Knowledge of, attitudes to and participation in clinical trials in Jordan: a population-based survey

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Abstract

Background: Clinical trials are important to improve public health care. However, recruiting participants for trials can be difficult.

Aims: This study assessed public knowledge of and willingness to participate in clinical trials in Jordan and examine the sociodemographic characteristics associated with knowledge and willingness and the reasons behind unwillingness to participate.

Methods: The questions were part of a representative, population-based survey in 2011 that included 3196 Jordanian individuals. In a home-based interview, participants were asked about: sociodemographic characteristics, and knowledge of and participation in clinical trials.

Results: Only 21.8% of respondents knew what a clinical trial was and (1.2%) had participated in a trial. About 25% of respondents indicated their willingness to enrol in a trial. Significantly more men (24.1%) than women (19.3%) knew what clinical trials were (P < 0.001), whereas more women (4.3%) than men (2.9%) said they would be very likely to agree to participate in trials. People aged 40–49 years had better knowledge of and greater willingness to participate in trials than other age groups. Income was positively associated with knowledge of trials but negatively associated with willingness to participate. Higher education was positively correlated with knowledge of and willingness to take part in trials. The main reasons for not participating in trials were concern about the risk to own health (61.1%) and not being convinced about the outcome and benefits of clinical trials (29.7%).

Conclusion: The low level of knowledge of and willingness to participate in clinical trials indicates that strategies are needed to educate the public about the nature and importance of clinical trials.

Keywords: clinical trials, attitudes, public health, Jordan

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Introduction

Clinical trials are important for the continuing growth of medical knowledge and health care. Economically, they also create many jobs in the health care, pharmaceutical and research fields and contribute to increased profits for companies involved and national institutions (1–3). However, recruiting participants for clinical trials is not easy. This is an important problem given that participation of varied groups is necessary to understand how successful an intervention is and the factors that affect this success (4,5).

International efforts have long been underway to determine public perception of clinical trials and the factors that influence participation. In Australia, a qualitative study interviewing breast cancer patients showed poor knowledge of the importance and process of clinical trials (6). In Japan, trust in doctors was shown to have a considerable role in participation, and the concepts of placebo, randomization and double-blind trials were perceived adversely (7). Results of a study in Denmark showed a more positive attitude to clinical trials, however, the study concluded that fear of the unknown and unease with randomization were the most common reasons for not participating (8). Regionally, in Saudi Arabia, most participants in a study were aware of clinical trials but had several misconceptions about them and an uncooperative attitude (9). On the other hand, a study in Oman reported low levels of knowledge of clinical trials (10). All the aforementioned studies highlighted the importance of education on and increased awareness of clinical trials among the general public. Studies in the United States of America (USA) have shown that women, people aged more than 65 years, people of low socioeconomic status, African Americans and other non-white ethnicities are underrepresented populations in cancer studies (11–15). In Jordan, no studies on the public’s knowledge and perception of clinical trials have been conducted.

In order to develop a strong platform of clinical trials in Jordan, it is important to understand the factors that determine public participation in clinical trials, including people’s knowledge of clinical trials, likelihood
to participate and reasons for not participating, and the
effects of sociodemographic factors on these factors. Understanding these factors will allow stakeholders to
determine the best approach for the health care system
to encourage more clinical trials and to encourage people's participation. As Jordan has a similar cultural
background as other Middle Eastern countries, findings
from our study could also guide initiatives on clinical
trials in nearby countries.

Methods

Study design

The questions on clinical trials were part of a wider quan-
titative cross-sectional survey entitled “Knowledge, atti-
tudes, practices towards cancer prevention and care in
Jordan” (14). This survey was conducted at the national
level and consisted of 10 sections, one of which was on
new fields of cancer research in Jordan. In this section,
public knowledge of and attitudes to clinical trials were
assessed. More details about the survey can be found
elsewhere (15–17).

