Use of Contraceptives Among the Poor Couples in Bangladesh

Social Marketing Company

By

ACNielsen

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Sub: Submission of the final report on *"Use of Contraceptive among Poor Couples in Bangladesh"*.

Dear Mr. Khan:

Thanks to you and your team for giving us feedback on the earlier version of the report. We have incorporated your suggestion. We are now pleased to submit the final copy of the report on "Contraceptive Usage Among Poor Couples in Bangladesh".

If you have any queries feel free to contact us.

With best regards.

Yours sincerely,

Khalid Hasan, PhD
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EXECUTIVE SUMMARY

Introduction

The Social Marketing Company (SMC), with fund assistance from USAID under NIPHP, has been contributing significantly to the overall success of national reproductive and child health program. In 2006, SMC provided 3.89 million CYP through offering three modern methods - oral pills, condoms, and injectable. As Bangladesh Demographic and Health Survey 2004 (BDHS 2004)[1] shows, 30 percent of the modern contraceptive users reported that they use SMC brand contraceptives. SMC's current product line includes five condom brands (Raja, Hero, Panther, Sensation, & U& Me), three oral contraceptive pills (Nordette-28, Femicon, & Minicon), Injectable contraceptive - SOMA-JECT, and two packaged ORS (Orsaline and Orsaline Fruity). Since its inception, SMC has sold approximately 2.7 billion condoms, 250 million cycles of pills, and 724 million sachets of Orsaline. With a view to develop its business plan, SMC now intends to examine the contraceptive usage pattern by the population of different wealth quintiles.

Study Objectives and Design

The current study was carried out to understand the overall buying habits and behavior of different contraceptives by the family planning method users of different wealth quintiles, especially the lowest and second quintile categories. The study was conducted among the currently married women of reproductive age (MWRA's), across allover Bangladesh.

A total of 230 PSU's were selected from the list of Mouza/ward of BBS, using systematic random sampling technique. After selecting the PSU's, 100 households were listed and from among these, 25 households were finally selected to achieve the target sample. Currently married women of reproductive age (MWRAs, 15-49 years) were the target respondent of this study. A total of 5,750 households were listed during the study. After critical review and screening, 5,000 currently married women of reproductive age were found eligible for the analysis and calculation of wealth index. However, among them, 2,471 current users of modern methods (i.e. 49.42%) were selected for detailed interviews. In addition, qualitative research through 12 FGDs was done among the MWRAs in different parts of the country, thus covering both rural and urban areas.

The study period was June–July 2007.

FINDINGS

Background Information

Overall, 66% of the MWRAs are literate nationwide. They have obtained formal education from different institutions. As expected, the urban population (82%) is more literate than the rural people (59%). The finding is quite similar to the government statistics and Bangladesh Media and Demographic Survey 2006 (BMDS 2006)[2]. The mean age of the respondents was 29 years. On an average, the marriage length of the interviewed MWRA's was 13 years. As expected, the level of education increases with the wealth index. The MWRA's in the lowest and second quintile, 54% and 45% are illiterate

[1] NIPORT, MoHFW, Government of Bangladesh, Mitra & Associates and ORC Macro, USA
[2] Bangladesh Media and Demographic Survey 2006, ACNielsen Bangladesh

respectively. On contrary, 17% of the MWRA's in the highest quintile are illiterate. The respondents in the highest quintiles are more literate than the lower quintiles.

The average monthly household income of the respondents was Tk. 5,799, while monthly average expenditure was Tk. 5,067, thus showing the saving habit prevailing among the target group, even if in a very small scale. The income and the spending of the highest quintile is almost double than that of the lowest quintile.

Knowledge of Family Planning Methods

Information on knowledge of family planning methods was collected by asking the MWRA's to name or ways by which a couple could delay or avoid pregnancy. Spontaneous/unaided response was collected from them. Knowledge about family planning method was widespread (100%). Among the current modern method users, oral contraceptive pill was known to all (99%). Awareness about OCP was similar across different quintiles, while awareness about condom, male and female sterilization, Norplant, IUD was higher among the users at the highest quintiles compared to lowest quintiles. While knowledge about the injectables was slightly higher among the users of lowest quintiles than the highest ones.

Brand Awareness

Among OCPs, the most known brands were *Shukhi* (77%) and *Femicon* (71%) which are being followed *by Nordette 28* (40%) and *Minicon* (37%). Among the condoms, *Raja* (27%) and *Panther* (21%) have some awareness. *Soma-ject* injectables were known by 16% of the MWRA's. The users at higher wealth quintiles were more aware about contraceptive brands compared to the lower wealth segments.

Current Use of Contraceptives

The contraceptive prevalence rate (CPR), keeping in view the modern methods, among all the respondents is 49.42% which was 47.3% in 2004 (BDHS 2004). The respondents were asked about their currently used method of contraception. Oral contraceptive pill (33%) was found to be the most commonly used current method, which was followed by injectables (9%). About 4% reported using condom currently as well. Interestingly, tendency of using condom is higher among the higher wealth quintiles. The highest quintile segment use condoms more than three times than the lowest segment. In contrary, injectable is widely used by the lower quintiles compared to the higher quintiles. However, there is no variation in the use of OCP across the wealth quintiles. This information was further affirmed by qualitative findings.

The First Method Used After Marriage

Among all the current modern method users, one-third of the respondents (34%) did not use any method right after marriage. Of those who used contraception right after marriage, OCP was the mostly (47%) used method followed by condom (8.2%), and safe period (6%); 4.8% relied on IUD. On an average, the method adopted right after marriage lasted for 21 months.

However, the trend of not using any method immediately after marriage was higher among financially poorer population. The higher the wealth status, the more was the tendency of contraceptive use right after marriage. Nearly half of the users at the lowest quintiles (45%) did not use any method right after marriage, while only one-fourth of the current users at the highest quintile (26%) did the same.

It is evident from the survey that a significant percentage of the birth of first took place before the mother attained the age of 18. One of its major reasons being non-use of

contraceptives. Early initiation into childbearing does not only lengthen reproductive period and subsequently increases fertility but also increases the risk of mortality. Having children at an early age increases the risk of maternal mortality. It is found in various researches that maternal mortality in Bangladesh is the highest. Therefore, contraceptive use right after marriage is very crucial and important, especially for the MWRA's of lower quintiles.

Similar findings were found in qualitative research. According to the respondents, the major reasons are –

- Shyness about using contraceptives and expressing one's feeling to her husband
- Lack of awareness/ignorance about OCP or family planning
- Unaware about brands/methods
- Unaware about the possibility of pregnancy
- Fear of not getting pregnant ever

History of Contraceptive Use

Overall: It is evident from the survey that the majority of the modern method users currently use OCP (i.e. 66% of them and 32.7% of MWRAs). Other major current methods being used are condom (3.5%) and injectables (8.5%). The previous methods of these methods were as follows:

- Pills: The majority of the pill users previously used the same or different brands of pills (78%). 11% of the injectables users switched to pills, from condoms to pills (9%) and from other methods (3%) to pills.

- Condoms: Among the current condom users, 55% previously used the same or different brands of condoms; another 30% switched from pills to condoms, and 10% switched from injectables of condoms;

- Injectables: Retained to injectables (39%), switched from pill to injectables (53%), and from switched condoms to injectables (2%).

Lowest Quintiles: Current OCP users are using OCP for a long period. A small portion of the users of injectables (12%) and condoms (2%) switched to pills. But, a large portion of previous OCP users (47%) switched to injectables.

Highest Quintiles: The majority of the users in these quintiles are using OCP for long. A few of injectables and condom users switched to OCP.

Current Brand Usage

Oral Contraceptive Pills: Overall, the SMC-marketed OCP's enjoy half of the market share (50.5%). The rest of the pie is occupied by the government-supplied Shukhi (44.4%) and other private brands (5%). Among the pill users, *Shukhi* (44.4%) is the widely-used brands of pill, which is being followed by *Femicon* (38%). *Nordette 28* and *Minicon* are used by around 9% and 3% of the MWRAs respectively. Use of *Shukhi* is higher in lower wealth quintiles, while use of *Nordette 28* and *Minicon* is higher in higher quintiles. *Femicon* is quite similar across different quintiles.

Condom: 76% of the condoms market is occupied by SMC. The rest is captured by the government and private suppliers. *Panther* (33%) followed by *Raja* (20%) and *Hero* (16%) are the most popular among the condom users. Among the condom users, *Sensation* and *Panther* are mostly used by the higher wealth quintiles. It is found that almost none from the lowest wealth quintiles use *Sensation*.

Injectables: Injectable is widely used among the lower quintiles (9%) compared to the higher ones (5%). Overall, *Soma-ject* (40%) and *Depo Provera* (20%) are the common injectables used. *Copper T 200 B* (34%) *Copper T 380-A* (26%) were the brands of IUD in use. Use of *Copper T200 B* is similar across quintiles, usage of *Copper T 380-A* is slightly higher in higher quintiles.

Comparative Analysis of Usage Trend

A comparative analysis conducted between BDHS 2004 and this current study shows the increase in usage of SMC brands throughout the quintiles. In the OCP category, the usage of SMC brands increased from 25% to 41% in the highest quintile whereas in the lowest quintile it has increased from 52% to 58%. The govt. brand tends to decrease irrespective to quintiles for OCP, in the highest quintile it decreased from 73% to 54% and decreased 37% to 33% in the lowest quintile.

While in the condom category, the usage of SMC brands increased from 69% to 84% in the highest quintile whereas in the lowest quintile it has increased from 68% to 83%. The govt. brand remained more or less similar in the extreme quintiles, increased 13% to 15% in the highest quintile while was 14% in both the studies for the lowest quintile. There were marginal increases in other quintiles as well.

Satisfaction with the Current Method

Suitability for the body (71%) was found to be the main criterion that leads to the satisfaction regardless of quintiles. Other mentioned reasons for satisfaction are: free access (7%), convenience (5%) availability (4%), safety (6%), easy to use (4%).

"Getting free" is one of the reasons leading to higher satisfaction of the lowest quintiles (9%) compared to higher ones (5%). Other reasons for satisfaction are similar across different quintiles.

Seeking Advice before Adopting Family Planning Method

Practice of seeking advice (75%) before adopting a family planning method was found high among the respondents. And similar practice was found across different quintiles. Family members (38%) and government health workers (33%) were the main sources of advice regarding adopting a family planning method; it is being followed by friends/neighbors (32%) and doctors (22%).

Users at the lowest quintile discuss more with the government health workers (36%) whereas users at the highest quintiles prefer to discuss with the doctors (30%) and their husbands.

Factors Influencing the Decision

The quality, more specifically suitability of the product/brand (49%), which is being followed by the availability (30%), are the prime factors that are considered before buying/choosing a particular brand. Doctor's suggestion (19%) and price (17%) also have got some influence. Quality was an important concern of the higher quintile compared to the lower one. Rather, availability was the main concern for the lower quintile (17% for the lowest quintiles) compared to the higher ones (13% for the highest quintiles). Price influences the lowest quintile more (10%) compared to highest one (7%).

Decision regarding the choice of family planning method is being made jointly in the majority of the cases (65%). About one-fourth respondents (24%) reported taking decision all by themselves, while another 10% reported husbands as the decision-

makers. Similar to family planning method, brand decision is also taken jointly in the majority of cases (62%), self in one-fourth cases (27%), and husbands in 10% cases. Interestingly, before buying contraceptive brands, the majority of the respondents in the highest wealth quintiles take decision jointly (by wife and husband (64%)) compared to the lowest quintile (55%). However, 33% of the users in the lowest quintile decide on their own, compared to the highest quintiles (23%).

Buying Practices

Contraceptive products are usually bought by the husband (40%) or the wife (39%). About 10% respondents reported getting it from health workers. Usually a respondent buys one pack of OCP's on an average at a time, while the users of condoms reported buying on an average eight pieces at a time.

Users in the highest wealth quintile buy contraceptives jointly (8%) more than those belonging to the lowest quintile (5%). Users in the lowest quintiles go alone (43%) to buy contraceptives.

Buying Frequency

OCP's (71%) and condoms (46%) are bought mostly once a month. Couples in the lowest quintile buy OCP's less frequently than those belonging to the higher quintile. For condoms, the poorest quintile (54%) buys once in a month, which is more than in the case of the highest quintile users (49%). Users at the highest quintile (25%) buy twice a month more than those belonging to the lowest quintile (15%). Almost all the injectable users buy injection once in every three months (99%) across different quintiles.

Switching Patterns: Methods and Brand Levels

The majority of the respondents were found preferring to stick to their current method. Among the current users, 60% mentioned that they haven't changed their brand or method and the current practice is their first brand/method. There was no variation among different wealth quintiles. On an average, MWRA's are using the current brands for about four years.

Among the OCP users, the majority (78%) are continuing the same method, while 12% switched to injections, 5% to condoms and 4% to traditional methods (safe period and withdrawal). Most of the users at the lowest quintile have got the tendency to stick to OCP's (82%) compared to the highest one. Most of the users at the highest quintile (9%) have got the tendency to switch to condoms than those belonging to the lowest one (2%). The tendency to switch to injectables is higher among the lowest quintile.

Among the condom users, 48% stuck to the same method while 36% switched to OCP's. 8% of the respondents reported shifting to injectables as well. Users at the lowest quintile (69%) prefer to stick to their method compared to the highest quintile (55%). Users at the highest quintile (30%) switched to condoms more than the users of the highest quintile (23%). The tendency to shift to injectables from condoms is higher among the highest quintile than the lower one.

Among the injectable users, 35% have continued with their current method, while 57% reported switching to OCP. The tendency of the poorest quintile (47%) was more to stick to the current method compared to the highest quintile (38%). The tendency of the highest quintile (53%) was more to switch to OCP's current brand compared to the lowest quintile (47%). Major reasons for switching brands or methods are 'non-suitability for the body' (57%); which is being followed by 'high price' (17%) and 'doctor's recommendations' (7%).

CONCLUDING REMARKS

OCP is found to be the main contraceptive method used by the MWRA's. Users of SMC brands disclosed that suitability for the body is the main reason for preferring this brand to other cheaper or free brands available in the market. Availability, perceived quality, and husband's preference are other frequently mentioned reasons. These are also supported by the qualitative findings as the respondents reported that for a sensitive and low involvement product like pills, injectables and condoms, they are more concerned about the suitability for the body rather the financial aspect.

The tendency of using condoms is higher within the higher wealth quintiles. On the contrary, injectable are widely used by the lower quintile compared to the higher ones. Although there is no variation as such in the use of OCP's across all wealth quintiles, there are notable variations in using different brands of OCPs among the MWRA's by wealth status. For example, among the OCP users, usage of *Shukhi* is higher in lower wealth quintiles, while *Nordette 28* and *Minicon* usage is higher in higher quintiles. The use of *Femicon* is quite similar across different quintiles. Similarly, *Sensation* condom is more used by the highest quintiles.

Since there is a significant percentage of MWRAs the financially lower quintiles, of not using any method immediately after marriage there is a need and scope for enhancing communication campaign. Findings reveal that higher the wealth status, more there is the tendency of contraceptive use right after the marriage. Nearly half of the users at the lowest quintiles (45%) did not use any method right after the marriage, while only one-fourth of the current users at the highest quintile (26%) did done the same. Moreover, it is also evident from the survey that a significant percentage of first birth took place before mother attained the age of 18. And, one of the major reasons is disuse of contraceptives. Early initiation into childbearing does not only lengthen reproductive period and, subsequently, increasing fertility, but also enhances the risk of mortality. Having children at an early age increases the risk of maternal mortality. Therefore, contraceptive use right after the marriage is very crucial and important, especially among the MWRAs of lower quintiles. Both the public and the private partners have continued their efforts toward increasing the CPR, especially by the poor couples at the lower wealth quintiles.

Chapter One
INTRODUCTION

1.0 Background[3]

Social Marketing Company (SMC), with funding assistance from USAID under the NIPHP, has been contributing significantly to the overall success of national reproductive and child health program. SMC commissioned ACNielsen Bangladesh to carry out this study with a view to examine the contraceptive usage patterns among the population of different wealth quintiles, especially among the lowest and second quintiles in Bangladesh. The basic intention was to find out their contraceptive usage and switching patterns, brand preferences, and reasons thereof.

SMC is the market leader in marketing private brands of contraceptives and oral saline. In 2006, SMC provided 3.89 million CYP through offering three modern methods - oral pills, condoms, and injectables. BDHS 2004 shows that 30% of the modern contraceptive users reported they use SMC brand contraceptives. SMC has contributed remarkably in the effective diarrheal management program as well. It sold 145 million sachets of ORS during FY 2006, thus occupying more than 55% of the total retail market of the country.

The major programs SMC implements include maternal health, child health, and STD/AIDS Prevention Program - *Shurockkha*. The major support programs of SMC include customer education program, health communication program, and social franchising Blue Star Program.

SMC's current product line includes five condom brands (*Raja*, *Hero*, *Panther*, *Sensation* & *U& Me*), three oral contraceptive pills (*Nordette-28*, *Femicon* and *Minicon*), Injectable contraceptives - *SOMA-JECT* and two packaged ORS (*Orsaline* and *Orsaline Fruity*). Since its inception, SMC has sold approximately 2.7 billion condoms, 250 million cycles of pills, and 724 million sachets of Orsaline. It has got a very efficient nation-wide sales and distribution network which is operated through strategically located twelve sales offices. The Company has a little over 100 sales personnel who are distributing products to more than 225,000 retail outlets throughout the country.

SMC enhances the capacity of the private medical practitioners in these clinical contraceptive methods (injectables) through its Blue Star program. It works through a network of 3600 private medical practitioners as a new channel for marketing the clinical contraceptives (currently injectables) along with high quality service-delivery.

SMC implements Health Providers Training Program through which knowledge and skill of private sector health providers including drug sellers and rural medical practitioners are strengthened in order to make better the over-the-counter (OTC) services including counseling.

SMC addresses the issue of reduction of the transmission of STD and HIV/AIDS among the defined high-risk population through its *Shurockkha* program, which is currently being implemented under Bangladesh AIDS Program (BAP).

Mobile Film Program (MFP) is considered as one of the important strategies to reach the rural population. The objective of operating MFP is to enlighten the people on health issues through education films. The program includes massage on family planning, child and maternal health, diarrheal management, HIV/AIDS prevention, and other social priority issues like anti-trafficking and education.

[3] This information is taken from the RFP provided by SMC

1.1. Study Objectives

The current study was carried out with an aim to understand the overall buying habits and behavior of different contraceptives users of different wealth quintiles, especially the lowest and the second quintile categories. The study was conducted among the currently married women of reproductive age (MWRA's) of all-over Bangladesh.

