control or had read the information elsewhere, or that they didn't pay attention to the booklets or just glanced at them.

In general, then, it seems that the booklets were well-received and regarded as useful by the recipients. However, a more rigorous test of the extent to which the booklets were useful in assisting women to

learn about family planning necessarily involves a comparison of experimental and control groups, i.e., women who were and were not sent the direct mailings. Each respondent was asked five open ended questions about contraception and related physiology, and responses were recorded verbatim by the interviewer and scored later. Table 2 summarizes the results.

Before discussing differences between the family planning knowledge of the two groups, some overall observations are appropriate. The very low level of family planning knowledge among these women is nothing less than appalling. Overall, less than half know specifically how pregnancy occurs, less than one-fifth know when ovulation occurs or how the pill works, fewer than one in twenty know how the IUD works, and only one in eight know how the diaphragm works. In total, nearly half could not answer even one question correctly, about a third could answer one, and only one, question correctly and only 3 respondents out of 300 could answer all five questions correctly. It is possible that this ignorance about contraception and related physiology contributes significantly to the unwanted and accidental pregnancies which these women experience since 51% of their 1190 pregnancies were unwanted by the mothers at the time of conception.

When experimental and control groups in Table 2 are compared, there is a consistent trend for recipients of the direct mailing to have more "correct" and "partially correct" answers. A "partially correct" answer is one in which the response was correct but incomplete. More than half (52.0%) who were sent the direct mailing could verbalize how pregnancy occurs, but less than a third (30.0%) who were not sent direct mailings could answer that question. A slightly greater percent (18.0% vs. 12.7%) of those who were sent the mailings knew approximately when ovulation occurs. Similarly, slightly greater percents of those who were sent the direct mailings were able to give "correct" or "partially correct" answers to questions about the pill, IUD, and diaphragm. When a tally is made of the total number of questions each respondent was able to answer correctly, the frequency distributions for the experimental and control groups differ significantly. Whereas more than half (57.3%) in the control groups could not give even one completely correct answer, only a third (33.3%) in the experimental group could not answer any of the five questions correctly. A greater percent who were sent the direct mailings could answer one, two, four or five questions completely correct than could those who were not sent mailings. Thus, the booklets seem to have significantly contributed to the family planning knowledge among women who were sent the direct mailing.

### The Effect of Direct Mailings on

#### Family Planning Communications

The reader will recall that direct mail recipients were asked in the letter to discuss the clinics with friends, as well as give away extra booklets to friends. Fortunately, the direct mailing seems to have had a clear impact in these two areas, as Table 3 indicates.

All those who remembered receiving the direct mailing (139 of 150) were asked whether they had discussed the clinics with others and given booklets to others as the letter had requested. Table 3 indicates that our respondents seem to have been highly cooperative in carrying out the requests in the letter, since 5.0% discussed the clinics, 22.3% gave booklets to someone, 33.1% both gave booklets away and discussed the clinics, and only 39.6% carried out neither request of the letter. Thus, in total, six out of ten respondents carried out one or more of the requests of the letter, and only four in ten had carried out neither request by the time of the interview. Hence, our direct mailings seem to have been very successful in encouraging many family planning communications with others.

Since the names of the persons each respondent talked to were secured during the interview, it was possible to determine the total number of different persons contacted directly by our respondents (and hence indirectly due to our mailings). Our respondents discussed the clinics with 108 persons, and gave booklets to 107 persons. However, there was overlapping, since respondents sometimes discussed clinics with and gave booklets to the same person. In total, our 139 respondents contacted 155 different persons, either discussing clinics with them, or giving them booklets, or both. Hence a greater number of persons were reached with our family planning message indirectly (through the respondents) than were reached directly (through our mailings to respondents).