Participants and procedures

The survey was conducted nationwide in the three re-
gions of Jordan (North, Central and South) covering the
12 governorates. The survey sample was selected using
the 2004 Population and Housing Census as the sampling
frame in order to ensure that the final sample reflected
the socioeconomic and geographic composition of Jor-
dan. Participants were approached by college-educated,
trained, female interviewers in their homes. Face-to-face
interviews were held with 3196 individuals aged 18 years
and more from January to March, 2011. Selected houses
were re-visited twice before excluding them; about 5% of
houses were excluded.

Data collection

Data were collected using a questionnaire in Arabic, with
an available English translation, when needed. Interna-
tional references/tools, such as the Health Information
National Trends Survey (18), were used to guide the de-
development of the questionnaire. The questionnaire was
adapted to the local context and was reviewed by the ad-
visory committee of the knowledge, attitudes, practices
survey (15–17), the research team from Center of Consul-
tation at the University of Jordan and experts from the
Jordanian Department of Statistics, in order to ensure
content validity and clarity.

Participants were asked about the following: (i)
sociodemographic characteristics – sex, age, education
level, marital status and income; (ii) their knowledge of
clinical trials (yes/no); (iii) their previous participation in
clinical trials after explaining what they were (yes/no);
(iv) the likelihood that they would be willing to participate
in clinical trials (measured on a 4-point Likert scale – very
likely, likely, unlikely, very unlikely); (v) perceived health
status (excellent, very good, good, satisfactory and bad); and (vi) reasons for not wanting to participate in clinical

Statistical analysis

Data were analysed using SPSS, version 17.0. Descriptive
statistics were used to report sample characteristics. Cat-
egorical variables are presented as frequencies with cor-
responding percentages. Chi-squared analyses were used
to examine the strength of the association between the
independent variables (age, sex, educational level, mar-
tial status and income) and the main outcome variables
of interest (knowledge of and participation in clinical
trials and likelihood of agreeing to participate in one). In
addition, the association between self-perceived health
status and willingness to participate in clinical trials was
assessed. The Pearson correlation coefficient (r) was used
to assess the relationship between sociodemographic
characteristics and attitudinal statements.

Ethical considerations

Ethical approval for the study was obtained from a spe-
cial committee at the Center of Consultation at the Uni-
versity of Jordan.

Before the interview, participants were briefed about
the purpose and outcomes of the study, and their right to
voluntarily participate, withdraw or refuse to participate.
Verbal informed consent was obtained (agreement of
the participants to be interviewed in their houses was
considered as consent).

Results

Sociodemographic characteristics of
participants

A total of 3196 respondents were included in the analysis
for this report. Just over half (51.5%) of the participants
were men and 78.4% were under 50 years (Table 1).

Knowledge of and participation in clinical
trials

When asked whether they had ever heard or read about
clinical trials, only 21.8% of respondents had some knowl-
edge of the term (Table 1), with significantly more men
having knowledge of clinical trials than women (24.1% verse
19.3% respectively, P < 0.001). In addition, signifi-
cantly more respondents aged 40–49 years knew about
clinical trials than those in other age groups (P < 0.001).
Higher educational level (r = 0.178, P < 0.001) and income
(r = 0.137, P < 0.001) were also positively associated with
increasing knowledge of clinical trials.

After informing survey participants of the definition
of a clinical trial, they were asked if they had ever
participated in a trial. As expected, most respondents
(98.8%) indicated that they had never participated in
a clinical trial with only 1.2% of them confirming
their participation. No association was found between
participation in clinical trials and age, education, sex and
income (Table 2).
## Table 1  Knowledge of clinical trials by sociodemographic characteristics