The specific objectives of the study are as follows:

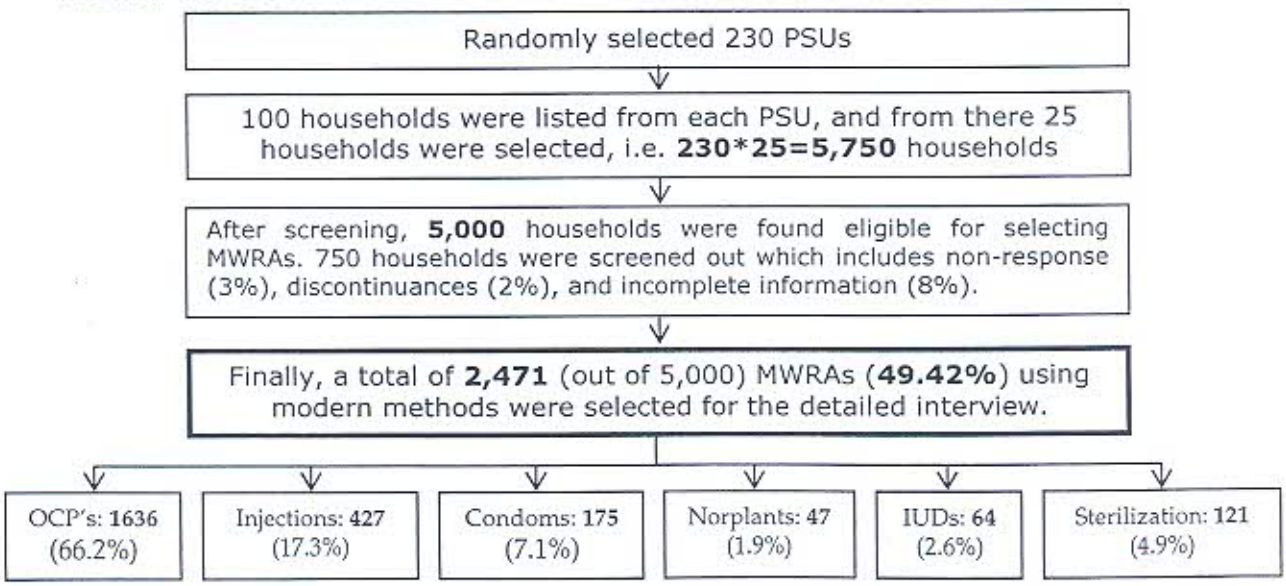
- To prepare a profile of the contraceptive-users of the poorest and the second quintiles;
- To identify factors that affect the decision of the poor customers while choosing different brands of contraceptives;
- To find out the reasons for buying contraceptives of different prices;
- To assess the satisfaction of the consumers with the current brand they use
- To find out brand switching patterns.

1.2. Study Design

Sample Design: A total of 230 PSU's were selected from the list of ward of BBS, using systematic random sampling technique. After selecting the PSU's, 100 households were listed and, from these households 25 households were finally selected to achieve the target sample. Every 4th household was contacted of. At first, eligible respondents were randomly selected randomly from 1 to 4 listed households. The remaining sample was selected by a systematic random technique taking an interval of 4. From each of the randomly taken samples, currently married women of reproductive age were selected for the detailed questionnaire.

Respondents and the Sample Size: Currently married women of reproductive age (15-49 years) were the target respondents of this study. A total of 5,750 households were listed during the study. After critical review and screening, 5,000 currently married women of reproductive ages (MWRA) were found eligible for the analysis and calculation of wealth index. However, among them of 2,471 current users of modern methods (i.e. 49.4%) were selected for the detail interview. In addition, qualitative research through 12 FGDs was done among the MWRAs in different parts covering both rural and urban areas, of the country.

The flow chart is as follows:



Questionnaire: A structured questionnaire and a FGD guide were used for quantitative survey and qualitative research respectively. Both the tools were developed by ACNB in consultation with SMC. The tools were pretested among the eligible respondents.

1.3. Survey Period

The data collection for the study was carried out during the months of June-July 2007.

1.4. Wealth Index

In order to determine the contraceptive usage patterns among the different population of wealth quintile, a wealth index was constructed under the scope of this study. The wealth index was constructed using household assets, including ownership of the number of consumer items ranging from fans to motorcycles, as well as dwelling characteristics, such as drinking water facilities, sanitation facilities, and the types of materials used for roofing and flooring. Each asset is assigned a weight (factor score) generated through principal component analysis, and the resulting asset scores are standardized in relation to a normal distribution with a mean of zero and standard deviation of one. Each household is assigned a score for each asset, and the scores are summed for each household. Individual household members are assigned the score of the household in which they reside. All the individuals in the surveyed households are then ranked according to their household scores and are being divided from quintiles one (the lowest) to five (the highest). At the national level, approximately 20 percent of the household population is in each wealth quintile. The resulting wealth index is a recently developed measure that has been widely tested in relation to inequities in household income, use of health services in a number of countries etc.

Chapter Two

Demographic Characteristics

2.0. Background Characteristics

Initially, a total of 5,750 currently married women of reproductive age of (MWRA) were listed during the study. After critical review and screening, 5,000 MWRAs were analyzed for the calculation of wealth index. Finally, among them, a total of **2,471** (out of 5000) MWRA (**49.42%**) using modern methods were selected for the detailed interview.

The mean age of the respondents was 29 years. On an average, the marriage length of the interviewed MWRA was 13 years. Interestingly, there is no difference observed across the quintiles, irrespective of wealth status.

2.1. Educational Attainment

Overall, 66% of the MWRAs are literate throughout the country. They have obtained formal education from different institutions. As expected, the urban population (82%) is more literate than the rural people (59%). The finding is quite similar to the government statistics and Bangladesh Media and Demographic Survey 2006[4].

In the literate cluster, the major portion who had educational background was from grades I to IV (21%) and V to IX (35%). Around 10% had completed SSC/HSC courses. Around one-tenth of the respondents had Graduate and/or Post-graduate degrees.

Thirty-four percent of all the MWRA's have never been to any schools or educational institutions. Among them, 21% are completely illiterate and another 13% can hardly write; but, they had never been to any formal educational institution.

As expected, the level of education increases with the wealth index. Among the MWRA's in the lowest and the second quintiles, 54% and 45% are illiterate respectively. Contrarily, 17% of the MWRA's in the highest quintile are illiterate. Therefore compared to the lower quintile groups the respondents in the highest level are more literate. (See Table 2.1)

Table 2.1: Distribution of Respondents according to their Education by total and Wealth Quintile (%)

Education	Total	Lowest	Second	Middle	Fourth	Highest
Base: All Modern Method user	2471	484	508	495	488	496
No education	34.1	**54**	**44.5**	30.9	24.2	17.2
Class I-IV	21.4	24.6	24.8	22.4	18.4	16.5
Class V- IX	34.9	20	26.8	40.6	45.7	41.5
SSC/Dakhil	6.7	1.2	3.5	5.1	8.2	15.5
HSC/Fajil	1.9	0.0	0.4	0.8	1.6	6.5
BA/B.Com/B.Sc/BSS	0.8	0.2	0.2	0.2	1.4	2.0
M.A/M.Com/ M.Sc	0.2	0.0	0.0	0.0	0.4	0.8
Total Responded	100	100	100	100	100	100

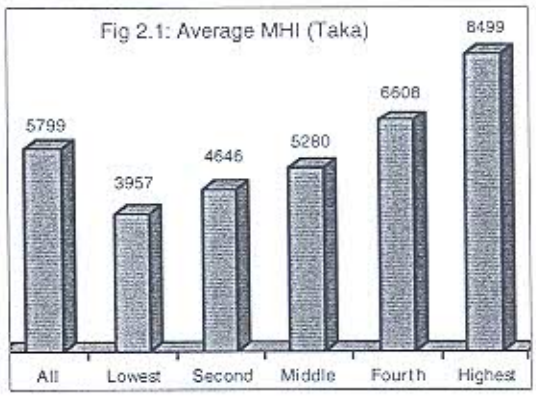
[4] According to the government, the literacy rate are 65% (MoE 2005) and 68% (in BMDS/ACNB 2006).

2.2. Employment

The respondents were asked whether they were employed during the survey. Among the total female respondents, 96% are housewives; it indicates that the rest 4% of the females are engaged in different professions, such as, service, business, etc. However, most of the rural females stated that in addition to household chores, they are also involved in different post-harvest activities, such as, drying, parboiling, storing, etc. and also other small income-generating businesses (poultry, vegetable, gardening, etc.). The trend of employment status is almost similar among different wealth quintiles.

2.3. Income Status

The average monthly household income of the lowest quintile is less than half of the highest quintiles. The income and the spending of the highest quintile are almost double than those of the lowest quintile. On an average, Tk. 3,957 is earned by the lowest income group compared to Tk. 8,499 of the highest income group. Interestingly, the "propensity" to save is higher among the highest quintile than among the lowest segments. Comparing between income and expenditure, the percentage of savings is 6.4% among the lowest while, 15.2% among the highest quintiles.



The overall scenario of the country is slightly different. The monthly household income (MHI) of the respondents under the study was Tk. 5,799, while the monthly average expenditure was Tk. 5,067. It shows of saving money, which prevails among the target groups, even in a very small scale. The figure shows the average MHI in different wealth quintiles. However, the following table shows the income and expenditure pattern among groups.

Table 2.2: Income Status (In Tk.)

	Total	By Wealth Quintile				
		Lowest	Second	Middle	Fourth	Highest
Base: All Modern Methods Users	2471	484	508	495	488	496
Average MHI (In Tk)	5799	3957	4646	5280	6608	8499
Average Monthly HH Expenditure (In Tk)	5067	3703	4201	4725	5499	7200

2.4. Other Economic Activities

Although the majority of the Mara's (89%) were found not engaged in any income generating activities to benefit their family financially, one-third of the respondents reported being members of any NGOs/Co-operatives and has taken loan from such organizations. The money is used in some income-generating activities (IGA's), which include poultry, dairy, trading, etc. Since most of the MWRAs are housewives, they support their families in carrying out these low-scale business initiatives. The higher the wealth quintiles, the higher the amount is from IGAs.

In more than half of the cases (58%) such loans are controlled by the husbands, while in another one-third cases (33%) both (wives and husbands) are involved in managing the fund.

Table 2.3 Individual Contribution of the Respondents to Household Income (In Tk.)

Income	Total	By Wealth Quintile				
		Lowest	Second	Middle	Fourth	Highest
Base: All Modern Methods Users	2471	484	508	495	488	496
Average Personal Income	1549	998	803	1520	1596	3118

2.5. Information about Husbands

The mean age of the husbands was 37 years. More than one-fourth of them (28.7%) had education upto Grades 5-9, while nearly another one-fourth (21.9%)had no education, 18% had education up to Grades 1-4.Nearly one-third of the husbands (29%) were businessmen, while there were 14% farmers, 13% salaried workers, 12% rickshaw pullers/bus-truck drivers, and 6% in different professions (e.g. traders, shop-owners, etc.).

Table 2.4: Information about the Husbands by Wealth Quintiles (%)

Information about the husbands	Total	By Wealth Quintile (%)				
		Lowest	Second	Middle	Fourth	Highest
Base: All Modern Methods Users	2471	484	508	495	488	496
Occupation						
Farmers	14.5	20.2	22.8	17.2	8.4	3.8
Share croppers	2.9	7.2	4.9	1.4	0.4	0.6
Agriculture labor	4.9	15.7	4.9	2.6	1.4	0.2
Contractual labor	2.2	3.7	4.3	1.4	1.2	0.2
Skilled labors	8.7	7.4	8.5	11.9	9.8	5.6
Unskilled labors	4	4.5	5.3	4.8	2.7	2.6
Rickshaw/van/truck/bus drivers	12	18.6	15.2	9.5	8	8.7
Professionals	5.8	2.7	4.3	6.3	7.6	8.3
Salaried workers	13.6	4.1	7.7	13.1	17.2	25.8
Businessmen	29.8	14.2	20.6	29.5	41.8	42.8
Education						
No education	35.1	58.1	48.4	30.1	23.5	15.2
Class I-IV	18.3	22.5	21.7	21	16.4	9.7
Class V- IX	28.7	16.3	23.2	34.9	36.5	32.3
SSC/Dakhil	8.4	2.3	3.5	7.7	10.9	17.5
HSC	4.7	0.6	1.4	4.2	6.1	10.9
BA/B.Com/B.Sc/BSS	3.9	0.2	1.8	2	4.9	10.5
M.A/M.Com/ M.Sc	1.1	0	0	0	1.6	4

The lowest quintile is represented by farmers (20%), agri-labor (16%), and rickshaw/van/bus drivers (19%), while the highest quintile is represented by businessmen (43%) and salaried workers (26%). The spouses of the lowest quintile (58%) mostly had no education or education up to Grade 4 (23%), while one-third of the spouses of the highest quintile had studied till Grade 9 (33%). And more than one-tenth of them have studied up to SSC (18%), HSC (11%), and B.A/B.Com (11%).

2.6. Profile of SMC Brand Users Vis-à-vis Other Brand Users

The average age of the SMC brand users was 28 irrespective of different quintiles- slightly younger than the ones using other brands (30 years). Consequently, they were married for 11 years on an average, which is also lower than non-SMC brand users (14 years) across different quintiles.

On an average husband of SMC users are 35 years old- slightly younger than the other brand users whose average age was 38 years. The SMC brand users were found to be more educated compared to govt. brand users while similar to other brand users. The majority of the SMC brand users obtained education up to class 5-9 (38.4%) compared to 34% of the other brand users having the same level of education. 28% of the SMC and private brand users didn't receive any formal education at all, while the figure is 37% for other brand users.

Table 2.5 Profile of SMC Brand Users by Wealth Quintile

	Total	By Wealth Quintiles				
		Lowest	Second	Middle	Fourth	Highest
Base: SMC Brand users	1108	190	208	209	227	274
Income (Tk)						
Avg. individual Contribution to household income (Tk.)	1,783	923	742	1,617	1,800	3,375
Average Monthly Expenditure (Tk.)	5,213	3,691	4,082	4,896	5,567	7,075
Education (%)						
No education	27.6	48.4	38.5	26	19	13.5
Class I-IV	20	27.4	23.6	16.3	18.1	16.8
Class V- IX	38.4	22.1	30.3	49.3	48.0	39.4
SSC/Dakhil	9.8	2.1	6.7	6.7	10.1	19.7
HSC/Fajil	2.6	0	1	1.4	1.8	7.3
Spouses' Education (%)						
No education	31.4	59	42.8	29.1	22.5	12.7
Class I-IV	15.6	19.5	19.7	18.2	14.1	9.1
Class V- IX	29.4	17.9	26.9	34	37.4	29.2
SSC/Dakhil	11.2	2.6	5.8	9.1	10.6	23.4
HSC	6.1	1.1	1.4	6.2	8.8	10.9
BA/B.Com/B.Sc/BSS	4.7	0	3.4	3.3	4.4	10.2
M.A/M.Com/ M.Sc	1.5	0	0	0	2.2	4.4
Total	100	100	100	100	100	100

The SMC brand users appear to have better household income, which is on an average Tk. 6,025 as compared to govt brand users at Tk. 5,278. The average income (Tk. 3,375) of the highest quintile is more than three times than that (Tk.923) of the lowest quintile ones. The similar trend was reflected in the expenditure patterns. SMC brand users have on an average individual income of Tk. 1,783 compared to Tk. 1,244 of govt. brand users.

Among the SMC brand users, 60.4% were married within 15-19 years. Most of them (95.7%) conceived at least once, while 66% conceived within 15-19 years, and another 23% within an age of 20-24 years.

The average months between the first childbirth and marriage were 22 months. 71% claims their first child was planned. On an average, SMC brand users were conceived thrice.

Table 2.6 Profile of Other Brand Users

	Govt. Brand User	Private Brand Users (Non SMC)
Base: All respondents	727	101
Average Monthly HH Income (Tk)	5278	7004
Average Monthly Expenditure (Tk)	4678	6082
Education (%)		
No education	38.7	28.7
Class 1-4	24.1	11.9
Class 5-9	32.5	41.6
SSC/Dakhil	3.6	10.9
HSC and above	1.2	6
Spouse's Education (%)		
No education	40	25.7
Class 1-4	21.6	11.9
Class 5-9	26.5	34.7
SSC/Dakhil	5.2	9.9
HSC and above	6.6	17.8

2.7. Profile of Users of Highest Vs. Lowest Quintiles

The average age of the MWRAs in both the quintiles was 29. Consequently, they were married for 13 years on an average. The husbands of users of both quintiles are 37 years old, on average. Women in the lowest quintile were found to be less educated compared to those belonging to the higher quintile. However, the mean age of marriage was 16 for the users of both the quintiles.

Nearly one-third of women in the lowest quintile (36%) didn't receive any formal education, compared to only 10% of the highest quintile women. 42% of the MWRAs in the highest quintile obtained education up to class 5-9 compared to 20% of the lowest quintile segments obtaining the same level of education. Similarly, 16% of the respondents in highest quintile had education up to SSC level, while only 1.2% of the lowest quintile could attain such.

Overall, women in the highest quintile are more literate than the lower quintiles. This information is further affirmed by the level of education of the husbands of SMC brand users. About 18% of them are SSC holders, compared to only 2.3% among the lowest quintile. Among the lowest quintile women 40% had no formal education while only 8% of the highest quintile is without formal education. Most of the users of both the quintiles are housewives.

Women in the highest quintile have double income (Tk.8, 499) than those belonging to the lowest quintile (Tk. 3,957). Regarding the individual income MWRA's in the highest quintile (Tk. 3,118) have more than thrice income compared to those belonging to the lowest quintiles (Tk. 998). Similarly, in terms of expenditure, women in the highest quintile (Tk. 7,200) spend nearly thrice than the users of lowest quintiles (Tk. 3,703).

2.8. Housing Characteristics

In Bangladesh, tin is the most common roofing material (92%); the rest are straw, cement, etc. Almost half of all households in Bangladesh live in structures with walls made of natural materials, such as, jute, bamboo, or mud. Nineteen percent live in houses with bricks or cement walls, and 39% live in houses with tin walls. Comparing by quintiles, 92% of the respondents in the poorest quintiles have tin roofs compared to 83% of the richest quintiles.