However, a very real question exists as to how many of these family planning clinic communications would have occurred anyway among these women, without the stimulus of the direct mailings. To answer this question, we must compare the family planning communications of the experimental groups with those of the control group. First, we must make additional comments on the questioning format. All respondents were asked: "Now I'd like to ask you some questions about people you might have talked to about birth control recently. In the last few months, have you (asked/given) advice or information about birth control clinics?" In addition, persons who received the direct mailings were asked about their clinic discussions since receiving the direct mailing (not counting only giving booklets away). Since names and demographic characteristics were secured regarding each person mentioned, it was possible to determine the total number of different persons with whom each respondent discussed the clinics. Table 4 indicates that women in the experimental group, the ones who were sent the direct mailing, discussed the clinics with nearly twice as many persons as did those who received no direct mailing (159 persons vs. 83 persons). The reader will recall our earlier statement that respondents who remembered receiving the direct mailings talked a total of 108 persons about the clinics just since receiving the direct mailings. On the assumption that the two groups would have discussed clinics with the same number of persons if there were no direct mailings, we can estimate that 76 persons (159-83) constitutes



the "extra" number of persons receiving clinic communications due to the direct mailing. Thus, most (76 out of 108) of the "extra" communications with persons regarding clinics (stemming from women in the experimental group) would not have occurred without the stimulus of the direct mailing.

Two points merit discussion regarding the "extra" persons who had clinics discussed with them by women in the experimental group as a result of the direct mailing. First, it is possible that the "content" of these communications generated by the direct mailings was richer in factual information than many of the other communications. Direct mail recipients who discussed clinics and family planning had just been sent a list of 13 clinics, information on who was eligible to use the clinics, the clinic phone number, and informative booklets on the pill, IUD, and other methods of birth control with clinic information printed on the back cover. The fact that most women read the booklets, learned from them, and discussed clinics and/or gave extra booklets away to others therefore suggests the transmission of "factual" as well as attitudinal information. Second, it should be emphasized that the direct mailings stimulated family planning communications which occurred in an average period of three weeks (the average time in between direct mailing and interview), whereas other communications with persons shown in Table 4 occurred "within the last few months". Thus, while the two time frames are not comparable, this fact emphasizes the large number of "experimentally induced" communications which can be stimulated by a direct mailing in a short time period, as opposed to communications that occur in "natural" or "unaffected" circumstances without experimental intervention in a much longer time period.

Lastly, Table 5 presents an overall summary comparison of the social and demographic characteristics of three categories of persons:

- a) All 300 AFDC women in our total sample,
- b) The 84 women in the experimental group who carried out the requests of the direct mailing by discussing the clinics and giving away booklets to others, and
- c) The 155 persons who discussed clinics with and were given booklets by the 84 women in the experimental group, primarily due to the direct mailing.

These comparisons will serve to describe the total sample, the kinds of women within the experimental group who responded to the requests of the direct mailing, and the kinds of persons contacted primarily as a result of the direct mailing.

The total sample is comprised of female AFDC recipients, whose average age is 27.5, average education is 10.2 school years completed, and average number of live births is 3.5. Most (80%) are black, and nearly four in ten have used or now use the clinics (according to our record check of the clinic roster, which yields a conservative estimate). Women who received the direct mailing and discussed clinics and gave booklets away do not differ very sharply from the total sample of which they are a part, but some differences are apparent. Women responding to the mailing tended to have lower average age, less education, fewer children, more blacks, and more clinic use. It is difficult to place

precise interpretations on these differences, except to point out that a "screening process" may be taking place in which those given information seem to be in high need categories.

The 155 persons contacted by the 84 direct mail recipients, by comparison, tend to be of the same race, younger, perhaps a bit better educated, nearly all females, have significantly fewer children, similar clinic use patterns, and are much less likely to be welfare recipients themselves. Friends, relatives, and neighbors were the persons communicated with, and virtually no communications with professionals (doctor, nurse, druggist, social worker) resulted from the mailings. This coincides with Placek's study (1972) which found low family planning communication levels for welfare workers in the same county as welfare mothers resided. This last fact suggests that respondents were primarily dispensing information, since no professional assistance was sought. This conclusion is supported, since each respondent was asked: "When you talked to (name) about family planning, were you mainly asking (her/him) what (she/he) thought about it or were you mainly telling (her/him) what you thought about it?" Of the respondents who discussed family planning with others, most (72.1%) were "mainly telling", about one-fifth (19.1%) were "mainly asking", and a few (8.8%) were both asking and telling. Hence, it seems that most of the 84 respondents acted in an information-dispensing capacity, reaching 155 persons with characteristics which would imply that they had need and use for the information.