| Have you ever heard or read about clinical trials? | No  | Yes  | Total  | Statistical tests |
|---------------------------------------------------|-----|------|--------|-------------------|
|                                                   | No. (%) | No. (%)    | No. (%)    | \( \chi^2 = 10.804, P < 0.001 \) |
| Total                                             | 2500 (78.2) | 696 (21.8) | 3196 (100.0) |
| Sex                                               |        |       |        | \( \chi^2 = 17.999, (r = -0.007, P = 0.790) \) |
| Males                                             | 1250 (75.9) | 397 (24.1) | 1647 (51.5) |
| Females                                           | 1250 (80.7) | 299 (19.3) | 1549 (48.5) |
| Age (years)                                        |        |       |        | \( \chi^2 = 1.025, P < 0.001 \) |
| 18–29                                             | 758 (78.6) | 206 (21.4) | 964 (30.2) |
| 30–39                                             | 730 (79.8) | 185 (20.2) | 915 (28.6) |
| 40–49                                             | 457 (72.8) | 170 (27.1) | 627 (19.6) |
| 50–59                                             | 208 (76.8) | 63 (23.2) | 271 (8.5) |
| 60+                                               | 347 (82.8) | 72 (17.2) | 419 (13.1) |
| Education level                                   |        |       |        | \( \chi^2 = 2.518, P = 0.284 \) |
| Elementary or lower                               | 559 (91.0) | 55 (9.0)  | 614 (19.2) |
| Preparatory to high school                        | 1285 (78.4) | 353 (21.6) | 1638 (51.3) |
| Diploma and above                                 | 655 (69.4) | 289 (30.6) | 944 (29.5) |
| Monthly income\(^a\) (Jordanian dinars\(^b\))    |        |       |        | \( \chi^2 = 2.172, P = 0.329 \) |
| < 300                                             | 1264 (84.5) | 231 (15.5) | 1495 (47.1) |
| 300–599                                           | 902 (73.5) | 325 (26.5) | 1227 (38.7) |
| 600+                                              | 320 (70.8) | 132 (29.2) | 452 (14.2) |

\(^a\)Since 22 respondents did not wish to declare their income, the total responses of the income category were 3174.

\(^b\)US$ 1 = 0.07 Jordanian dinars.

## Table 2  Participation in clinical trials by sociodemographic characteristics

| Have you ever participated in a clinical trial? | No  | Yes  | Total  | Statistical tests |
|------------------------------------------------|-----|------|--------|-------------------|
|                                                   | No. (%) | No. (%)    | No. (%)    | \( \chi^2 = 0.875, P = 0.421 \) |
| Total                                             | 3157 (98.8) | 39 (1.2) | 3196 (100.0) |
| Sex                                               |        |       |        | \( \chi^2 = 3.988, P = 0.408 \) |
| Male                                              | 1624 (98.6) | 23 (1.4)  | 1647 (51.5) |
| Female                                            | 1533 (99.0) | 16 (1.0)  | 1549 (48.5) |
| Age (years)                                        |        |       |        | \( \chi^2 = 2.025, P = 0.164 \) |
| 18–29                                             | 947 (98.2) | 17 (1.8)  | 964 (30.2) |
| 30–39                                             | 904 (98.7) | 12 (1.3)  | 916 (28.6) |
| 40–49                                             | 622 (99.2) | 5 (0.8)   | 627 (19.6) |
| 50–59                                             | 269 (99.3) | 2 (0.7)   | 271 (8.5) |
| 60+                                               | 414 (99.0) | 4 (1.0)   | 418 (13.1) |
| Education level                                   |        |       |        | \( \chi^2 = 1.272, P = 0.324 \) |
| Elementary or lower                               | 608 (99.0) | 6 (1.0)   | 614 (19.2) |
| Preparatory to high school                        | 1621 (99.0) | 17 (1.0)  | 1638 (51.3) |
| Diploma and above                                 | 928 (98.3) | 16 (1.7)  | 944 (29.5) |
| Monthly income\(^a\) (Jordanian dinars\(^b\))    |        |       |        | \( \chi^2 = 0.005, P = 0.937 \) |
| < 300                                             | 1478 (98.9) | 17 (1.1)  | 1495 (47.1) |
| 300–599                                           | 1213 (98.9) | 14 (1.1)  | 1227 (38.7) |
| 600+                                              | 444 (98.2) | 8 (1.8)   | 452 (14.2) |

\(^a\)Since 22 respondents did not wish to declare their income, the total responses of the income category were 3174.