More than half (61%) of the households have access to power supply. There is a wide urban-rural gap with regard to the access to power of - around 80% in urban areas and 52% in rural areas enjoy power supply. Among the poorest quintiles, only 12% have access to power supply while 96% of the richest quintiles.

Access to adequate sanitation facilities is an important determinant of health condition. Around 90% of households have some type of sanitation facility, including 83% that have hygienic toilets (septic tanks/modern toilets, water-sealed/slab latrines, and pit latrines). As usual, sanitation facilities vary between rural and urban areas. Only 76% of rural households have hygienic toilets, compared to 89% of the urban households. As usual, households in the poorest quintile (50%) have poor access to hygienic sanitation compared to those belonging to the highest quintiles (96%).

Tube wells are the predominant source of drinking water throughout Bangladesh. Information on household source of drinking water is important because potentially fatal diseases, including typhoid, cholera, and dysentery, are spread through unprotected water sources. Almost 77% of the households in urban areas and more than 94% of the households in rural areas obtain drinking water from tubewells. Piped water is available only in urban areas; around 22% of urban households drink piped water, mainly piped inside the dwelling. Comparing by quintiles, 96% of the respondents in the poorest quintiles have access to tube wells compared to 63% of the richest quintiles. The richest quintiles procure more piped water (35%) than the lowest quintiles (2%).

A question about the fuel used for cooking was also asked. In Bangladesh, wood and crop residue are used mostly in the households. More than half (51%) use wood and 58% use crop residue or straw for cooking. In urban areas, wood (40%) is the primary fuel used for cooking; it is being followed by liquid gas or gas (21%), whereas the majority of rural residents depend on wood (60%) which is being followed by crop residue (53%). In urban areas, one in five households uses crop residue as fuel for cooking (21%). Among the highest quintile population, 37% have access to gas. None of the lowest quintile population has access to gas as cooking fuel. They mostly use wood or crop residue.

Chapter 3

Fertility Regulation

3.0. Fertility

In Bangladesh, health and population programs have shown significant successes, especially in increasing the contraceptive prevalence rate (CPR) and, thereby, reducing total fertility rate (TFR). With a view to fertility, many programs have been undertaken by the government and NGOs as well as by private and international agencies to address the issue. A major activity undertaken is the establishment of a well-designed network for providing door-to-door family planning services by female field workers, known as Family Welfare Assistants (FWAs). The most notable achievement is a remarkable decline in fertility in the last two decades. The Bangladesh Family Planning Program is now considered a model for the developing countries. The speed of decline in fertility in Bangladesh today is much more than that observed in the developed countries during the demographic transition. Family planning programs have played a significant role in reducing fertility in the developing countries, especially in Bangladesh. In the early 1970s, CPR in Bangladesh was about 5%, and TFR was close to 7. At present, the CPR is about 60% and TFR has come down to about 3.

The following section focuses on the current fertility-related status of Bangladesh, especially that among the lower wealth quintile population.

3.1. Age at Marriage

Information on the age at marriage reveals that early marriage is still prevailing in our community. The mean age at marriage for MWRAs was 16 years. It was found in the qualitative research (FGDs) that in our community of usually the parents arrange marriages and, most often, the consent of the bride is not taken. This might have stemmed from the ignorance of the women themselves regarding the legal age of marriage and/or social factors. This scenario is prevalent irrespective of wealth status throughout the country. The health and social consequences of these trends can be severe for the young people, especially when access to reproductive health service and its information is absent or limited.

3.2. Age at First Birth

Age at marriage is strongly related to women's place of residence and the level of education. The initiation of childbearing has direct effect on fertility. The study explored the current status of women's age during the first birth. It is evident that although the legal marriage age in Bangladesh is 18 for women, this legality hardly masks the far more complex reality. It is found that the age at first birth was 18.

Urban women married about two years later than their rural counterparts (the mean ages of 19 and 17 years were respectively). However, there was no difference among different wealth quintiles.

3.3. Birth Intervals and Planning

On an average, the birth interval between the marriage and the first child was 22 months. However, the average birth intervals among the respondents in the lowest quintile is higher (23 months) compared to those belonging to the highest quintile (21 months). Prevalence of planned birth is higher within higher quintiles (71%) than that is the lower quintiles (63%).

3.4. Experience of Pregnancy

A large majority of the MWRAs (97%) has experienced pregnancy at least once. On an average, they have conceived thrice and have children on an average, which is similar in both highest and lowest quintiles. In majority of the cases (68%), the first child of these couples was planned. The age difference of different children ranges within 2-5 years, (24% - 2 years, 3 years-22%, 4 years-18%, 5 years - 12%).

The majority of the couples (80%) used family planning methods between two children. There was no significant difference among the respondents across the quintiles.

3.5. Knowledge of Family Planning Methods

The information on the knowledge of family planning methods was collected by asking the MWRA's to name ways by which a couple could delay or avoid pregnancy. Spontaneous/unaided response was collected from them. It was found that knowledge about family planning method was widespread (100%). Among the current modern method users, oral contraceptive pills (99%) were known to all. Other known methods include condoms (77%), injectables (84%), IUDs (32%), female sterilization (31%), and Implants/ Norplant's (22%). Male sterilization was relatively low (16%). The aided response would be higher.

Awareness about OCP was similar across different quintiles. While awareness about condoms, male and female sterilization, Norplants, IUDs were higher among users of the highest quintile compared to the lowest quintile, knowledge about the injectables was slightly higher among the users of the lowest quintiles compared to the users in the highest quintiles (See Table 3.1).

Fig 3.1 Knowledge of contraceptive methods (spontaneous response) (%)

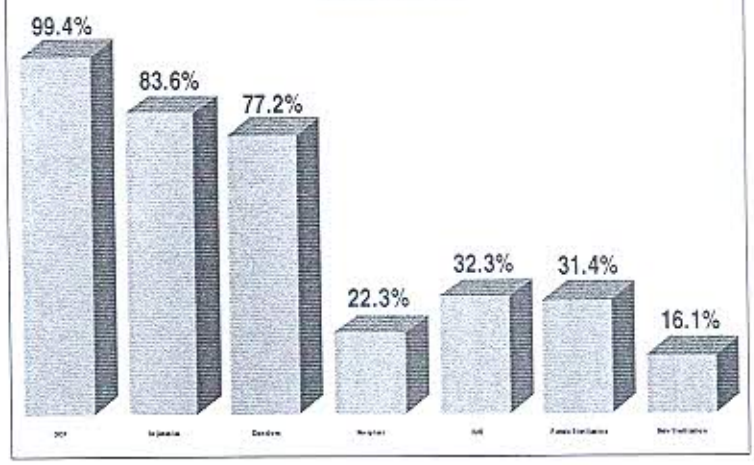


Table: 3.1 Spontaneous Awareness of Different FP Methods by Quintile (%)

	Total	By Wealth Quintile				
		Lowest	Second	Middle	Fourth	Highest
Base: All Modern Methods Users	2471	484	508	495	488	496
OCP	99.4	98.8	99.8	99.8	99.8	99
IUDs/Copper Ts	32.3	27.3	27.4	33.3	38.5	35.3
Injectables	83.6	84.5	83.3	81.8	86.7	81.9
Implants/Norplants	22.3	20.7	19.9	18.6	25.8	26.6
Condoms	77.2	69.4	69.3	79.2	80.9	87.1
Female sterilization	31.4	26.7	24.6	30.1	41.2	34.5
Male sterilization	16.1	12.2	12	13.1	22.1	21.0
Periodic abstinence	14.7	9.9	12.8	12.3	18	20.6
Withdrawal	2.4	2.1	1.8	2.8	2.9	2.6
Those Responded	100	100	100	100	100	100

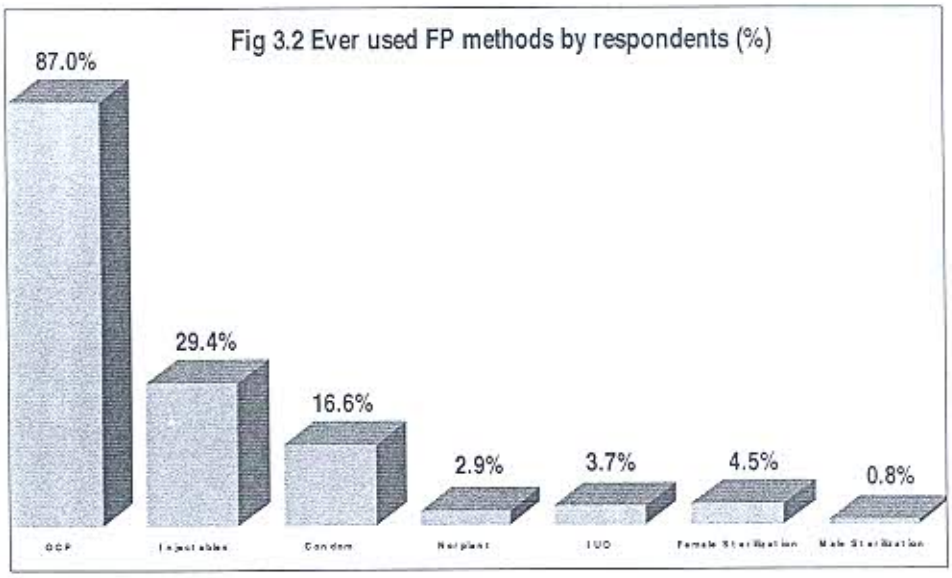
Similar knowledge and awareness regarding FP methods were reflected in the qualitative study. The qualitative findings show that the MWRA's were quite aware about the various methods of FP as well as the reasons for using those methods. They feel that this is required for not only giving their children a "good and better life", but is also essential for maintaining good health of the mother. It was also revealed that in the previous generation the seniors, such as mother-in-laws, used to hold substantial influence and they always had a negative notion about adopting any FP method. They also had the perception that these methods were not acceptable according to the religious norms. On the contrary, the couples of the present generation have got less influence from the seniors on their decisions making processes and have got a positive mindset to understand the needs and benefits of family planning.

Quotes of the MWRAs –

- *"I also need to keep in good health, if I am to run my family and my kids properly."*
- *"More children are inconvenient in every way, we will not be able to give them good life, our health will also be in danger."*
- *"We know about pills, condoms, needles, and sterilization for male and female .....that's all we know about."*
- *"We at times maintain the safe period ....., this is also a mechanism to avoid pregnancy."*

3.6. Ever Use of Contraception

The MWRAs were asked about the methods they have ever used. Ever use of FP methods refers to the use of methods at any time, without making a distinction between the past and the current use. Data on ever usage reflect the percentage of population exposed to contraception usage at least once. Oral contraceptive pills (OCP) are the most commonly mentioned family planning method (87%) used ever by the couples which is being followed by injectables (29%) and condoms (17%).



Condom trial is significantly higher in higher wealth quintiles (28.2%) while only 6.8% of the lowest quintile have tried condom. Use of OCP and IUD remains more or less consistent across quintiles. The use of injectables was found higher in the lowest quintile (32%) than in the highest (21%).

Table 3.2: Family Planning Methods Ever Used By Quintile (%)

Family Planning Methods	By Wealth Quintiles (%)					
	Total	Lowest	Second	Middle	Fourth	Highest
Base: All respondents	5000	1000	1000	1000	1000	1000
OCP	87.0	84.1	89.8	90.1	86.3	84.5
IUDs/Copper Ts	3.7	3.7	3.7	3.8	3.9	3.4
Injectables	29.4	31.6	31.5	31.9	30.5	21.4
Condoms	16.6	6.8	8.5	16.8	22.7	28.2
Female sterilization	2.1	2.3	1.7	2.3	2.8	1.6
Male sterilization	0.8	1.4	0.8	0.2	0.8	0.6
Those Responded	100	100	100	100	100	100

3.7. Current Use of the Method of Contraception

A total of 5,750 households were listed from randomly selected 230 PSU's. After a thorough screening, **5,000** households were found eligible for selecting MWRAs. 750 households were screened out which includes non-response (3%), discontinuances (2%) and incomplete information (8%). Of these 5,000 households a total of 2,471 current modern methods users were selected for the detailed interview. Thus, the contraceptive prevalence rate (CPR), considering any modern method, among all the respondents (MWRAs) is 49.42%, which was 47.3 in 2004 (BDHS 2004). Respondents were asked about their currently used methods of contraception. Oral contraceptive pill (33%) was found to be the most commonly used current method, which is being followed by injectables (9%). About 4% reported that they use condoms currently as well. In addition to modern methods, 10% found using traditional methods. The following table represents the current use of modern methods.

Table 3.3: Current Use of Modern Method of Contraception by Quintile (%)

Current Methods (%)	Total	By Wealth Quintile (%)				
		Lowest	Second	Middle	Fourth	Highest
Base: All respondents	5000	1000	1000	1000	1000	1000
Any Modern Method	**49.4**	**48.4**	**50.8**	**49.5**	**48.8**	**49.6**
OCP	32.7	32.6	35.5	32.9	29.7	33
IUDs/Copper Ts	1.3	1.1	1	1.4	1.5	1.4
Injectables	8.5	9.3	10.3	8.7	9.3	5.1
Implants/Norplants	0.9	1.2	0.8	1	1	0.7
Condoms	3.5	1.3	1.3	3.1	4.1	7.7
Female Sterilization	2.1	2.3	1.7	2.3	2.8	1.6
Male sterilization	0.3	0.6	0.2	0.1	0.4	0.1
Traditional Methods	10.1	12.7	6.6	9.8	12.2	9.3
Total	**59.5**	**61.1**	**57.4**	**59.3**	**61.0**	**58.9**

Interestingly, the tendency of using condoms is higher within the higher wealth quintiles (11.8%). The highest quintile (7.7%) segment uses condoms around six times of the lowest segments (1.3%). In contrary, injectables are widely used among the lower quintiles (19.6%) compared to the higher quintiles (14.4%). However, there is no variation in the use of OCP across all wealth quintiles.

Similar to quantitative survey, qualitative study also reflected similar views. The majority of the FGD participants of came from a relatively lower wealth quintiles, and they prefer more OCP's because it is reasonably "cheap" compared to the condoms. Moreover, their husbands do not like to use condoms; rather, they (husbands) insist them on using either pills or injectables. It was also revealed from the qualitative study that the

respondents prefer to buy govt. brands as those are easily accessible at door steps as also could be got at free of cost.

Important Quotes:

"Pills are not so expensive... can buy in a pack (i.e. easy to buy) and my husband prefers it...moreover he feels shy to buy condom!"

"Previously I used pills, now injectables. Less hassle and lesser prices"

Table 3.4: Use of Modern Methods by Quintile (%)

Use of methods (%)	Total	By Wealth Quintile(%)				
		Lowest	Second	Middle	Fourth	Highest
Base: All modern method users	2471	484	508	495	488	496
OCP	66.2	67.4	69.9	66.5	60.9	66.5
IUDs/Copper Ts	2.6	2.3	2	2.8	3.1	2.8
Injectables	17.3	19.2	20.3	17.6	19.1	10.3
Implants/Norplants	1.9	2.5	1.6	2	2	1.4
Condoms	7.1	2.7	2.6	6.3	8.4	15.5
Sterilization	4.9	6	3.7	4.8	6.6	3.4

3.8. Brand Awareness

Among different OCPs, the mostly known brands were *Shukhi* (77%) and *Femicon* (71%), which is being followed by *Nordette 28* (40%) and *Minicon* (37%) across different wealth quintiles. Among the condoms the respondents are familiars with *Raja* (27%) and *Panther* (21%). *Soma-ject* injectable was known by 16% of the MWRA's. Interestingly, *Ovacon*, an out of market SMC brand, is still being remembered by a large number of MWRAs (17%). It was one of the high selling brands a few years ago.

Femicon is known more by the highest wealth quintiles (77%); which is being followed by *Nordette 28* (56%). It is evident that all the brands of condoms are more known by among the highest quintiles than the lowest ones.

However among the lowest quintiles, *Shukhi* is marginally more known by them compared to highest quintiles.

Between the brands of injectables (*Somaject* and *Depo Provera*), SMC-owned *Somaject* has got higher edge of familiarity among the respondents. However, both the brands have almost similar levels of familiarity across different wealth quintile groups.

Similar brand knowledge was reflected from the qualitative study.

Table 3.5: Brand Awareness by Wealth Quintiles (%)

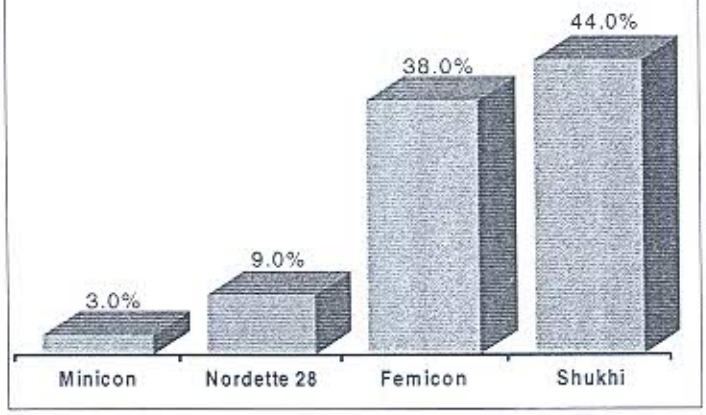
Brands	Total	By Wealth Quintiles (%)				
		Lowest	Second	Middle	Fourth	Highest
Base: All Modern Method User	2471	484	508	495	488	496
OCP						
Minicon	36.5	28.9	30.3	35.4	45.9	42.3
Nordette 28	40.1	20.0	27.8	42.4	53.7	56.5
Femicon	71.2	59.5	69.1	73.5	76.6	77
Ovostat	23.7	12.8	14.2	21.8	31.8	37.9
Shukhi	76.6	78.3	76	79.4	78.9	70.8
Marvelon	5.5	3.3	3.3	5.3	6.8	8.9

Brands	Total	By Wealth Quintiles (%)				
		Lowest	Second	Middle	Fourth	Highest
Ovacon	17.4	8.9	13	19.6	21.7	23.8
Condoms						
Raja	26.8	19	18.5	29.3	28.9	38.3
Hero	14.6	7.4	6.3	16.4	20.1	22.8
Panther	20.6	11	12.8	20.4	24	34.7
Sensation	4.6	2.3	3.1	4	4.9	8.7
Injectables						
Soma ject	15.7	16.1	12.8	15.4	18.4	15.9
Depo Provera	6.6	5.4	6.1	7.7	8.8	5
Copper T s						
Copper T 200 B	2.2	1.7	2.2	2.6	2.3	2.2
Copper T 380-A	1.3	1	0.6	1.4	1.6	1.8

3.9. Use of Current Brands

Oral Contraceptive Pill: Among the OCP users, *Shukhi* (44%), being followed by *Femicon* (38%), was the most common brand used currently. *Nordette 28* and *Minicon* are used by around 9% and 3% users. Usage of *Shukhi* is higher in the lower wealth quintiles, while usage of Femicon is quite similar across different quintiles. Brands like *Nordette 28* and *Minicon* are used widely by people belonging to higher quintiles.