#### Cost Analysis

Positive and beneficial results were derived from the direct mailings to AFDC welfare mothers. Therefore, others may wish to replicate this research and/or use it without evaluating its effects on the assumption that the derived benefits will be roughly the same as we have obtained. The total cost per direct mailing was 77¢ each, which includes the following:

Booklets:	<u>Item Cost for One Direct Mailing</u>
<u>Questions and Answers About Intrauterine Devices*</u>	
\$30.00 per 1,000 - 3 per mailing	9¢
<u>Questions and Answers About the Birth Control Pills*</u>	
\$30.00 per 1,000 - 3 per mailing	9¢
<u>ABC - About Birth Control**</u>	
\$70.00 per 1,000 - 3 per mailing	21¢
Printing of letterheads, envelopes and clinic list (includes materials)	
\$70.00 per 1,000 - one each per mailing	7¢
Postage for 3½ oz., Third Class	16¢
Labor for stuffing, addressing, and stamping envelopes	15¢
Total	<u>77¢</u>

150 respondents x 77¢ = \$115.50 for  
150 direct mailings.

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\*Both available from Planned Parenthood - World Population, 810 Seventh Avenue, New York, New York 10019.

\*\*Available from Planned Parenthood of Oak Ridge, Tennessee.

These costs could be considerably reduced by sending fewer booklets per mailing, lightening the weight or sending via "bulk" rates for lower postage, and using volunteer labor. Costs should not be lowered, however, if the booklets and letters are made less attractive and readable in the process.

In summary, this study found that direct mailings of family planning information to AFDC welfare mothers had no substantial effect on clinic recruitment, but increased family planning knowledge and family planning clinic communications.

TABLE 1

STABILITY AND CHANGES IN CLINIC USE STATUS OF INDIVIDUALS BETWEEN TWO TIME PERIODS

Category	Clinic Status		Clinic Status After	Experimental Group		Control Group	
	Before			(N)	Percent	(N)	Percent
Stability	A	to	Active	(16)	10.7%	(22)	14.7%
	B	to	Inactive, Dropped, or Terminated	(16)	10.7%	(28)	18.7%
	C	to	Never Used Clinic	(99)	66.0%	(86)	57.3%
Change Away From Clinic Use	D	to	Inactive, Dropped, or Terminated	(9)	6.0%	(7)	4.7%
	E	to	Active	(8)	5.3%	(3)	2.0%
Change Toward Clinic Use	F	to	Active	(2)	1.3%	(4)	2.7%
		Total		(150)	100.0%	(150)	100.0%