\(^b\)US$ 1 = 0.07 Jordanian dinars.
Willingness to participate in clinical trials

The willingness of respondents to participate in clinical trials was investigated. Those who indicated that it was “very likely” or “likely” that they would be willing to participate constituted 36.9% and 21.1% of respondents respectively (Table 3). Most respondents were unwilling to participate in clinical trials: 35.0% and 40.3% of survey participants respectively indicated that it would be unlikely or very unlikely that they would agree to participate. Significantly more women than men said they would be very unlikely to agree to participate in clinical trials (42.0% and 38.7% respectively, \( P = 0.025 \)). At the same time significantly more women than men said they would be very unlikely to agree to participate in clinical trials (42.0% and 38.7% respectively, \( P = 0.025 \)). Willingness to participate in clinical trials was also significantly associated with age (\( P < 0.001 \)) but without a clear trend (\( r = 0.031, P = 0.081 \)). Respondents between the ages of 40 and 49 years were very likely (4.0%) or likely (26.5%) to be willing to participate in clinical trials. Decreasing income was significantly correlated with a higher likelihood of willingness to participate in clinical trials (\( r = 0.071, P < 0.001 \)). On the other hand, no significant correlation was found between educational level and willingness to participate in clinical trials. Perceived health status was significantly associated with willingness to participate in clinical trials; those who perceived their health status as bad or satisfactory were less likely to be willing to participate in clinical trials (\( P < 0.001 \)).

Reasons for not participating in clinical trials

The 2406 respondents who said they would be unlikely or very unlikely to agree to participate in clinical trials were given the chance to explain their reason(s) why (Table 4). The most common reason for not wanting to participate in a clinical trial was its perceived high risk to their health (61.1% of participants). This was followed by not being convinced about the outcome and benefits of clinical trials (29.7%).

Discussion

Based on feedback from both patients and clinical research associates, the reasons influencing participation in clinical trials have been classified into physician-relat-