Fig 3.3 Current Brands of OCP (%)



Condoms: *Panther* (33%) followed by *Raja* (20%) and *Hero* (16%), was the most common among the condom users.

Injectables: *Soma-ject* (40%) and *Depo Provera* (20%) were the common injectables being used. *Copper T 200 B* (34%) *Copper T 380-A* (26%) were the brands of IUD in use. While use of Copper T200 B is similar across quintiles, that of *Copper T 380-A* is slightly higher in higher quintiles.

Table 3.6: Use of Current Brand by Wealth Quintiles (%)

Base: Current users of OCP, Injectables, Condom	2239
OCP	
Minicon	3.2
Nordette 28	9.3
Femicon	38.0
Shukhi	44.4
Private OCPs	4.8
Condom	
Raja	20.0
Hero	16.0
Panther	32.6
Injectables	
Soma ject	40.0

Depo Provera	20%

3.10. Contraceptive Use History

Overall: It is evident from the survey that the majority of the modern methods users currently use OCP (i.e. 66% of OCP users and 32.7% of MWRAs). Other major current methods being used are condoms (3.5%) and injectables (8.5%). The previous methods of these methods were as follows:

Method Switching from Injectables To OCP

"Injection takes blood; that's why I switched to OCP"

"How can I be satisfied if the hospital authority keeps me waiting for an injection for such a long time? So, I had to shift to OCP which improved my health to a great extent"

Switching from condoms To OCP

"We prefer OCP over condoms because condoms can leak and cause pregnancy"

" I have to switch to OCP because my husband doesn't like to use condom."

- Pills: The majority of the current pills users previously used the same or different brands of pills (78%). 11% of the injectables users switched to pills-from condoms to pills (9%) and from other methods (3%) to pills.
- Condoms: Among the current condom users, 55% previously used the same or different brands of condoms; another 30% switched from pills to condoms and 10% switched from injectables of condoms;
- Injectables: Retained to injectables (39%), switched from pills to injectables (53%) and from switched condoms to injectables (2%).

Lowest Quintiles: Current OCP users are using OCP for a long period. A small portion of injectables (12%) and condoms (2%) users switched to pills. But, a large portion of the previous OCP users (47%) switched to injectables.

Highest Quintiles: The majority of the users in this quintiles are using OCP for long. A few of the injectables and condom users switched to OCPs.

Method Switching OCP to Condom

"I am very happy, I don't have to bother about timely pill intake or my health since he is using condoms"

"Used OCPs for quite a long time, but it doesn't suit my physical condition anymore, therefore, I had to switch to condoms"

"Sometimes I skip OCP usage as my husband forgets to bring them, I then prefer condoms instead"

Cases:

1. Pill (Didn't suit with body) ⟶ Injection (Hospital Delayed to Provide) ↓ Pill (Improvement in health)
2. Minicon → Ovastat → Marvelon → Nordette 28 (None of them suited with body) ↓ Femicon (Suited)
3. Shukhi (Dizziness; doctor advised to switch) ⟶ Femicon (Suited)

4. Injection (Availability problem) → Norplant (Did not suit with body) → Shukhi (suited, now using for 4 years)

5. No method (took child right after marriage) → Femicon

↓

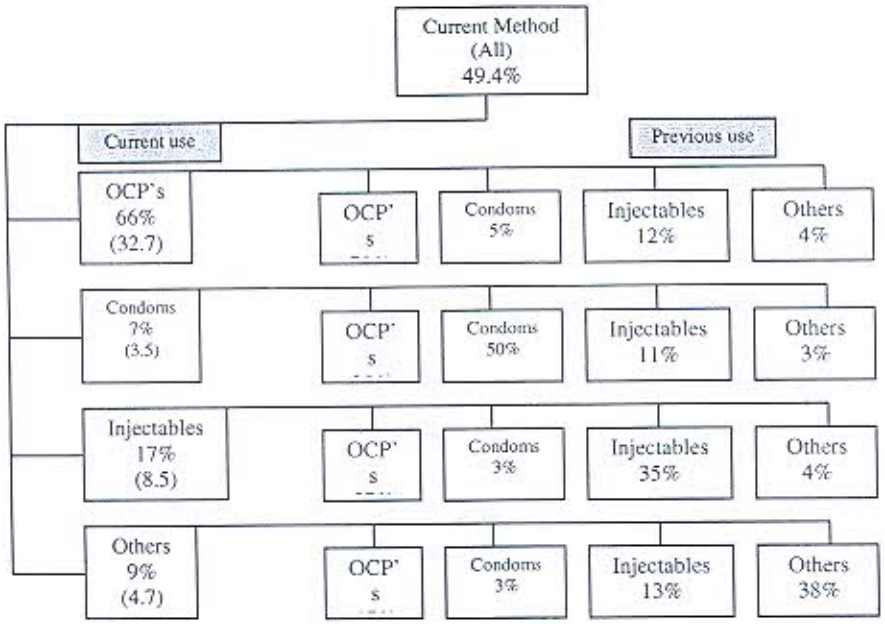
Shukhi (Available free of cost and suits with body)

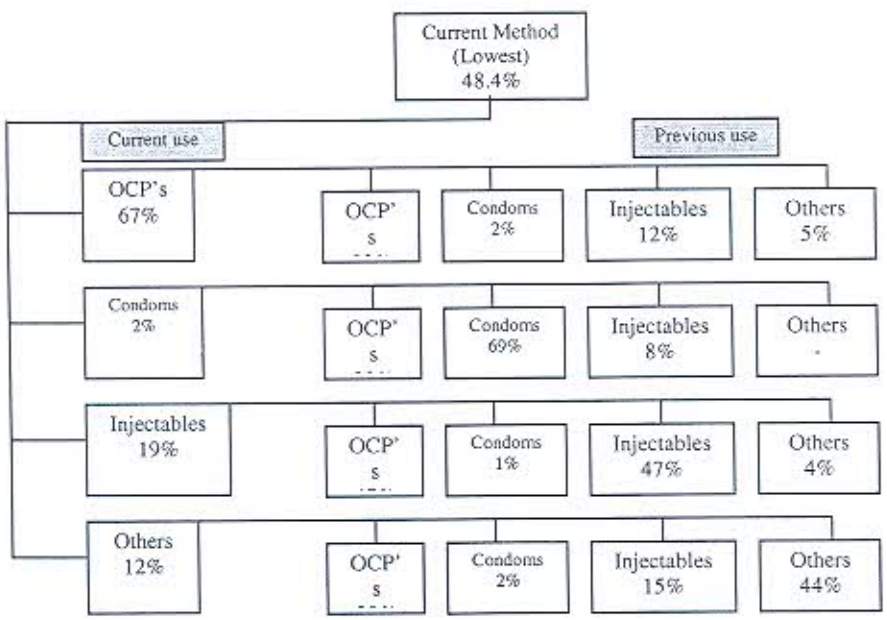
6. No method (took child right after marriage) → Ovastat (Expensive)

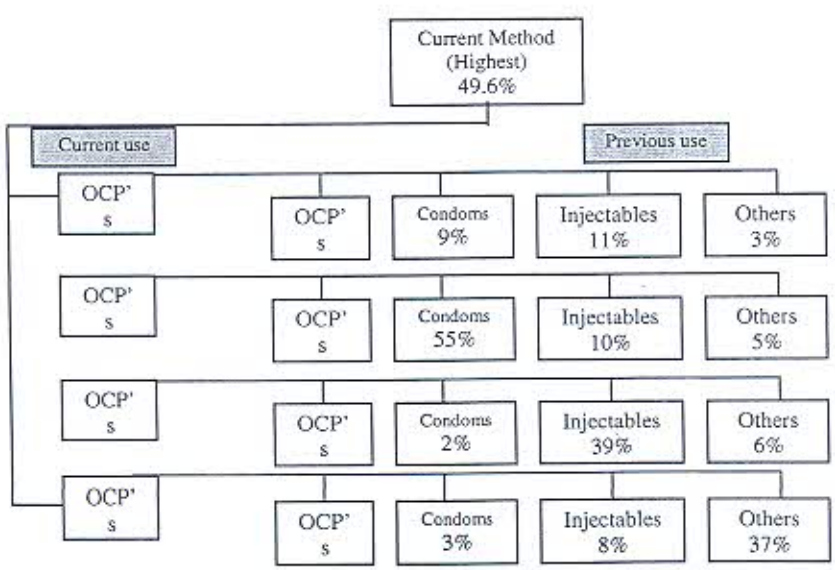
↓

Injection (8 years) → Femicon

History of the use of Contraceptives







3.10.1 Use of FP Methods Immediately After Marriage

The trend of not using any method immediately after marriage is higher among economically lower population. The higher the wealth status, the more the tendency of contraceptive use. Because nearly half of the lowest quintile segment (45%) did not use any method right after the marriage, while only one-fourth of the highest quintile (26%) has done the same.

It is evident from the survey that a significant percentage of the first birth took place before 18. And, one of the major reasons is non-use of contraceptives. Early initiation into childbearing does not only lengthens, reproductive period and, subsequently, increases fertility, but also increases the risk of mortality. Having children at an early age increases the risk of maternal mortality. It is found in various researches that maternal mortality in Bangladesh is the highest. Therefore, contraceptive use right after the marriage is very crucial and important, especially among the MWRAs of lower quintile.

Table 3.7: Non-use of FP Method Immediately After Marriage by Wealth Quintile (%)

	Total	By Wealth Quintile				
		Lowest	Second	Middle	Fourth	Highest
Base: All Modern Methods Users	2471	484	508	495	488	496
Non-users (%)	33.8	45.2	39.4	32.7	26.2	25.6

Overall, among the current modern methods users, one-third of the respondents (34%) did not use any method right after the marriage. Of those who used contraception right after the marriage, OCP was the mostly (46%) used, which was being followed by condoms (7.9%), safe period (7%); 4.6% relied on IUDs. On an average the method adopted right after the marriage continued for 21 months.

Similar findings were found in the qualitative research. According to the respondents, the major reasons are –

- Shyness about the use and expressing ones to her husband
- Lack of awareness about OCPs or family planning
- Being unaware about brands/methods
- Being unaware about the possibility of pregnancy
- Fear of not getting pregnant ever

The qualitative study reveals that most of the MWRA's have experienced at least two FP methods in their marital life. The couples using short term methods, mostly traditional - such as, safe period and withdrawal - ultimately switched to pills since they find it more reliable. However, some of the MWRA's who used OCP had switched to permanent methods like female sterilization as taking pills for a long time it didn't suit their bodies. This is evident mostly among the lower quintiles, and most of them have got higher number of children usually (3-5).

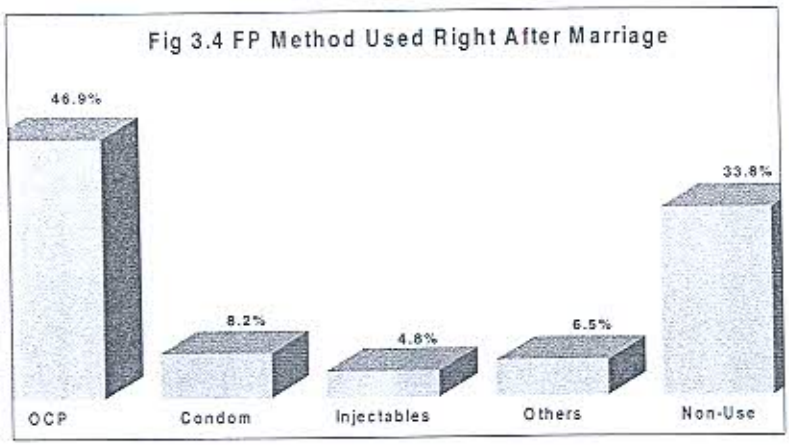
Some of the quotations from the qualitative research are as follows.

"Immediately after my marriage, I had poor knowledge about contraception. I think my husband too. As a result, I got pregnant in the first month of our marriage. Later, my husband took me to a clinic for MR. And, it was really a bad experience."

"I was depending on the safe period, but that was not effective. I got pregnant twice and then I started taking pills. I had to go for MR."

"I was taking pills for ten years, and then it was too much. I could not bear it anymore. I was weak, had headache, and vomiting all the time. Then, finally my husband got sterilized.

"Someone told me that if I use contraceptives before I conceive once, I will not be able to conceive ever in my life."



Overall, 66% of the MWRAs mentioned that they used some methods immediately after marriage. Fig 3.4 shows the percentage of using different methods after marriage. Among them, 46.9% mentioned about OCP, which was being followed by condoms (8.2%) and injectables (4.8%).

However, there were some responses from the MWRAs who used FP methods. The majority of the respondents were found preferring to stick to their current methods. Among the current users, 60% mentioned that they haven't changed their brands or methods. Immediately, after marriage they feel that taking a child immediately after marriage can be harmful for the health of the mother.

"Taking child immediately after marriage causes damage to our heath. This is bad also for the baby as well."

3.10.2. Brand/Method Continuation and Switching Patterns

The current users of modern methods were found quite loyal to their existing brands. On an average, the MWRAs are using first brands/methods for four years. Among the current users, 62% mentioned not changing their brands or methods, and the current practice is their first method/brand. The lowest quintile was found to be more loyal (68%) compared to those belonging to the highest (62%) quintile.

Table 3.8 Method Switching Patterns by Quintile (%)

	Total	By Wealth Quintile				
		Lowest	Second	Middle	Fourth	Highest
Base: All Modern Methods Users	2471	484	508	495	488	496
OCP	19.7	15.5	19.5	21.6	23.2	18.5
Condom	4.4	1.7	2	5.7	6.1	6.5
Injectables	10	9.9	9.8	11.7	9.2	9.5
Others	4.5	5	7.1	3.8	2.5	3.8
Same method	61.5	68	61.6	57.2	59	61.7
Total	100	100	100	100	100	100

The frequently mentioned reasons for switching were non-suitability with their body (60%), difficulty in using the items (17%), doctors' advice (6%), and high price (5%).

Table 3.9: Reasons For Switching Contraceptive Methods By Quintile (%)

	Total	By Wealth Quintile (%)				
		Poorest	Second	Middle	Fourth	Richest
Base: Those who did not use the same method	872	148	179	197	183	165
Didn't suit my body	60.3	60.1	58.1	55.8	67.2	60.6
Doctor's recommendation	5.5	4.1	5	5.1	3.8	9.7
High on effectiveness	4.7	4.7	6.7	5.1	4.4	2.4
Difficulty in using	16.9	16.9	12.3	22.3	16.4	15.8
Unavailability of convenient pack	3.7	4.7	4.5	2	3.3	4.2
Price was high	4.7	3.4	5.6	5.1	2.7	6.7

The qualitative study listed the following reasons for switching methods:

- Suitability with Body
- Availability
- Effectiveness/reliability
- Convenience
- Husband's preference/satisfaction
- Price

The findings from qualitative study reveal that the main factor the MWRA's are concern with is "suitability with their body." Price is a concern for a few only. Availability was found to be another factor that determines the brand choice of many.

Table 3.10: Method Switching – from Previous to Current Method (%)

	Total	By Previous method			
		OCP	Condom	Injection	Traditional
Base: All Modern Method user	2471	1780	198	426	74
Oral Contraceptive Pill	61.5	72.4	**43.4**	**46.0**	**56.8**
IUD/Copper T	2.4	2.1	1.0	2.8	2.7
Injectables	16	13.8	6.1	35.4	21.6
Implant/Norplant	1.8	1.4	1.0	0.9	0.0
Condom	6.6	3.5	**43.9**	4.7	1.4
Sterilization	4.5	2.6	1.0	3.1	14.9
Natural Method	7.2	4.3	3.5	7.0	2.7

3.10.3. Method Switching Among Different Quintiles

OCP: Among the OCP users, majority (78.7%) are continuing with the same method, while 12% switched to injection, 5% to condom and another 4% to traditional methods (safe period, withdrawal etc.).

More of MWRAs in the lowest quintile have the tendency to stick to OCPs (82%) compared to those belonging to the highest quintile. While more of the highest quintile (9%) have got the tendency to switch to condoms than the lowest quintile (2%). The tendency to switch to

Method Switching OCP to Injectables

"I can't remember to take pills every night. Therefore, I find injection safer"

"After using OCPs for five years, I shifted to injection as it became almost impossible for my body"

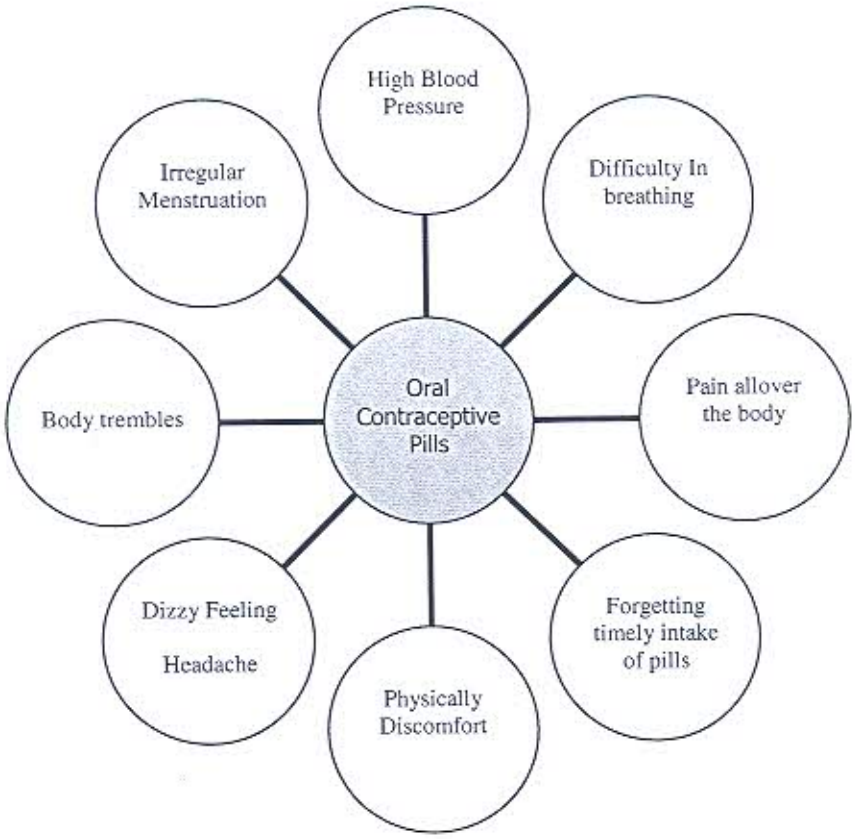
"Prices of pills and condoms increase every times we buy. Therefore, we (husband and I) decided to use injectables."

injectables is higher among users belonging to the lowest quintile. Similar findings were found in the qualitative research. Respondents of the lowest quintile have got a tendency to switch to injectables from OCPs and condoms due to health issues and price factors.