TABLE 2

KNOWLEDGE OF BIRTH CONTROL AND RELATED PHYSIOLOGY: EXPERIMENTAL AND CONTROL GROUPS

		<u>Experimental Group</u>	<u>Control Group</u>
		<u>(N)</u>	<u>(N)</u>
		<u>Percent</u>	<u>Percent</u>
1. WHEN A MAN AND A WOMAN HAVE SEXUAL INTER-COURSE, HOW DOES A WOMAN GET PREGNANT? (Correct Answer: A sperm cell or seed or something from the man and an ovum or egg or something from the woman come together and unite).	Correct	(78)	(45)
	Partial Correct	(21)	(20)
	Incorrect	(18)	(35)
	Don't Know	(33)	(50)
	Total	(150)	(150)
		52.0%	30.0%
		14.0%	13.3%
		12.0%	23.3%
		22.0%	33.3%
		100.0%	100.0%
2. IF A WOMAN HAS HER PERIOD EVERY 28 DAYS, ON WHICH DAY DOES SHE HAVE THE GREATEST CHANCE OF BECOMING PREGNANT, COUNTING THE FIRST DAY THAT HER MENSTRUAL FLOW BEGINS AS DAY #1? (Correct Answer: The 14th, 15th, 16th, 17th, or 18th day will be counted as a correct answer).	Correct	(27)	(19)
	Partial Correct	(2)	(7)
	Incorrect	(87)	(88)
	Don't Know	(34)	(36)
	Total	(150)	(150)
		18.0%	12.7%
		1.3%	4.7%
		58.0%	58.7%
		22.7%	24.0%
		100.0%	100.0%
3. TELL ME, IN YOUR OWN WORDS, HOW YOU THINK THE BIRTH CONTROL PILL WORKS TO PREVENT PREGNANCY, AND HOW OFTEN YOU HAVE TO TAKE THE PILL FOR IT TO WORK? (Correct Answer: The pill stops a woman's egg or ovum from being released from her ovary, and it is taken every day).	Correct	(30)	(20)
	Partial Correct	(89)	(97)
	Incorrect	(10)	(17)
	Don't Know	(21)	(16)
	Total	(150)	(150)
		20.0%	13.3%
		59.3%	64.7%
		6.7%	11.3%
		14.0%	10.7%
		100.0%	100.0%
4. THERE IS A BIRTH CONTROL DEVICE CALLED THE IUD -- INTRAUTERINE DEVICE. WOULD YOU TELL ME, IN YOUR OWN WORDS, WHERE IT GOES, AND HOW IT WORKS TO PREVENT PREGNANCY? (Correct Answer: The IUD goes inside the uterus or womb, and prevents a fertilized egg from attaching itself to the wall of the uterus, or from growing inside the womb).	Correct	(7)	(3)
	Partial Correct	(53)	(46)
	Incorrect	(35)	(44)
	Don't Know	(55)	(57)
	Total	(150)	(150)
		4.7%	2.0%
		35.3%	30.7%
		23.3%	29.3%
		36.7%	38.0%
		100.0%	100.0%

TABLE 2 (continued)

5. THERE IS A BIRTH CONTROL DEVICE CALLED THE DIAPHRAGM. CAN YOU TELL ME, IN YOUR OWN WORDS, WHAT IT'S MADE OF, WHERE IT GOES, AND HOW IT WORKS TO PREVENT PREGNANCY?  
 (Correct Answer: The diaphragm is made of soft rubber, sort of bowl-shaped and fits over the opening of the womb (cervix) to block the sperm. It may be used with a jelly or foam in the cup).

Correct	(18)	12.0%	(18)	12.0%
Partial Correct	(30)	20.0%	(28)	18.7%
Incorrect	(4)	2.7%	(13)	8.7%
Don't Know	(98)	65.3%	(91)	60.7%
Total	(150)	100.0%	(150)	100.0%

  

None	(50)	33.3%	(86)	57.3%
One	(61)	40.7%	(37)	24.7%
Two	(24)	16.0%	(16)	10.7%
Three	(9)	6.0%	(9)	6.0%
Four	(4)	2.7%	(1)	.7%
Five	(2)	1.3%	(1)	.7%
Total	(150)	100.0%	(150)	100.0%

TOTAL QUESTIONS COMPLETELY CORRECT  
 (of the previous five).