| Table 3 Likelihood of respondents agreeing to participate in clinical trials |
|---------------------------------------------------------------|
| How likely is it that you would be willing to participate in a clinical trial? | Very likely | Likely | Unlikely | Very unlikely | Total | Statistical tests |
|---------------------------------------------------------------|------------|--------|----------|---------------|-------|------------------|
| Total                                                          | 115 (3.6)  | 675 (21.1) | 1118 (35.0) | 1288 (40.3) | 3196 (100.0) | \( \chi^2 = 9.317, P = 0.025 \) |
| Sex                                                            |            |         |          |               |       | \( \chi^2 = 32.224, P < 0.001 \) |
| Male                                                           | 48 (2.9)   | 367 (22.3) | 594 (36.1)  | 638 (38.7)   | 1647 (51.5) |
| Female                                                         | 66 (4.3)   | 309 (19.9) | 524 (33.8)  | 650 (42.0)   | 1549 (48.5) |
| Age group (years)                                              |            |         |          |               |       | \( \chi^2 = 5.767, P = 0.450 \) |
| 18–29                                                          | 31 (3.2)   | 218 (22.6) | 330 (34.2)  | 385 (39.9)   | 964 (32.0)  |
| 30–39                                                          | 41 (4.5)   | 176 (19.2) | 328 (35.8)  | 370 (40.4)   | 915 (28.6)  |
| 40–49                                                          | 25 (4.0)   | 166 (26.5) | 199 (31.7)  | 237 (37.8)   | 627 (19.6)  |
| 50–59                                                          | 6 (2.2)    | 47 (17.3)  | 92 (31.9)   | 126 (46.5)   | 271 (8.5)   |
| 60+                                                            | 11 (2.6)   | 68 (16.3)  | 169 (40.4)  | 170 (40.7)   | 418 (13.1)  |
| Education level                                                |            |         |          |               |       | \( \chi^2 = 32.906a, P < 0.001 \) |
| Elementary or lower                                            | 21 (3.4)   | 117 (19.1) | 225 (36.6)  | 251 (40.9)   | 614 (19.2)  |
| Preparatory to high school                                     | 66 (4.0)   | 349 (21.3) | 555 (33.9)  | 667 (40.7)   | 1679 (51.2) |
| Diploma and above                                              | 27 (2.9)   | 210 (22.2) | 337 (35.7)  | 370 (39.2)   | 944 (29.5)  |
| Monthly income a (Jordanian dinars)                           |            |         |          |               |       | \( \chi^2 = 7.604, P < 0.001 \) |
| < 300                                                          | 54 (3.6)   | 339 (22.7) | 537 (35.9)  | 566 (37.8)   | 1496 (47.2) |
| 300–599                                                        | 46 (3.7)   | 253 (20.6) | 452 (36.8)  | 476 (38.8)   | 1227 (38.7) |
| 600+                                                           | 12 (2.6)   | 81 (17.9)  | 124 (27.4)  | 236 (52.1)   | 453 (14.3)  |
| Perceived health status                                        |            |         |          |               |       | \( \chi^2 = 0.009, P = 0.597 \) |
| Excellent                                                      | 49 (4.8)   | 191 (18.9) | 309 (30.6)  | 462 (45.7)   | 1011 (31.6) |
| Very good                                                      | 45 (3.8)   | 277 (23.3) | 456 (38.3)  | 412 (34.6)   | 1911 (57.3) |
| Good                                                           | 17 (2.1)   | 178 (22.1) | 282 (34.9)  | 330 (40.9)   | 807 (25.2)  |
| Satisfactory                                                   | 4 (2.7)    | 23 (15.3)  | 55 (36.7)   | 68 (45.3)    | 150 (47)    |
| Bad                                                            | 0 (0.0)    | 6 (15.8)   | 16 (42.1)   | 16 (42.1)    | 38 (12)     |

\( ^a \)Since 22 respondents did not wish to declare their income, the total responses of the income category were 3174.

\( ^b \)US$ 1 = 0.07 Jordanian dinars.
ed, patient-related and system-related (19). Our study focused on public understanding of and attitude to clinical trials. Our results clearly show a lack of understanding of what clinical trials are, with a significant difference according to sex, age, education and income. Only 21.8% of our sample had any knowledge of clinical trials, which is comparable to that reported in Oman, where 31.3% of survey respondent knew what the term meant (10). Jordanian men appeared to be more knowledgeable of clinical trials than women. In addition, more respondents aged 40–49 years knew of clinical trials. It is probable that the lower awareness in younger age groups is because of a lack of life experiences, whereas poorer education could be the reason why older people were the least knowledgeable. Moreover, there was a significant association between both increasing educational level and increasing income, and increasing knowledge of clinical trials. This is similar to the results found in a study in the USA, which concluded that low education levels and low income were predictors of lack of awareness of clinical trials, and were associated with lower participation in trials (20).

A study in 2004 reported that enrolment of cancer patients in clinical trials in the USA was low overall and ranged from 0.5% to 3% depending on ethnicity and age group (12). These percentages are similar to the actual participation of individuals in Jordan in clinical trials, which was indicated by only 1.2% of respondents. Whereas the American study found a strong inverse correlation between age and enrolment (12), we did not find any correlation between willingness to participate in clinical trials and age, education, sex and income. The rate of participation in clinical trials is expected to be higher among those in need, such as cancer patients. In fact, one study showed that only 3% of cancer survivors had participated in cancer clinical trials but a large proportion of cancer survivors (65%) would have participated in trials had they known about them (21). A study in Saudi Arabia also showed that 61% of the cancer patients and their family members were aware of clinical trials and 58% were willing to take part in them (22).