Table 3.11: Percentage of Switching of Current OCP Users by Quintiles (%)

	Total	By Wealth Quintile				
		Lowest	Second	Middle	Fourth	Highest
Base: OCP users	1637	326	355	329	297	330
Condoms	5.3	1.8	2.5	6.1	7.4	8.8
Injectables	12.0	12.0	12.4	14.0	10.8	10.6
Others	4.0	4.6	6.8	3.3	2.0	3.0
Same method	79.7	81.6	78.3	76.6	79.8	76.6
Total	100	100	100	100	100	100

Reasons for Switching from OCP



Condom: Among the condom users, 48% stuck to the same method while 36% switched to OCPs. 8% of the respondents reported about their shifting to injectables. Users belonging to the lowest quintile (69%) prefer to stick to their habits compared to those belonging to the highest quintile (55%). MWRAs in the highest quintile (30%) prefer to switch to condoms as against the users belonging to the highest quintile (23%). Tendency to shift to injectables from condoms is higher among highest quintile than those belonging to lower quintile.

Table 3.12: Switching Among Current Condom Users By Quintile (%)

	Total	By wealth quintile				
		Lowest	Second	Middle	Fourth	Highest
Base: Condom users	175	13	13	31	41	77
OCPs	35.4	23.1	38.5	54.8	34.1	29.9
Injectables	11.4	7.7	15.4	12.9	12.2	10.4
Others	3.4	0	7.7	3.2	0	5.2
Same method	49.7	69.2	38.5	29.0	53.7	54.5
Total	100	100	100	100	100	100

Injectable: Among the injectables users, 35% have continued with their current methods, while 46% reported switching to OCP. Nearly one-fourth (22%) natural methods reported switching to injectables, while 15% switched to sterilization.

Table 3.13: Switching Among Current Injectable Users By Quintile (%)

	Total	By Wealth Quintile (%)				
		Lowest	Second	Middle	Fourth	Highest
Base: Injectables Users	427	93	103	87	93	51
OCPs	57.4	47.3	60.2	60.9	63.4	52.9
Condoms	2.8	1.1	1	5.7	4.3	2
Others	4.4	4.3	5.8	4.6	2.2	5.9
Same methods	35.4	47.3	33	28.7	30.2	37.5
Total	100	100	100	100	100	100

3.10.4 Reasons for Recent Switch by Wealth Quintiles

Suitability with body (59%) and doctor's recommendations (13%) that lead to the recent switch of the users of highest quintile more compared to those belonging to the lower quintiles (55% and 2% respectively). As expected, users at the lowest quintile (20%) were a bit more concerned regarding the prices than those belonging to the highest quintile (16%). Users at the lowest quintile generally prefer "free" supplies.

Table 3.14: Reasons for Recent Switch by Wealth Quintiles (%)

	Total	By Wealth Quintile (%)				
		Lowest	Second	Middle	Fourth	Highest
Base: Those who have changed Brands	340	51	52	64	79	94
Suitability	63.6	62.7	59.6	61	65.8	65.9
Doctor's recommendations	7.6	2.0	7.7	7.8	5.1	12.8
High on effectiveness	2.1	0.0	0.0	4.7	2.5	2.1
Difficulty in using	7.4	2.0	1.9	6.3	15.2	7.4
Unavailability of convenient pack	5.6	9.8	3.8	4.7	2.5	7.4
Price was high	17.1	19.6	26.9	18.8	8.9	16
Not available all the time	6.8	5.9	9.6	7.8	3.8	7.4
Free supply	2.4	3.9	5.8	3.1	0.0	1.1

Among the OCP users who switched, 31% reported difficulty in using as the reason for switching. Among the other method users, *not suitable with body* was the main reason for switching. 7% respondents reported their reservation about price on an aided basis.

Table 3.15: Reasons for Recent Switch over to Another Previous Method (%)

	Total	By Previous method (%)					
		OCP	Condom	Injection	Implant/ Norplant	IUD/ Copper T	Safe Period
Base: Those who switched the Method	325	136	34	118	10	12	15
Didn't suit my body	43.1	25.7	**52.9**	**61.9**	**30.0**	**58.3**	**26.7**
Doctor's recommendations	2.5	2.2	2.9	2.5	0	8.3	0
High on effectiveness	2.5	2.9	0	2.5	0	8.3	0
Difficulty in using	22.8	**28.7**	14.7	18.6	30.0	16.7	20
Unavailability of convenient pack	3.1	3.7	2.9	2.5	0	0	6.7
Price was high	6.5	7.4	0	5.9	0	0	26.7
Not available always	1.8	1.5	0	3.4	0	0	0
Fear of getting pregnant	1.8	2.2	2.9	1.7	0	0	0
Husband's will	5.5	7.4	5.9	4.2	0	0	6.7
Long term	4.6	2.2	0	7.6	20.0	8.3	0
Safe	7.7	16.9	5.9	0	0	0	0

The qualitative research found that while suitability is the main factor that drives one to change the brand, there are other reasons as well, such as, price and availability.

Some of the important quotes:

Brand loyalty: *Femicon*

"There are pills, condoms, and Femicon # the family planning methods"

"No advice, no second thought, all we trust is Femicon"

"Femicon suits better, prevents drying of breast milk"

"If I use Ovastat # I need to take a better diet- so I shifted to Femicon"

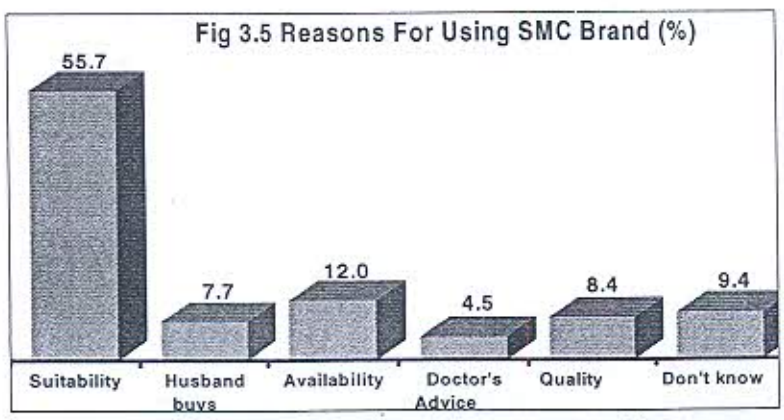
"If Femicon costs Tk.10-15, we can always buy it instead of taking govt. pills"

Availability

"Sometimes I skip OCP as my husband forgets to bring them, My husband then use condom"

*"I have shifted to **Shukhi** since I understand it suits my body better and, moreover, it is free of cost. **Femicon** is sometimes out of stock. Why take risk?"*

*"**Minicon** was not available. That's why I had to switch to Shukhi."*



3.11 Use of SMC Brands and Reasons for Using

Users of SMC brands revealed that suitability with the body is the main reason for preferring this brand to other cheaper or free brands available in the market. Availability (12%), perceived quality (8%), and

husband's preference (8%) were the other frequently mentioned reasons.

Among the SMC brand users, users of poorest quintile (60%) find their respective brands suitable to their body compared to belonging to the highest quintiles (43%). Uses of the highest quintiles (14%) rely more on husbands for buying contraceptive products rather than the users belonging to the lowest quintiles (5%). Timely availability is a concern of the users of both the highest and the lowest quintiles.

These findings was supported by the qualitative findings as the respondents reported that for a sensitive and low involvement, products like pills/condoms, they are more concerned with the suitability with their body and physical fitness rather than the financial aspect.

Factor Considered for Choosing a Brand

"Price can't be the only determinant of choosing family planning brand and method - whatever makes us happier is more important."

"Most of the times doctors charge for services we are supposed to get free, so its better we buy the contraceptives- in that case we have the freedom to choose which one to buy"

"Before I buy a contraceptive I have to make sure that the medicine is in good condition and reasonably priced"

"It does not matter even if it is expensive; I am determined not to take baby anymore, so I have to take the pill which is suitable to my body"

"I used to prefer Femicon since it is reasonably priced"

Respondents of the qualitative study also reported that SMC brands are always available in pharmacies whereas free distributed brands are not always available.

Table 3.16: Reasons for Using SMC Brands by Quintile (%)

	Total	By Wealth Quintile (%)				
		Lowest	Second	Middle	Fourth	Highest
Base: SMC brand users	1108	190	208	209	227	274
Suits with the body	55.2	58.4	59.6	60.3	58.6	43.1
Husband buys this brand	7.7	4.7	4.3	6.2	7.0	13.9
Can avail it timely	11.9	12.6	10.1	9.6	11.9	14.6
Price is low	1.7	2.1	1.0	1.9	0.9	2.6
Doctor's Advice	4.5	6.3	4.3	3.3	4.8	4.0
Long term	2.1	1.6	3.8	2.9	1.8	0.7
Perceived Good quality	8.3	7.9	6.7	8.6	9.7	8.4
Doesn't know	9.3	6.3	8.2	5.7	8.4	15.7
Those Responded	100	100	100	100	100	100

3.11.1. Use of OCP Brands by Wealthy Quintile

SMC comprises 53% share of the OCP market, while the govt. brand comprises 45%. Usage of SMC brands are higher among the highest quintile (65%) compared to lowest quintile (45%). While the government brands are used more among the users at the lowest quintile (54%) compared to highest ones (33%). However, private brands are more used by the highest quintiles.

Table 3.17: Use of OCP by Quintile (%)

	Total	By Wealthy Quintile (%)				
		Lowest	Second	Middle	Fourth	Highest
Base: Those who use OCP	1637	326	355	329	297	330
SMC Brands	50.5	41.4	47.9	50.2	55.6	58.5
Govt. (*Shukhi*)	44.4	54	49.3	45.9	39.1	33
Private(Others)	4.8	3.7	2.5	4.0	5.1	8.5
Total	100	100	100	100	100	100

3.11.2. Use of Condom Brands by Wealth Quintile

Among the condom users, SMC comprises 76% of market share. Usage of condoms is higher regarding higher quintiles. Usage of SMC brand condoms is higher among the highest quintiles (83%) as against those belonging to the lowest quintile (61%).

Table 3.18: Use of Condoms by Quintile (%)

	Total	By Wealth Quintile				
		Lowest	Second	Middle	Fourth	Highest
Base: Those who use condom	175	13	13	31	41	77
SMC Brand	76.0	84.6	61.5	67.7	70.7	83.1
Government and Others	24.0	15.4	38.5	32.3	29.3	16.9
Total	100	100	100	100	100	100

3.11.3. Use of Injectables by Wealthy Quintile

Regarding the injectable users, SMC comprises 67% of market share. Usage of SMC injectables is higher among the lower quintiles and lower among higher quintiles.

Table 3.19: Percentage of Use of Injectables by Quintile (%)

	Total	By Wealth Quintile				
		Lowest	Second	Middle	Fourth	Highest
Base: Those who use Injectables	255	58	52	51	63	31
Soma ject	67.1	75.9	63.5	62.7	63.5	71
Depo Provera	32.9	24.1	36.5	37.3	36.5	29
Total	100	100	100	100	100	100

Table 3.20: Usage of SMC Brand by Quintile (%)

	Total	By Wealth Quintile (%)				
		Lowest	Second	Middle	Fourth	Highest
Base: SMC brand users	1108	190	208	209	227	274
Oral Contraceptive Pills	72.6	71.1	80.3	74.6	69.6	68.6
Injectables	15.4	23.2	15.9	15.3	17.6	8.0
Condoms	12.0	5.8	3.8	10.0	12.8	23.4
Total	100	100	100	100	100	100

Overall, SMC enjoys around 48% of the contraceptive market (i.e. OCPs, condoms, and injectables). Within the SMC share, the major pie is occupied by OCPs (74%), which followed by injectables (14.5%) and condoms (11.3%). In Table 3.19, although the share of SMC brands of OCP is almost the same across the quintiles, condoms have got more share among the highest quintile and injectables among the lowest quintile. There are larger representations of the lowest quintile in injectables (23%) share while the reverse figures for the condom users 23%).

Table 3.21: Users of SMC Brands by Wealth Quintile (%)

	Total	By Wealth Quintile				
		Lowest	Second	Middle	Fourth	Highest
Base: All SMC brand users	1108	190	208	209	227	274
OCPs						
Minicon	4.8	3.7	4.3	4.3	7.0	4.4
Nordette 28	13.8	7.9	12.5	13.4	15.0	18.2
Femicon	53.2	57.4	62.0	56.0	47.6	46.0
Maya	0.8	2.1	1.4	1.0	0	0
Condoms						
Raja	3.2	2.6	1.0	1.9	4.4	5.1
Hero	2.5	2.1	1.0	1.0	4.0	4.0
Panther	5.1	1.1	1.4	6.2	4.0	10.9
Sensation	0.9	0	0.5	0.5	0.4	2.7
U & Me	0.2	0	0	0.5	0	0.4
Injectble						
Soma ject	15.4	23.2	15.9	15.3	17.6	8.0
Total	100	100	100	100	100	100

3.12 Brand Switching Pattern: SMC Brand Users

It is evident from the following table that unsuitability for the body (60%), difficulty in use (17%), high price (5%), and doctor's recommendations (7%) were frequently mentioned reasons for switching the brands.

Table 3.22: Brand Switching Patterns among the SMC Brand Users by Quintiles (%)

	Total	By Wealth Quintile(%)				
		Lowest	Second	Middle	Fourth	Highest
Base: Those who did not use the same method	353	51	60	82	70	90
Didn't suit my body	60.6	70.6	56.7	53.7	68.6	57.8
Doctor's recommendations	7.1	7.8	8.3	4.9	2.9	11.1
High on effectiveness	2.8	0	6.7	3.7	1.4	2.2
Difficulty in use	16.1	13.7	8.3	20.7	17.1	17.8
Unavailability of convenient pack	4.2	5.9	3.3	1.2	5.7	5.6
Price was high	5.4	3.9	6.7	4.9	5.7	5.6

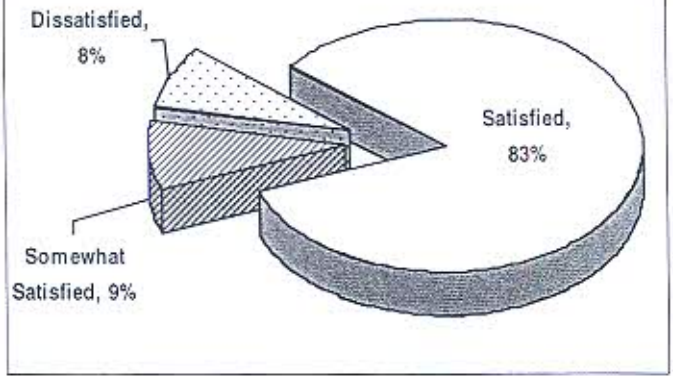
To the SMC brand users at the lowest quintile, suitability (71%) was a more big concern than to the users at the highest quintile (58%). Doctor's recommendations influenced the users at the highest quintile (11%) more than those belonging to the lowest quintile (8%).

3.13. Satisfaction with the Current Method

Respondents were asked to express their level of satisfaction with the current FP methods they use. The majority of the users (83%) were satisfied with their current family planning methods. Only 8% expressed their dissatisfaction regarding the current methods.

3.13.1. Reasons for Satisfaction

Fig 3.6 Satisfaction Regarding Current FP Method



Suitability for the body (71%) was found to be the main criterion that leads to the satisfaction regardless different quintiles. Other mentioned reasons for satisfaction were: free access (7%), convenience (5%) availability (4%) safety (6%), easy to use (4%).

Getting the items free is one of the reasons that leads to higher satisfaction of the lowest quintiles (9%) compared to higher ones (5%). Other reasons for satisfaction are similar across different quintiles.

"I get my brand available; it is effective, suits well with my body, so I am happy."

Table 3.23: Reasons for Satisfaction (%)

	By Wealth Quintiles (%)					
	Total	Lowest	Second	Middle	Fourth	Highest
Base: Those who are satisfied with current FP methods	2277	424	464	461	461	467
Suits my body	70.7	70.5	72.4	71.1	68.5	70.7
Available	4.3	5.2	1.5	5	3.7	6.4
Getting it free	6.5	9.2	7.5	7.2	3.9	4.9
Price is low	2.8	3.1	2.2	3.3	2.8	2.8
Don't have to worry about eating anything	4.9	6.8	5	4.6	4.3	4.1
Easy to use	3.7	3.1	2.8	4.3	4.1	4.3
Long term	7.6	6.1	8.4	8	8.5	7.1
Much more safe of	5.6	3.5	5.6	5	6.5	7.1
No headache/dizzy feeling	8.5	11.8	9.5	5.9	9.5	6.2

3.13.2. Reasons for Dissatisfaction

SMC is interested to understand the reasons for dissatisfaction with the current methods/brands. The findings would help developing its market and business plan. Respondents were asked whether they were having any health-related complications while using the current methods. The reasons related to dissatisfaction with different contraceptive methods were unsuitability (44%), dizziness (41%), and nausea (13%); only 7% of the respondents complained about the high price.

Table 3.24: Reasons for Dissatisfaction by Method (%)

	Total	By Methods					
		OCPs	Condoms	Injections	Implants /Norplant	IUDs	Female sterilization
Base: Those are not satisfied with the current FP methods	194	132	4	34	9	7	8
Nausea	13.9	18.2	0	8.8	0	0	0
Dizzy feeling	43.3	**51.5**	0	26.5	33.3	28.6	25
Didn't suit my body	43.8	36.4	25	**55.9**	66.7	85.7	62.5
Complicated way of use	4.9	3.8	50	0	0	0	0
High price	7.2	8.3	0	8.8	0	0	0
Irregular menstruation	6.7	5.3	0	11.8	11.1	0	12.5

While dizzy feeling (52%) is the main reason of dissatisfaction of the OCP users, suitability is the main problem for injection (56%). regarding other methods, the number of dissatisfied users was negligible.