TABLE 3

PERCENT OF RESPONDENTS DISCUSSING CLINICS WITH  
AND/OR GIVING AWAY BOOKLETS TO OTHERS

	<u>Experimental Group Only</u>	
	<u>(N)</u>	<u>Percent</u>
Neither gave booklet(s) away nor discussed clinic	(55)	39.6%
Gave booklet(s) away only	(31)	22.3%
Discussed clinic only	(7)	5.0%
Both gave booklet(s) away and discussed clinic	(46)	33.1%
Total	<u>(139)</u>	<u>100.0%</u>

TABLE 4

RESPONDENTS' DISCUSSIONS OF CLINICS WITH OTHER PERSONS:  
EXPERIMENTAL AND CONTROL GROUPS COMPARED

<u>Total Number of Different Persons Respondents Discussed Clinics With</u>	<u>Experimental Group</u>		<u>Control Group</u>	
	<u>(N)</u>	<u>Percent</u>	<u>(N)</u>	<u>Percent</u>
None	(68)	45.3%	(92)	61.3%
One	(45)	30.0%	(40)	26.7%
Two	(18)	12.0%	(11)	7.3%
Three	(7)	4.7%	(4)	2.7%
Four	(7)	4.7%	(2)	1.3%
Five	(3)	2.0%	(0)	0.0%
Six	(1)	0.7%	(1)	0.7%
Seven	(0)	0.0%	(0)	0.0%
Eight	(1)	0.7%	(0)	0.0%
Total	(150)	100.0%	(150)	100.0%

Total number of persons whom clinics were discussed with

Experimental Group

N = 159

Control Group

N = 83



TABLE 5

COMPARISON OF SOCIAL AND DEMOGRAPHIC CHARACTERISTICS OF TOTAL SAMPLE, WOMEN IN THE EXPERIMENTAL GROUP WHO RESPONDED TO THE REQUESTS OF THE DIRECT MAILING, AND PERSONS CONTACTED PRIMARILY AS A RESULT OF THE DIRECT MAILING

Social and Demographic Characteristics	All Respondents (300 Female AFDC Recipients Age 15 - 44)	84 Respondents Who Discussed Clinics and Gave Booklets Away Due to Receiving Direct Mailing	155 Persons Who Discussed Clinics with and/or Got Booklets from 84 Respondents
Relationship to Respondent			
1. Husband	(N) (240)		(N) (0)
2. Mother			(3)
3. Sister			(29)
4. Brother			(2)
5. Other Relative			(25)
6. Friend			(84)
7. Neighbor			(8)
8. Doctor			(0)
9. Nurse			(0)
10. Druggist			(0)
11. Social Worker			(0)
12. Other Person			(0)
Total			(4) (155)
			Percent 0.0% 1.9% 18.7% 1.3% 16.1% 54.2% 5.2% 0.0% 0.0% 0.0% 0.0% 2.6% 100.0%
Race:	(N) (240)	Percent 84.5%	(N) (129)
Black	(60)	15.5%	(26)
White	(300)	100.0%	(155)
Total			
Average Age	27.5	25.9	23.0

TABLE 5  
(continued)

<p>Education: Average years of education completed for respondents</p>	<p>10.2</p>	<p>9.9</p>	<p>Percent <u>23.9%</u> 20.6% 45.2% <u>10.3%</u> 100.0%</p>
<p>Respondent's determination of whether persons contacted had less, same, or more education than herself: Less Same More Don't know Total</p>	<p>(N) (37) (32) (70) (16) (155)</p>	<p>(N) (3) (152) (152)</p>	<p>Percent <u>1.9%</u> 98.1% 100.0%</p>
<p>Sex: Male Female Total</p>	<p>(N) (0) (300) (300)</p>	<p>(N) (0) (84) (84)</p>	<p>Percent <u>0.0%</u> 100.0% 100.0%</p>
<p>(BELOW INFORMATION FOR FEMALES ONLY)</p>			
<p>Clinic use status of respondents and clinic use of females contacted (as estimated by respondent): Never used clinic Have used clinic, but not now Uses clinic now Don't know Total</p>	<p>(N) (191) (55) (54) (0) (300)</p>	<p>(N) (50) (17) (17) (0) (84)</p>	<p>Percent <u>41.5%</u> 13.8% 30.9% <u>13.8%</u> 100.0%</p>

TABLE 5  
(continued)

Average number of children born alive for women in each category	3.5	3.4	2.2
Percent of females receiving welfare payments (estimated by respondents for women contacted)	100.0%	100.0%	24.5%

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