We found that significantly more men than women were willing to participate in clinical trials which is similar to the various studies in the USA (11,12). However, women in Jordan were more decisive in their responses with a slightly higher percentage answering very likely or very unlikely than men. People more than 50 years were the least likely to be willing to participate in clinical trials, which is similar to other reports (23,24). Income level was an important factor in our study; respondents in higher income levels were significantly less likely to be willing to participate in clinical trials. Interestingly, this is in contrast to other studies in which lower rates of participation were reported in people with lower incomes (13,25). In Jordan, this difference may be due to perceived better access to health care and certain benefits (e.g., monetary compensation) among the lower income groups if they participate in clinical trials. In addition, although old age and poor health status were associated with unwillingness to enrol in a clinical trial, only 3.1% of our participants gave this as a reason for not participating in a clinical trial.

When asked about the reasons for not participating, the most common reason given by the participants was concern of an adverse effect on health, which accounted for 61.1% of responses. This was followed by not being convinced about the outcome and benefits of clinical trials (29.7%). These responses are in line with other studies. For example, concern of health risks was the main reason for lack of participation in clinical trials among African Americans (26). In a Danish study, fear of adverse effects from treatments in clinical trials was the most common reason for not participating (27). Participant-related factors that affect participation in clinical trials include, but are not limited to, demographic characteristics, lack of interest, time and transportation, physical limitations, and fear of emotional effect (28). Research-related factors may also influence the decision to participate in a clinical trial, such as random assignment and the effect on the participants’ daily routine. Finally, lack of trust in physicians was reported in a pilot study across the Middle East, with many participants believing that doctors conduct studies without consent and that withdrawal from a study would lead to a poorer level of health care services provided (29).

The fact that the top three reasons why respondents in our study were not willing to participate in clinical trials are related to a lack of understanding of clinical trials and their importance highlights the need to raise

Table 4: Participants’ reasons for not participating in clinical trials

| Reason                                      | No. (%) |
|---------------------------------------------|---------|
| Risk to my health                           | 1688 (61.1) |
| Not convinced about the outcome and benefits of clinical trials | 819 (29.7) |
| Old age and poor health status              | 85 (3.1) |
| Have not thought about this                 | 71 (2.6) |
| No time                                     | 46 (1.7) |
| Religious and cultural barriers             | 27 (1.0) |
| Lack of knowledge                           | 14 (0.5) |
| Dislike of hospitals and physicians         | 12 (0.4) |
| Total responses                             | 2762 (100.0) |
Essais cliniques en Jordanie : connaissance, attitudes connexes et participation mesurées par une enquête en population

Résumé

Contexte : Les essais cliniques sont importants pour améliorer les soins de santé publique. Cependant, le recrutement des participants pour ces essais peut s’avéré difficile.

Objectifs : La présente étude visait à évaluer la connaissance publique des essais cliniques et la volonté d’y participer en Jordanie, et à examiner les caractéristiques sociodémographiques associées, ainsi que les raisons expliquant leur réponse négative.

Méthodes : Les questions ont été posées dans le cadre d’une enquête en population représentative menée en 2011 auprès de 3 196 Jordaniens. Lors d’un entretien conduit à domicile, des questions ont été posées aux participants sur leurs caractéristiques sociodémographiques, leur connaissance des essais cliniques et leur participation à ces derniers.