Table 3.25: Reasons for Dissatisfaction by Quintile (%)

	Total	By Wealth Quintiles (%)				
		Lowest	Second	Middle	Fourth	Highest
Base: Dissatisfied Users	194	60	44	34	27	29
Nausea	13.9	21.7	15.9	2.9	11.1	10.3
Dizzy feeling	43.3	48.3	43.2	38.2	44.4	37.9
Didn't suit my body	43.8	40.0	38.6	44.1	55.6	48.3
Complicated way of use	3.6	0.0	9.1	2.9	3.7	3.4
High price	7.2	6.7	11.4	5.9	3.7	6.9
Irregular menstruation	6.7	8.3	9.1	11.8	0.0	0.0
Getting fat	3.1	3.3	0	5.9	0	6.9

The state of being suitable is a greater problem for the highest quintile users (48%) compared to the lowest quintile users. The lowest quintile users complained more about nausea and dizzy feelings compared to highest quintile ones.

During the qualitative study, some of the respondents expressed their dissatisfaction regarding the availability of their brand of use and price.

Quotable Quotes:

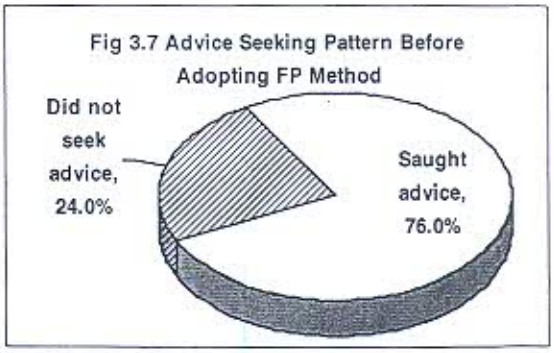
"The family planning workers don't come regularly; we are often left with no pills."

"I often forget to take pills; and, I don't know what to do if I miss the cycle."

"There are some brands (known to be good brands); but the price is really high to afford!"

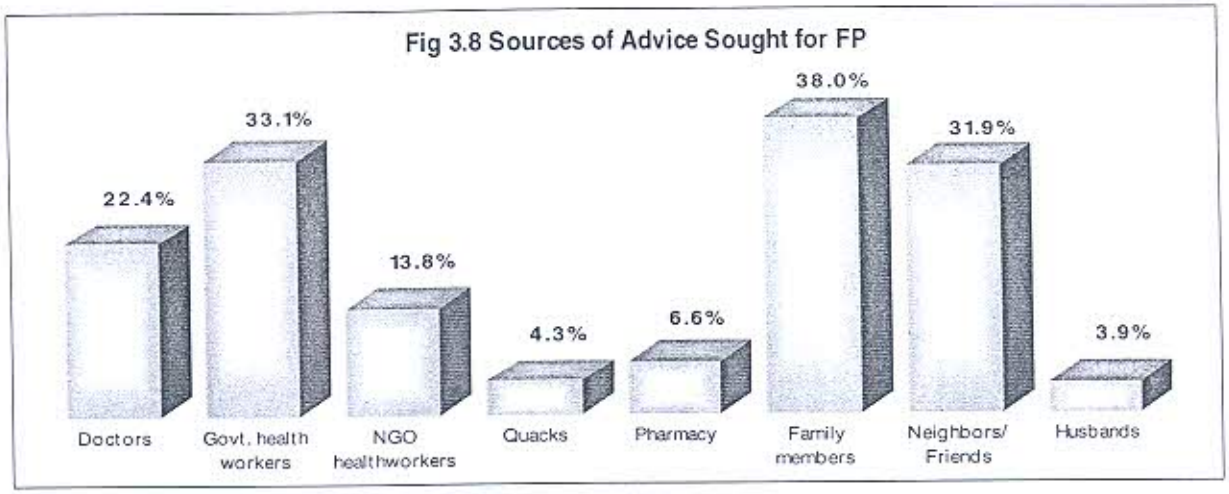
3.14. Seeking Advice before Adopting Family Planning Methods

It was found through the qualitative research (FGD) carried out among the current users that before adopting any method or brand, they usually seek advice from different sources,



such as, friends and families, doctors and health workers, pharmacists, etc.

Similar finding was found in the quantitative survey. Practice of seeking advice before adopting a family planning method was found among 76% of the respondents. Similar practice was found across different quintiles.



3.15.1. Sources of Advice

Table 3.26: Sources of Advice on Family Planning (%)

	By Wealth Quintiles (%)					
	Total	Lowest	Second	Middle	Fourth	Highest
Base: Those who took someone's advice before adopting any FP method	1877	314	359	388	405	411
Doctors	22.9	12.7	18.4	20.9	28.9	30.4
Govt. health workers	33.9	36.3	40.9	36.3	29.1	28.5
NGO health worker	13.8	10.8	11.4	16.2	18	11.7
Pharmacy/RMPs	6.9	4.5	5.6	8	9.6	6.1
Neighbors/Friends/ Anyone known to me	32.3	31.8	25.9	37.6	33.1	32.4
Family members	37.3	37.6	32	34.8	34.6	46.7
Husband	3.2	1	4.2	2.6	4.2	3.6

Overall, the users usually seek advice from the known sources. Among them, family members (37%) and government health workers (33%) are the main sources of advice regarding adopting family planning method; these are then being followed by friends/ neighbors (32%) and doctors (22%).

Among the different quintiles, a large number of MWRAs reported to prefer discussion on FP methods with their family members. However, the users at the lowest quintile discuss more with government health workers (36%) whereas those belonging to the highest quintile prefer discussion with doctors (30%) and a few with their husbands (4%). Other sources are almost similar across the quintiles.

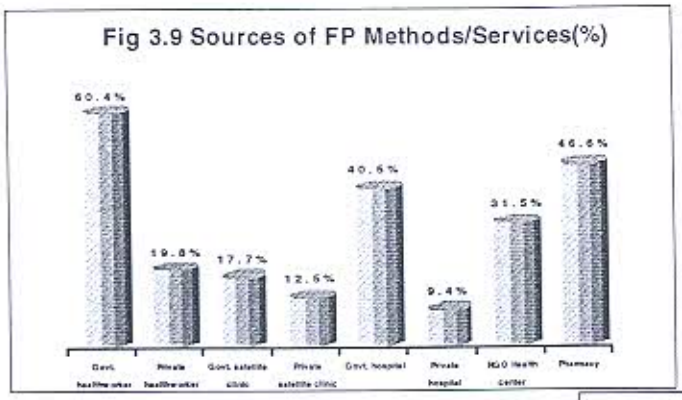
Similar to the quantitative survey, the qualitative study revealed that the users usually consult the following peer group before adopting any FP method:

- Mother and other senior women in the family
- Sister-in-law

- Lady doctors
- Family planning workers (Gob and NGOs)
- Husband

"After having two kids consecutively, I consulted the senior members of the family including my mother, sister and sisters-in-law, and they advised me to start taking pills."

3.16. Availing Family Planning Products/Service



Source: Govt. health workers (61%), pharmacy (48%), Govt. hospitals (41%), NGO hospitals (33%), Private health workers (20%), govt. satellite clinics (18%), private satellite clinics (13%) and private clinics were the main sources of availing family planning products/service.

Place: Health workers (35%), nearby pharmacy (33%), bazaar (29%), clinics/ hospitals (18%) NGOs/ Govt. hospitals (17%) of were the places from where family planning products are bought.

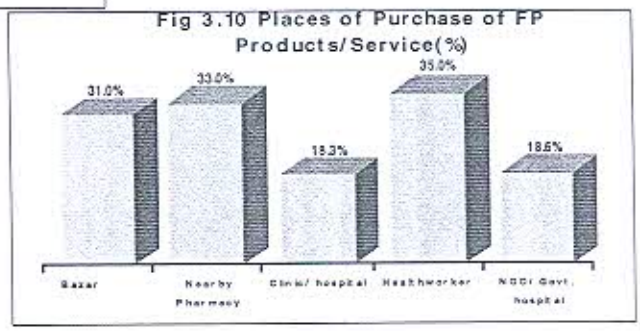


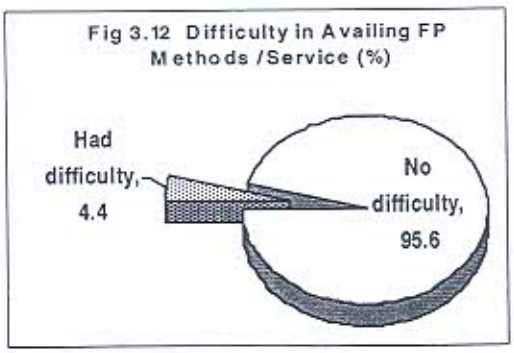
Table 3.27: Places of Purchase of FP Products by Quintile (%)

	Total	By Wealth Quintile				
		Lowest	Second	Middle	Fourth	Highest
Base: Modern Methods Users	2471	484	508	495	488	496
Bazaar	30.6	22.1	30.1	28.5	36.1	36.3
Nearby Pharmacy	33.3	21.3	25.2	31.1	37.3	51.8
Clinics/hospitals	18.3	12.4	16.7	22.4	23	16.9
Health workers	34.6	39.3	40.6	35.4	33.6	24.4
NGOs/Govt. hospitals	18.6	25.0	18.1	21.0	18.9	10.3

The users at the highest quintile usually procure products from bazaar (36%) and pharmacy (52%) compared to the users of lowest quintile (22% and 21% respectively). Users of the lowest quintile procure more from health workers (39%) and NGOs/Govt. health workers (25%), compared those belonging to the highest quintile (24% and 10% respectively).

3.17 Difficulty in Availing Family Planning Product/Services

Across different quintiles, the majority of the respondents (95.4%) reported they don't face any difficulty in availing family planning products/service. Of those (4.6%) who reported



about difficulty mainly referred to unavailability (47%), health workers' delay (18%), and transportation the problem of (14%). About 8% of the users at the lowest quintile reported high price as a difficulty, while none of the users at the highest quintile referred price as a problem.

Table 3.28: Difficulty in Availing FP products/service (%)

	By Wealth Quintiles (%)					
	Total	Lowest	Second	Middle	Fourth	Highest
Base: Those who faced difficulty	113	26	29	17	21	20
Not available	46.9	42.3	34.5	29.4	81	50
Transportation problem	14.2	11.5	17.2	17.6	0	25
High price	10.6	7.7	20.7	23.5	0	0
Doctor doesn't want to provide	5.3	11.5	0	5.9	0	10
Health workers' delay in providing them	17.7	15.4	24.1	23.5	14.3	10
Health workers' behavior rough	6.2	11.5	6.9	5.9	4.8	0
Health workers' demand for money	3.5	3.8	3.4	5.9	4.8	0

Unavailability is the main problem faced by MWRAs of all wealth quintiles, while high price was attributed as a difficulty by 23% of them in the middle quintile and 21% of the second quintile. Another 23% in the middle quintile and 24% in the second quintile reported health workers' delay as the main problem.

The qualitative study also revealed that availability is one of the main problems to the users price factor is the next mentioned reason in this regards.

"At times, these are not available in the nearby pharmacy. We have to go Aminbazar, and even far."

"Price is definitely a concern- a needle is 50 taka, whereas a pill strip is taka 10. So, I have to settle with pills".

Table 3.29: Comparative Picture of OCP Brand Usage (%)

Quintile	Base		Gob Brand		SMC Brand		Private Brand	
	N= (BDHS)	N= (ACN Study)	BDHS 2004	ACN Study 2007	BDHS 2004	ACN Study 2007	BDHS 2004	ACN Study 2007
Highest	398	326	73.4	54	25.9	41.4	.8	4.6
Second	510	355	67.1	49.3	32.2	47.9	0	2.8
Middle	610	329	58.7	45.9	39.2	50.2	1.6	4.0
Fourth	642	297	51.1	39.1	44.5	55.6	3.9	5.4
Lowest	616	330	37.2	33	52.1	58.5	9.7	8.5
Total	2776	1637	55.8	44.4	40.1	50.58	3.5	5.0

A comparative analysis conducted between BDHS 2004 and this current study shows the increase in usage of SMC brands throughout the quintiles. In the OCP category, the usage of SMC brands increased from 26% to 41% in the highest quintile whereas in the lowest quintile it has increased from 52% to 59%. The govt. brand tends to decrease irrespective to quintiles, in the highest quintile it decreased from 73% to 54% and 37% to 33% in the lowest quintile in the OCP category. The ACN RMS data also supports such growth of SMC brands. The July-Aug'07 data of RMS shows 92.6% market share of SMC OCP brands along with 6.9% market share of private brands while govt. brands occupying only .5% of the market.

Table 3.30: Comparative Picture of Condom Brand Usage (%)

Quintile	Base		Gob Brand		SMC Brand		Private Brand	
	N= (BDHS)	N= (ACN Study)	BDHS 2004	ACN Study 2007	BDHS 2004	ACN Study 2007	BDHS 2004	ACN Study 2007
Highest	23	13	13	15.4	69.6	84.6	4.3	0.0
Second	29	13	27.6	38.5	62.1	61.5	3.4	0.0
Middle	46	31	26.1	29.0	58.7	67.7	10.9	3.2
Fourth	81	41	27.2	26.8	58.0	70.7	2.5	2.4
Lowest	264	77	14	14.3	68.9	83.1	12.1	2.6
Total	443	175	18.3	21.7	65.5	76.0	9.3	2.29

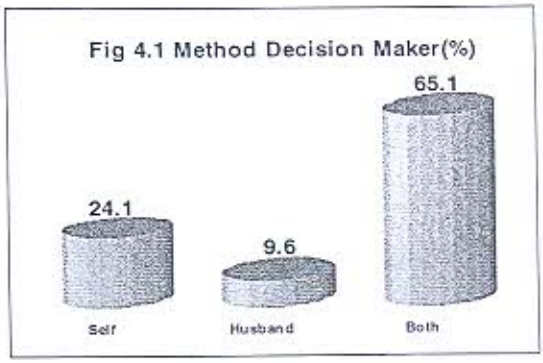
While in the condom category, the usage of SMC brands increased from 69% to 84% in the highest quintile whereas in the lowest quintile it has increased from 68% to 83%. The govt. brand remained more or less similar in the extreme quintiles, increased 13% to 15% in the highest quintile while was 14% in both the studies for the lowest quintile. There were marginal increases in other quintiles as well. For the condom category, SMC comprises 54% of the market share according to ACN RMS data of June-August'07.Sme source assures 24.2% and 21.6% presence of private and govt. brand respectively.

Chapter 4
Factors That Affect The Decision

4.1. BRAND & METHOD DECISIONS

4.1.1. Method Decision

The current users of different family planning methods were asked about the decision-making process regarding the methods and brand levels. Overall, decision regarding the choice of family planning method is jointly taken in majority of the cases (65%). About one-fourth respondents (24%) reported about taking decision all by themselves, while another 10% reported husband as the decision-maker.

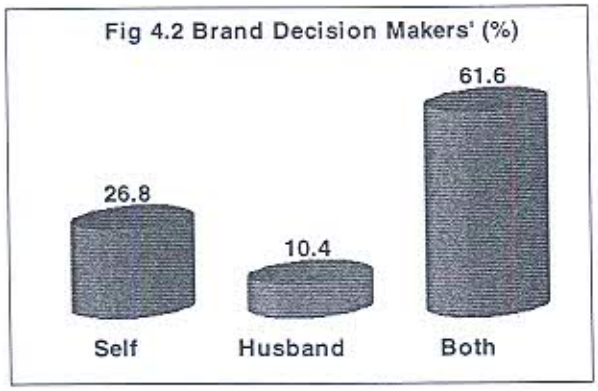


The tendency of taking decision by self is higher among the lower quintiles 32% for lowest quintile compared to 20% in highest quintile. The role of the husband in decision-making in regarding the choice of method is quite similar across the quintiles. Instances of taking joint decision are lower in the lower quintile (58%) than in the higher ones (70%).

Table 4.1: Decision Maker at Method Level by Quintile (%)

	Total	By Wealth Quintile				
		Lowest	Second	Middle	Fourth	Highest
Base: All Modern Methods Users	2471	484	508	495	488	496
Self	24.8	32.2	26.8	24.6	20.9	19.6
Husband	9.8	8.3	10.4	9.3	11.9	9.3
Both	64.1	58.1	62.2	64	66.2	70.o
Health workers	0.8	1.2	0.2	1.4	0.6	0.4
Doctors	0.3	0	0.2	0.4	0.4	0.6
Neighbors	0.1	0.2	0	0.2	0	0.2
Mother	0	0	0.2	0	0	0

4.1.2. Brand Decision



Overall, similar to family planning methods, brand decision is also taken jointly by the couples in majority of the cases (62%), which is being followed by self in one-fourth cases (27%) and husband (10%).

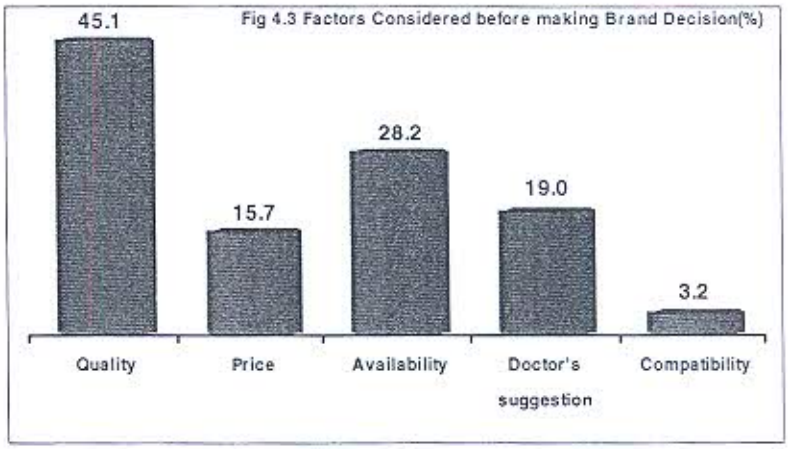
The instance of taking decision by self is higher in the lower quintiles (35%) than in the highest quintiles 22%). Rather, joint decisions are taken more among the users at the highest quintiles (65%) than at the lowest ones (54%).

Table 4.2: Decision Maker at Brand Level by Quintile (%)

	Total	By Wealth Quintile				
		Lowest	Second	Middle	Fourth	Highest
Base: All Modern Methods Users	2471	484	508	495	488	496
Self	27.6	35.1	29.1	26.3	25	22.4
Husband	10.4	8.7	9.6	10.3	11.7	11.9
Both	60.7	54.1	60.6	61.8	62.5	64.5

4.2. Factors Influencing Decision

It is evident from the quantitative survey that among all the respondents, that quality, more specifically suitability of the body (45%) is the major factor influencing the decision; it is being followed by availability (28%), the users consider the availability before buying/choosing a particular brand of contraceptive. Doctors' suggestion (19%) and price (16%) also have some influence on the decision



Quality was an important concern for the higher quintile compared to the lower one. Rather, availability was the main concern for the lower quintile one (17% for the lowest quintiles) compared to higher ones (13% for the highest quintiles). Price influences the users at the lowest quintile more (10%) compared to highest one (7%)

Table 4.3: Factors Considered Before Choosing A Brand By Quintile (%)

	Total	By Wealth Quintile (%)				
		Lowest	Second	Middle	Fourth	Highest
Base : All Modern Methods Users	2471	484	508	495	488	496
Price	16.6	20.5	18.3	21	8.8	14.1
Availability	29.7	35.1	28.7	31.5	27.5	25.8
Doctor's suggestion	19.1	12.4	17.1	21.6	22.1	22.4
Perceived Quality	48.5	45.7	48.4	46.5	48.4	53.6
Didn't suit my body	3.3	4.8	4.3	2.2	2.7	2.6

During the qualitative study, respondents listed the following reasons as the influencing factors on their method and brand choosing decisions:

- Suitability with the body
- Doctors' recommendation
- Availability
- Price
- Expiry date

"The main decision making issue is whether it adjusts well with my body; otherwise, I will not be able to use it even if it is free, or largely available."

"Availability is the prime issue, Ovacon suits well with my body; but it's no longer available in the market. So, I want to use a brand which is always available so that I don't have to switch again and again."

Chapter 5
Buying Pattern

5.1. Buying Practices

The current users of modern contraceptive methods were asked a few questions about the buying patterns of contraceptive products. This section of the study presents the user data regarding buying practices of contraceptives.

Contraceptives are usually bought by the husband (40%) or the wife (39%). About 10% respondents reported getting it from health workers as well. In the lower quintiles, contraceptives are usually bought by the self (43%) compared to 32% in highest quintile. In the higher quintiles, contraceptives are bought by husbands more (53%) compared to 30% in the lowest quintile.

Table 5.1: Buying Practices by Wealth Quintile (%)

	Total	By Wealth Quintile				
		Lowest	Second	Middle	Fourth	Highest
Base: All Modern Methods Users	2471	484	508	495	488	496
Self	38.9	43	41.9	41.8	36.3	31.7
Husband	40.4	30.4	37.4	40	41.4	52.6
Both	5.9	5.2	3.7	5.9	7.4	7.7
Health workers brings these	10.8	17.1	14.4	8.3	8.4	5.6
Don't need to collect	3.7	4.3	2.6	3.4	6.1	2.2

Each of the respondents buys one pack of OCPs on an average at a time (99%), irrespective of different quintiles, while the users of condoms reported buying on an average eight pieces at a time.

5.2. Average Spending on Contraceptive Products

The survey found the average spending on contraceptives very low among the current users of different quintiles. Overall, the average monthly spending on contraceptive products was found to be Tk. 20.83 (average among the users who spend on contraceptives).

The average expenditure is Tk. 18.87 by the users at the lowest quintile while Tk. 22.70 by the users at the highest quintile. Among the users, more than one-third (34%) reported that they *"get it free"* . About half of the poorest quintile reported getting it free. On an average, the overall cost of availing contraceptive products was also low - Tk. 14.71. However, among the users at the lowest quintiles, the average cost of availing contraceptive products was Tk. 13.81 while Tk. 14.73 for the highest quintile..

Table 5.2: Average Spending on Contraceptives by Wealth Quintile

	Total	By Wealth Quintile				
		Lowest	Second	Middle	Fourth	Highest
Base: All Modern Methods Users	2471	484	508	495	488	496
Getting those free	34%	47.5	43.1	36.8	25	17.3
Don't Know	6.1%	5.6	5.5	4.4	6.1	8.7
No expenditure	6.6%	6.2	5.1	6.5	9.4	5.6
Average expenditure in TK	**20.93**	**18.87**	**17.23**	**21.71**	**22.54**	**22.7**

5.3. Of Buying Frequency

The following tables analyze the frequency of buying the three main family planning methods: OCPs, condoms, and injectables.

Table 5.3: Buying Frequency of Buying OCPs (%)

	Total	By Wealth Quintile				
		Lowest	Second	Middle	Fourth	Highest
Base: OCP users	1637	326	355	329	297	330
Once a month	71.2	62.3	67.6	73.6	75.1	78.2
Once in 2 months	2.1	1.2	2.5	1.5	2.4	2.7
Once in 3 months	26.1	36.2	28.5	24.6	22.2	18.5
Once in 4months	0.1	0.3	0	0	0	0
Once in 5 months	0.1	0	0	0	0.3	0
Once in 6 months	0.3	0	0.8	0	0	0.6
Once in 9 months	0.1	0	0.3	0	0	0

Overall, around 71% of the OCP users buy OCP once a month; which is being followed by 26% who buy these once in every three months. The above table shows that the couples in the lowest quintile buy OCPs less frequently than those belonging to the higher quintiles.

Table 5.4: Buying Frequency of Buying Condoms (%)

	Total	By Wealth Quintile				
		Lowest	Second	Middle	Fourth	Highest
Base: Condom Users	175	13	13	31	41	77
Once a week	16	7.7	30.8	16.1	22	11.7
Twice a week	11.4	15.4	7.7	9.7	12.2	11.7
Once a month	46.3	53.8	46.2	35.5	46.3	49.4
Once in 2 months	1.1	0	0	0	4.9	0
Twice a month	21.7	15.4	15.4	35.5	9.8	24.7
Once in 3 months	1.1	7.7	0	0	2.4	0
Once in 6 months	1.7	0	0	3.2	2.4	1.3
Once in four months	0.6	0	0	0	0	1.3

Around 46% of the condom users buy the contraceptive products once a month, around 22% buy it twice a month. 16% buys it once a week and 11% twice a week.

Users at the lowest quintile (54%) buy once a month more than the highest quintile users (49%). Users at the highest quintile (25%) buy twice a month more than those belonging to the lowest quintile (15.4%).

Table 5.5: Buying Frequency of Buying Injectables (%)

	Total	By Wealth Quintile				
		Lowest	Second	Middle	Fourth	Highest
Base: Injectable users	427	93	103	87	93	51
Once in 3 months	98.8	100	99	98.9	96.8	100
5-year term	0.2	0	0	0	1.1	0
Once in 6 months	0.5	0	0	0	2.2	0
Permanent	0.5	0	1	1.1	0	0

Almost all the injectable users buy injection once in every three months (98.8%) across different quintiles.

Chapter 6

Conclusion

Use of Contraceptives: In general, married women at the reproductive age are widely aware of different family planning methods. OCP was found to be the main FP method the respondents use. Overall, oral contraceptive pill (33%) was found to be the most commonly used method at present; it is being followed by injectables (9%). About 4% reported using condoms currently as well. The majority of the respondents were found satisfied with their current method.

Awareness and Usage Patterns According To Wealth Quintile: Users of higher wealth quintiles are more aware about contraceptives compared to the lower segments. The tendency of using condoms is higher within the higher wealth quintiles. On the contrary, injectable is widely used among the lower quintiles compared to the higher quintiles. Although, there is no variation in the use of OCPs across all wealth quintiles, there are remarkable variations in the use of different brands of contraceptives among the MWRAs by wealth status. For example, among OCP users, usage of *Shukhi* is higher in lower wealth quintiles, while *Nordette 28* and *Minicon* usage is higher in higher quintiles. *Femicon* is quite similar across different quintiles. Similarly, *Sensation* condom is *more* used among the highest quintiles. While there is substantial variation in the level brand usage, there was not much quintile wise variation in switching brand patterns.

Profile of SMC Brand Users: The average age of the SMC brand users was 28 irrespective of different quintiles; they are slightly younger than those who use other brands (30 years). Consequently, they were married for 11 years on an average which is also lower than non-SMC brand users (14 years) across different quintiles. On an average, the husbands of SMC users are 36 years old. SMC brand users were found to be more educated compared to the other brand users. The majority of the SMC brand users (38.3%) obtained education upto class 5-9 compared to 34% of the other brand users obtaining the same education level. 28% of the SMC brand user didn't receive any formal education at all, while the figure is 37% for other brand users. Overall, SMC users are more literate than others. This information is further affirmed by the of education level of the husbands of SMC brand users. About 31.5% of them are illiterate whereas 37.7% of the other brand users' husbands are illiterate. Most of the SMC brand users (95.7%) are housewives. SMC brand users appear to have better household income, which is on an average Tk. 6,101 as against Tk. 5, 311 earned by others. The average income of highest quintile users (Tk.3,185) are more than three times than that of the lowest quintile ones (Tk. 923) similar trend was reflected in the expenditure pattern. This figure can be somewhat attributed to the fact that more women who uses SMC brands have more contribution (Tk. 1,167) in the household income (Tk. 887 in case of other brand users). SMC brand users have on an average individual income of Tk. 1,757 whereas the other brand users earn Tk. 1,384 on an average.

87% of the SMC brand users were married by the age of 19 while 61% were married within 15-19 years. Most of them (95.7%) conceived at least once, whereas 66.1% conceived within 15-19 years and 23% within the age of 20-24 years. The average length of time between the first childbirth and marriage was 22 months. 71% claims their first child was planned. On an average, SMC brand users conceived thrice.

Perception of SMC Contraceptives and Reasons for the Choice: Users of SMC brands disclosed that suitability with the body is the main reason (56%) while preferring a brand to other cheaper or free brands available in the market. Availability (12%), perceived quality (8%), and husband's preference (8%) were the other frequently

mentioned reasons. These were supported by the qualitative findings, which show that the respondents reported that for a sensitive and low involvement product like pills/condoms, they are more concerned about the physical fitness rather the financial aspect. Thus, the users of SMC brand perceive that SMC brand contraceptives are quality products which are easily available and suit better one's body. Among the SMC brand users, users of the poorest quintile (60%) find their respective brand suitable to their body compared to the highest quintile ones (43%).Uses of the highest quintile (14%) rely more on their husbands for buying contraceptive products than the users belonging to the lowest quintile (5%).Timely availability is a concern of the users both of the highest and the lowest quintiles.

Satisfaction With Belonging to The Current Methods/Brands and Switching Patterns: The majority of the MWRAs were found to be satisfied with their current method. Suitability for the body (71%) was followed by free access (7%), convenience (5%), availability (4%), by safe (6%), and easy to use (4%) - these were found to be the main criteria that lead to satisfaction. On an average, the MWRAs are using the current brands for about four years. The majority of the respondents were found preferring to stick to their current method. Among the current users, 60% mentioned that they haven't changed their brand or method and the current practice is their first brand/method. There was no variation among different wealth quintiles.

Among the OCP users, the majority (78%) are continuing with the same method, while 12% switched to injections, 5% to condoms and 4% to traditional methods (safe period and withdrawal). More of the users at the lowest quintile have got the tendency to stick to OCPs (82%) compared to the highest one. While more of the highest quintile (9%) have got the tendency to switch to condoms than the lowest one (2%).The tendency to switch to injectable is higher among the lowest quintile.

Among the condom users, 48% stuck to the same method while 36% switched to OCPs. 8% of the respondents reported shifting to injectables. Users at the lowest quintile (69%) prefer to stick to the same method compared to the highest quintile (55%). Users at the highest quintile (30%) prefer to switch to condoms than those belonging to the lowest quintile (23%). The tendency to shift to injectables from condoms is higher among highest quintile users than lower quintile users.

Among the injectables users, 35% are continuing their current method, while 57% reported switching to OCPs. The tendency of the poorest quintile (47%) was more to stick to current method compared to the highest quintile (38%). The tendency of the highest quintile (53%) was more to switch to OCPs compared to the lowest quintile (47%). The major reasons for switching brands or methods are non-suitability for the body (57%), which is being followed by high price (17%) and doctor's recommendations (7%).

Decision Making Process: Decision regarding the choice of family planning method is made jointly in the majority of the cases (65%). About one-fourth respondents (24%) reported taking decision themselves, while another 10% reported husbands as the decision-makers. The tendency of taking decision by the self is higher among the lower quintiles- 32% for the lowest quintile compared to 20 % in highest quintile, reflecting the fact the lower quintile MWRA's are themselves responsible for making decision regarding which method or brand to use. The qualitative findings reveal that negligence on part of the husband on taking responsibility of family planning has lead to take the wife to take initiative in this regard.

The role of the husband in decision-making in choosing the method is quite similar across the quintiles. Instances of taking joint decision are less in the lower quintile than in the higher ones; reflecting that though higher quintile couple discusses the

method/brand to be adopted among themselves, such instance is lower in lower quintiles. Similar to family planning method, brand decision is also taken jointly in the majority of the cases (62%), by the self in one-fourth of the cases (27%), and the husband in 10% cases.

Price Concern

Suitability with the body was the main criterion for selecting, sticking, or switching to any method or brand. Since FP/products of services are sensitive nature involving physical implications/side effects, the MWRA's were found very cautious and sensitive regarding the selection contraceptive methods as well as brands. Family planning products/services were found to be a low involvement product (average monthly spending Tk.20.83). Though price was considered a fact in brand level (17%), the method decisions were too crucial to be effected by price, even in the lowest quintile.

Switching pattern: Lowest Vs. Highest

MWRA's of Lowest The Quintile: OCP users of the lowest quintile have got the tendency to stick to OCPs (82%). 12% switched to injectables, while a negligible 2% to condoms. Among the condom users of the lowest quintile the tendency to stick to current method was more (69%). Among the injectable users of the lowest quintile, the tendency to stick either to present method (47%) or switch to OCPs (47%).

MWRAs of The Highest Quintile: OCP users of the highest quintile have got the tendency to stick to OCPs (78%). 11% switched to injectables and 9% to condoms. Among the condom users of the highest quintile there was a tendency to stick to the current method (55%); among the injectable users of the lowest quintile there is a tendency, either to stick to the present method (47%) or to switch to OCPs (47%).

Contraceptive behavior of the Lowest quintile: The MWRA's of the lowest quintile are married off at a very early age (16 years) , they don't use any contraceptive method right after marriage(45%), either because of family and in-laws pressure or with the misconception of not being able to conceive a child ever again. Thus they become mother at a very early age (18 years). Early initiation into childbearing does not only lengthen reproductive period and, thus, increasing fertility, but also enhances the risk of mortality. Most of them then sought advice (76%); primarily to family member (38%) and neighbor (32%). Govt. (36%) And private health workers (11%) also plays an important role in providing advice to lowest quintile MWRA's. The lowest quintile user (33%) primarily uses OCP, basically this leaves them enough space to decide and adopt the method without the spouse's involvement. It was found from the qualitative study that the poor quintile husband's are reluctant to participate or involve them selves in family planning decision making. They are reluctant to use condom and are less bothered with the consequence of such on the wife. So the MWRA's has to act proactively in taking decision while adopting a family planning decision. She adopts the method and acquires the product all by herself with the help of the family planning worker. A lower profile housewife mostly having no education (54%),with low access to media, restricted mobility have lower awareness regarding different methods and brands available and mostly settles with the first method and brand she is adopting until and unless there is any serous problem of suitability with body or method failure.

Recommendation:

- Since suitability with body was the main concern for choosing a or switching method and brand, quality of the product should be improved (sustained) to avoid side effect. The communication regarding the product should also focus quality and suitability aspect of the body.

- Designing lower price brands for lower segments can one of the way to capture the lowest segment. Keeping current brands in similar level can always contribute continuation of specific brand usage.

- Since the lowest segment have got less exposure to the outer world and thus suffers to lower awareness on method and brand level increased awareness activity like door to door communication by health workers can contribute towards increased usage of contraceptive. Considering the low access of the target group below the line communication Uttan biothak, Jatra , mobile film etc, can be emphasized.