Résultats : Seuls 21,8 % des personnes interrogeées savaient ce qu’est un essai clinique, et 1,2 % d’entre elles avait déjà participé à ce type d’essai. Près de 25 % des personnes interrogées ont signifié leur volonté de participer à un essai clinique. Les hommes étaient significativement plus nombreux (24,1 %) que les femmes (19,3 %) à savoir ce qu’est un essai clinique (p < 0,001). À l’inverse, davantage de femmes (4,3 %) que d’hommes (2,9 %) ont indiqué être très susceptibles d’accepter de participer à des essais cliniques. Les personnes âgées de 40 à 49 ans avaient une meilleure connaissance des essais cliniques et une plus grande volonté d’y participer que les autres groupes d’âge. Les revenus étaient associés de façon positive à la connaissance des essais cliniques, mais de façon négative à la volonté d’y participer. Un niveau d’éducation élevé avait une corrélation positive avec la connaissance des essais cliniques et la volonté d’y participer. Les principaux motifs de non-participation aux essais étaient l’inquiétude concernant le risque pour la santé personnelle (61,6 %) et le fait de ne pas être convaincu des résultats et du bénéfice des essais cliniques (29,7 %).

Conclusion : Le faible degré de connaissance et de volonté de participer à des essais cliniques indique que des stratégies de sensibilisation du grand public à la nature et à l’importance des essais cliniques sont nécessaires.
المعلومات والاتجاهات الخاصة بالتجارب السريرية، والمواصفات تجاهها، والمشاركة فيها في الأردن: مسح سكاني

مأمون أهرام، علاء فركوح، مر حداد، زينة القلعجي، أحمد يانس

الخلاصة

تشتمل التجارب السريرية أهمية من أجل تحسن الرعاية الصحية العامة، وبالرغم من ذلك، فإن اختيار المشاركين لإجراء تلك التجارب قد تغلب عليه بعض الصعوبة.

الأهداف: هدف هذه الدراسة إلى تقييم المعلومات بالتجارب السريرية والرغبة في المشاركة فيها في الأردن، وكما درست السمات الاجتماعية والناسية الممثلة لتلك المعلومات والرغبة، والأسباب وراء الإحجام عن المشاركة فيها.

الطريقة: تمت الأسئلة جزءًا من مسح سكاني فعلي من بين أفراد الأسر في الأردن لـ2011، وشمل 3196 شخصية أردنية، ومن خلال إجراء مقابلات منزلية، كان لدى 25% من المستحلكين إلمام بالتجارب السريرية، و1.2% من أفراد الأسرة التي أشارت أو أشارت إلى المشاركة فيه.

تتم الاختيار للمشاركين من خلال استخدام مسح سكاني من بين الأفراد المتواجدين في الأردن، حيث كان هناك 21% ومجموع الباحثين الذين تراوحت أعمارهم بين 25% إلى 49%، بينما كان عدد الرجال الذين تراوحت أعمارهم بين 25% إلى 49%، بينما كان عدد النساء اللواتي رجحن موافقتهن على المشاركة في التجارب السريرية (للخطر المنفعة)، بينما كان عدد الرجال الذين تراوحت أعمارهم بين 25% إلى 49%، بينما كان عدد النساء اللواتي رجحن موافقتهن على المشاركة في التجارب السريرية (للخطر المنفعة).

الأسباب وراء الإحجام عن المشاركة في التجارب: تبينت البيانات أنه تأثر العوامل الاجتماعية والجغرافية في تقييم المعلومات والاتجاهات الخاصة بالتجارب السريرية، والمواقف تجاهها، والمشاركة فيها.

التوصيات: يشير تدني مستوى المعلومات الخاصة بالتجارب السريرية وعدم الرغبة في المشاركة فيها إلى الحاجة إلى استراتيجيات رامية إلى تثقيف الجمهور بشأن طبيعة تلك التجارب وأهميتها.

الاستنتاج: يشير تدني مستوى المعلومات الخاصة بالتجارب السريرية وعدم الرغبة في المشاركة فيها إلى الحاجة إلى استراتيجيات رامية إلى تثقيف الجمهور بشأن طبيعة تلك التجارب وأهميتها.

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