ANNEXURE

DATA COLLECTION INSTRUMENT

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খানা ও ব্যক্তিগত তথ্যাবলী সম্পর্কিত প্রশ্নমালা (Household Listing Questionniare)

তালিকাভুক্ত খানার নম্বর		নমুনায় পরিচিতি নম্বর	

পরিচিতি

বিভাগ _____ জেলা _____

থানা _____ ইউনিয়ন/ওয়ার্ড _____

গ্রাম/ মহল্লা/ ব্লক _____

ক্লাষ্টার নম্বর _____ খানার নম্বর _____

এলাকার ধরণ (শহর = 1 গ্রাম = 2) খানা প্রধানের নাম

_____

প্রশ্নকর্তা যে কয়বার ভিজিট করেছেন তা রেকর্ড করুন

	1	2	3	সর্বশেষ ভিজিট
তারিখ				
প্রশ্নকর্তার নাম প্রশ্নকর্তার কোড				দিন মাস বছর কোড

সুপারভাইজার/ফিল্ড এডিটর	কোয়ালিটি কন্ট্রোল অফিসার	অফিস এডিটর	অপারেটরের নাম
নাম _____ তারিখ _____	নাম _____ তারিখ _____ S/C A/C B/C		

আমি _____ এই মর্মে শপথ করছি যে, এই সাক্ষাৎকারের সকল তথ্য সম্পূর্ণ সত্য এবং সঠিক। প্রশ্নপত্রের তথ্য সংগ্রহের ক্ষেত্রে আমি কোন মিথ্যার আশ্রয় নেইনি এবং যথাযথ নিয়মানুগ পন্থা অনুসরন করেছি।

১৫-৪৯ বছরের বিবাহিত মহিলাদের কাছ থেকে তথ্য সংগ্রহ করুন

-ঃ পরিচিতি ঃ-

সালাম/আদাব,আমার নাম ..... । আমি **"ACNielsen Bangladesh "** নামক বাংলাদেশের একটি সামাজিক গবেষণা সংস্থা থেকে এসেছি। বর্তমানে আমরা পরিবার পরিকল্পনা পদ্ধতি এবং এর ব্যবহারের উপর একটি জরিপ পরিচালনা করছি । এ ব্যাপারে আপনার সহযোগিতা পেলে আমরা উপকৃত হব। আপনাদের দেয়া তথ্য সম্পূর্ণভাবে গোপন রাখা হবে এবং শুধু গবেষণার কাজে ব্যবহৃত হবে।

Household Listing Questionnaire

Q.1 প্রথমে আমি আপনাদের পরিবার সম্পর্কে জানতে চাইব এবং পরে আপনাদের পরিবারের কে কি করেন সে বিষয়ে আপনার বিস্তারিত মতামত জানতে চাইব। দয়া করে বলবেন কি, আপনাদের পরিবারের সবাই কি একসাথে থাকেন না আলাদা থাকেন। মানে আমি বুঝতে চাচ্ছি আপনারা কি যৌথ পরিবার না একক পরিবার।

যৌথ পরিবার---------- 1
একক পরিবার---------- 2

আমি এখন আপনার কাছ থেকে আপনাদের পরিবারে যারা সাধারনতঃ বসবাস করে বা এখন এক সাথে বসবাস করছেন তাদের সম্পর্কে কিছু তথ্য জানতে চাই।

LINE NO.	আপনার পরিবারে সাধারনতঃ যারা বসবাস করে দয়া করে তাদের নাম বলুন। (গৃহকর্তার নাম দিয়ে শুরু করুন।)	গৃহকর্তার সাথে সম্পর্কে	পুরুষ না মহিলা	বয়স	বৈবাহিক অবস্থা	পরিবারে ১৫-৪৯ বছর বয়সের বিবাহিত মহিলার লাইন নম্বর সার্কেল করুন	কখনো কোন পরিবার পরিকল্পনা পদ্ধতি ব্যবহার করেছেন কি?	পরিবারের ১৫-৪৯ বছরের বিবাহিত মহিলারা বর্তমানে কি পদ্ধতি ব্যবহার করেন তার কোড বসান
Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
			M F	In Years	CM FM NM		yes No	
							1 2	
01			1 2		1 2 3	01	1 2	
02			1 2		1 2 3	02	1 2	
03			1 2		1 2 3	03	1 2	
04			1 2		1 2 3	04	1 2	
05			1 2		1 2 3	05	1 2	
06			1 2		1 2 3	06	1 2	
07			1 2		1 2 3	07	1 2	
08			1 2		1 2 3	08	1 2	
09			1 2		1 2 3	09	1 2	
10			1 2		1 2 3	10	1 2	
11			1 2		1 2 3	11	1 2	

উত্তরদাতার সিরিয়াল নম্বর---------

* CODES FOR Q.3 (গৃহকর্তার সাথে সম্পর্ক):	CODE FOR Q.6 (বৈবাহিক অবস্থা):	FOR Q.7 (পেশা):	CODE FOR Q.11 (পদ্ধতি)
নিজে=01, স্বামী/স্ত্রী =02 =, পুত্র/কন্যা,=03 জামাতা/পুত্রবধূ= 04 নাতি =05 বাবা/ মা=06, শ্বশুর/শাশুড়ী, = 07 ভাই/বোন=08, অন্যান্য আত্মীয় =09, দত্তক সন্তান/সৎছেলে/মেয়ে =10, আত্মীয় নয় =11, জানি না =97	বর্তমানে বিবাহিতা =1 তালাকপ্রাপ্ত/বিচ্ছিন্ন/আলাদা =2 অবিবাহিত =3	কৃষক = 01, বর্গাচাষী = 02, কৃষি দিন মজুর = 03, চুক্তি ভিত্তিক কৃষি দিন মজুর = 04, দক্ষ শ্রমিক = 05, অদক্ষ শ্রমিক = 06, রিক্সা/ভ্যান চালক/মাঝি = 07, কাজের লোক = 08, ছাত্র/ছাত্রী = 09, জেলে = 10, পেশাজীবি = 11 বেতন ভুক্ত কর্মচারী = 12 , ব্যবসায়ী (২০০০ টাকার উপরে) = 13, ব্যবসায়ী (২০০০ টাকার নীচে) = 14, বেকার = 15 , ভিক্ষুক = 16, বাড়িওয়ালা / জমি লিজ = 17, গৃহিনী=18 অন্যান্য (উল্লেখ করুন)	খাবার বড়ি-01, কনডম-02 ইনজেকন-03 কপারটি-04, লাইগেশন-05 ভেসেকটমি-06 নিরাপদ কাল-07 ইমপ্লান্ট-08, আযল-09 বর্তমানে গর্ভবর্তী-10, অন্যান্য (উল্লেখ করুন) .....

10	আপনাদের পায়খানার ধরন কি?	আধুনিক টয়লেট / সেপটিক ট্যাংক	1	
		জলাবদ্ধ/স্লাব ল্যাট্রিন	2	
		পিট ল্যাট্রিন	3	
		খোলা ল্যাট্রিন	4	
		ঝুলন্ত ল্যাট্রিন	5	
		পায়খানা নাই/ঝোপ/খোলা মাঠ	6	
		অন্যান্য (উল্লেখ করুন)		
11	আপনাদের পরিবারে রান্নার কাজে জ্বালানী হিসাবে কি ব্যবহার করা হয়	কাঠ	1	
		শস্য আবর্জনা	2	
		গোবরের গুটি	3	
		তরল গ্যাস	4	
		অন্যান্য (উল্লেখ করুন)		
12	আপনাদের পরিবারের খাবার পানির প্রধান উৎস কি?	বাসার ভিতরে পাইপ	1	
		বাসার বাইরের পাইপ	2	
		নলকূপ/গভীর নলকূপ	3	
		কূয়া	4	
		পুকুর/খাল/হ্রদ	5	
		নদী	6	
		ঝর্ণা	7	

13	আপনাদের পরিবারে নিম্নে উল্লেখিত দ্রব্যাদির কোন কোনটি আছে?	দ্রব্যাদি	Yes	No
	আলমারী/ ওয়াড্রপ	আলমারী/ ওয়াড্রপ	1	2
	টেবিল	টেবিল	1	2
	চেয়ার/বেঞ্চ	চেয়ার /বেঞ্চ	1	2
	ঘড়ি	ঘড়ি	1	2
	খাট/বিছানা	খাট/বিছানা	1	2
	রেডিও	রেডিও	1	2
	টেলিভিশন	টেলিভিশন	1	2
	বাইসাইকেল	বাইসাইকেল	1	2
	মোটর সাইকেল	মোটর সাইকেল	1	2
	সেলাই মেশিন	সেলাই মেশিন	1	2
	টেলিফোন	টেলিফোন	1	2
	মোবাইল ফোন	মোবাইল ফোন	1	2

14	আপনাদের খানায় বিদ্যুৎ আছে কি?	হ্যাঁ 1	না 2	
15	পর্যবেক্ষণ করে ছাদ, দেয়াল ও মেঝের ধরণ লিপিবদ্ধ করুন।			

	টিন	পাকা	টালি	মাটি	বাশ	ছন/গোলপাতা	পাট খড়ি	অন্যান্য
ছাদ	1	2	3			6	7	
দেয়াল	1	2		4	5	6	7	
মেঝে		2		4				

16	আপনাদের পরিবারের গড় মাসিক আয় কত? (নগদ উপার্জন ও জমির ফসলের মূল্য যোগ করে হিসাব করুন)	

"ধন্যবাদ জানিয়ে সাক্ষাৎকার শেষ করুন। Qtr. চেক করুন তারপর ফর্ম ত্যাগ করুন।"

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Survey Questionnaire

তালিকাভুক্ত খানার নম্বর | | | | | নমুনার পরিচিতি নম্বর | | | | | |

পরিচিতি

উত্তরদাতার নাম:

বিভাগ _____ জেলা _____

থানা _____ ইউনিয়ন/ওয়ার্ড _____

গ্রাম/ মহল্লা/ ব্লক _____

ক্লাষ্টার নম্বর _____ খানার নম্বর _____

এলাকার ধরণ (শহর = 1 গ্রাম = 2) খানা প্রধানের নাম _____

প্রশ্নকর্তা যে কয়বার ভিজিট করেছেন তা রেকর্ড করুন

	1	2	3	সর্বশেষ ভিজিট
তারিখ				
প্রশ্নকর্তার নাম				
প্রশ্নকর্তার কোড				

দিন
মাস
বছর
কোড

সুপারভাইজার/ফিল্ড এডিটর	কোয়ালিটি কন্ট্রোল অফিসার	অফিস এডিটর	অপারেটরের নাম
নাম _____	নাম _____ S/C A/C B/C		
তারিখ _____	তারিখ _____		

আমি _____ এই মর্মে শপথ করছি যে, এই সাক্ষাৎকারের সকল তথ্য সম্পূর্ণ সত্য এবং সঠিক। প্রশ্নপত্রের তথ্য সংগ্রহের ক্ষেত্রে আমি কোন মিথ্যার আশ্রয় নেইনি এবং যথাযথ নিয়মানুগ পন্থা অনুসরন করেছি।

১৫-৪৯ বছরের বিবাহিত মহিলাদের কাছ থেকে তথ্য সংগ্রহ করুন

-ঃ পরিচিতি ঃ-

সালাম/আদাব,আমার নাম ..... । আমি "**ACNielsen Bangladesh** " নামক বাংলাদেশের একটি সামাজিক গবেষণা সংস্থা থেকে এসেছি। বর্তমানে আমরা পরিবার পরিকল্পনা পদ্ধতি এবং এর ব্যবহারের উপর একটি জরিপ পরিচালনা করছি । এ ব্যাপারে আপনার সহযোগিতা পেলে আমরা উপকৃত হব। আপনাদের দেয়া তথ্য সম্পূর্ণভাবে গোপন রাখা হবে এবং শুধু গবেষণার কাজে ব্যবহৃত হবে।

Wealth Quintile

Lowest	1
Second	2

Section A: Profile of the respondents

Q. No.	Questions and Filters	Coding Categories	Codes	Skip to
101	আপনার বয়স কত? (লিষ্টিং থেকে দেখে নিন)	_____ বছর		
102	আপনার বিয়ে হয়েছে কত বছর আগে?	_____ বছর আগে		
103	আপনার স্বামীর বয়স কত?	_____ বছর		
104	আপনি সর্বোচ্চ কোন্ ক্লাশ পাশ করেছেন?	কোন শিক্ষা নেই	01	
		লিখতে ও পড়তে পারে তবে প্রাতিষ্ঠানিক শিক্ষা নেই	02	
		১ম - ৪র্থ শ্রেণী	03	
		৫ম - ৯ম শ্রেণী	04	
		এসএসসি/দাখিল	05	
		এইচএসসি	06	
		বিএ/বিকম/বিএসসি/বিএসএস	07	
		এমকম/এমএ/এমএসসি	08	
		অন্যান্য (উল্লেখ করুন)		
105	আপনার স্বামী সর্বোচচ কোন্ ক্লাশ পাশ করেছেন?	কোন শিক্ষা নেই	01	
		লিখতে ও পড়তে পারে তবে প্রাতিষ্ঠানিক শিক্ষা নেই	02	
		১ম - ৪র্থ শ্রেণী	03	
		৫ম - ৯ম শ্রেণী	04	
		এসএসসি/দাখিল	05	
		এইচএসসি	06	
		বিএ/বিকম/বিএসসি/বিএসএস	07	
		এমকম/এমএ/এমএসসি	08	
		অন্যান্য (উল্লেখ করুন)		
106	আপনার স্বামীর পেশা কি?	_____ (কোড উল্লেখ করুন)		
107	আপনার পেশা কি?	_____ (কোড উল্লেখ করুন)		
108	আপনাদের পরিবারের মাসিক আয় কত?	_____ (মাসিক আয়)		
109	আপনার নিজস্ব (যদি থাকে) আয় কত?	_____ (মাসিক আয়)		
110	আপনাদের পরিবারে মাসিক খরচ কত?	মোট _____ খাওয়া খরচ _____ চিকিৎসা খরচ _____ লেখা পড়া _____ অন্যান্য (উল্লেখ করুন)		

আমি এখন আপনার কাছ থেকে আপনার নিজস্ব রোজগার সম্পর্কে কিছু প্রশ্ন জানতে চাই । দয়া করে বলুন।

	Section B: Economic Activities			
201	আপনি আপনার পরিবারের সাধারন কাজ কর্মের পাশাপাশি এমন কোন কাজ করেন কি যার দ্বারা আপনি বা আপনার পরিবার আর্থিক ভাবে উপকৃত হচ্ছে?	হ্যাঁ না	1 2	
202	আপনি কি কোন এন জি ও, ক্লাব বা সমিতির সদস্য ?	হ্যাঁ না	1 2	
203	আপনার আয়/রোজগার বৃদ্ধির উদ্দেশ্যে কোন কাজ শুরু করা বা কাজের পরিধি বাড়ানোর জন্য আপনি কি কখন ও কোন ব্যাংক বা এন,জি,ও থেকে লোন/ঋণ নিয়েছেন?	হ্যাঁ না	1 2---------	301

	Section B: Economic Activities			
204	আপনার নেওয়া লোন/ ঋণের টাকা কে ব্যবহার বা নিয়ন্ত্রন করেছেন?	নিজে স্বামী উভয়েই মিলে সিদ্ধান্ত নেই পরিবারের অন্য কেউ	1 2 3 4	

Section C: Pregnancy and Family Size

Q. No.	Questions and Filters	Coding Categories	Codes	Skip to
	আমি এখন আপনার বিয়ে, গর্ভধারণ এবং পরিবারের সন্তান সংখ্যা সংক্রান্ত বিষয়ে কয়েকটি প্রশ্ন জিজ্ঞেস করতে চাই।			
301	বিয়ের সময় আপনার বয়স কত ছিল?	---------- বছর		
302	আপনি কি কখনো গর্ভধারণ করেছেন ?	হ্যাঁ না	1 2	401
303	প্রথম গর্ভধারণের সময় আপনার বয়স কত ছিল?	-------- বছর		
304	বিয়ে এবং প্রথম গর্ভধারণের মধ্যে সময়ের ব্যবধান কত ছিল ?	-------- বছর		
305	আপনার প্রথম গর্ভধারণ কি পরিকল্পিত ছিল?	হ্যাঁ না	1 2	
306	সব মিলিয়ে আপনি মোট কতবার গর্ভধারণ করেছেন ? সবমিলিয়ে বলতে আমি বুঝাচ্ছি, আপনি বর্তমানে গর্ভবতী হলে সেটি সহ জীবিত সন্তান প্রসব, মৃত সন্তান প্রসব,এম আর, গর্ভপাতসহ মোট গর্ভধারণের সংখ্যাকে	_____		
307	বর্তমানে আপনার কয়টি সন্তান আছে?	মোট_____ ছেলে_____ মেয়ে_____		

308	a. আমি এখন আপনার কাছ থেকে আপনার সকল সন্তানের বয়স সম্পর্কে জানতে চাই। b. সকল সন্তানের বয়স জেনে নিন ,কোন জন্মবিরতি পরিকল্পণা ছিল কিনা তা জেনে নিন।		বয়সের ব্যবধান (308a)	বয়সের ব্যবধান ১০ মাসের বেশী হলে জেনে নিন জন্মবিরতি পরিকল্পিত ছিল কি? হ্যাঁ----1, না----2 (308b)	
	১ম সন্তান	------ বছর			
	২য় সন্তান	------ বছর			
	৩য় সন্তান	------ বছর			
	৪র্থ সন্তান	------ বছর			
	৫ম সন্তান	------ বছর			
	৬ষ্ট সন্তান	------ বছর			
	৭ম সন্তান	------ বছর			
	৮ম সন্তান	------ বছর			
	সর্বশেষ সন্তানের বয়স	------ বছর			

Section D: Awareness and Knowledge Level

Q. No.	Questions and Filters	Coding Categories	Codes	Skip to

আমি এখন আপনার কাছ থেকে পরিবার পরিকল্পনার বিভিন্ন পদ্ধতি সম্পর্কে জানতে চাই

401 402	দয়া করে বলুন পরিবার পরিকল্পনার কোন কোন পদ্ধতি সম্পর্কে আপনি শুনেছেন বা জানেন? দয়া করে বলুন পরিবার পরিকল্পনার কোন কোন পদ্ধতি আপনি ব্যবহার করেছেন?	পদ্ধতি	শুনেছেন বা জানেন? 401	কোন কোন পদ্ধতি ব্যবহার করেছেন ? 402
		খাবার বড়ি	01	01
		কনডম	02	02
		ইনজেকশন	03	03
		ইমপ্লান্ট/ নরপ্লান্ট	04	04
		আই ইউ ডি/ কপারটি	05	05
		মহিলা বন্ধ্যাকরণ	06	06
		পুরুষ বন্ধ্যাকরণ	07	07
		নিরাপদ কাল	08	08
		আজল	09	09
		অন্যান্য (উল্লেখ করুন)		
403	আপনিতো বললেন আপনি ----- পদ্ধতি সম্পর্কে আপনি শুনেছেন বা জানেন, দয়া করে বলুন ----- পদ্ধতির কোন কোন ব্র্যান্ড সম্পর্কে জানেন? এক এক করে পদ্ধতির নাম উল্লেখ করুন এর কোন কোন ব্র্যান্ড রয়েছে সে সম্পর্কে জেনে নিন। শুধু উত্তরদাতার জানা ব্র্যান্ড সম্পর্কে জেনে নিন।	খাবার বড়ি: ওভাকন----------01 মিনিকন----------02 নরডেট ২৮----------03 ফেমিকন---------- 04 ওভাস্টেট ----------05 সুখী---------- 06 মারভেলন---------- 07 অন্যান্য (উল্লেখ করুন)---------- কনডম: রাজা----------08 হীরো---------- 09 প্যানথার ---------- 10 সেনসেশন- ---------- 11 ইউ এন্ড মি----------12 গ্রীনলাভ----------13 ক্যারেক্স----------14 সিওর----------15 অন্যান্য (উল্লেখ করুন)---------- ইনজেকশন: সোমাজেষ্ট----------16 ডিপো প্রোভেরা----------17 অন্যান্য (উল্লেখ করুন)---------- কপারটি : কপারটি ২০০ বি----------18 কপারটি ৩৮০ এ ----------19 অন্যান্য (উল্লেখ করুন)---------- জানি না / বলতে পারি না ----------99		
404	বিয়ের পরেই প্রথম আপনি কোন পরিবার পরিকল্পনা পদ্ধতি গ্রহন করেছিলেন?	খাবার বড়ি	01	
		কনডম	02	
		ইনজেকশন	03	
		ইমপ্লান্ট/ নরপ্লান্ট	04	
		আই ইউ ডি/ কপারটি	05	
		মহিলা বন্ধ্যাকরণ	06	
		পুরুষ বন্ধ্যাকরণ	07	
		নিরাপদ কাল	08	
		আজল	09	
		অন্যান্য (উল্লেখ করুন)		

405	(404 এ উল্লেখিত পদ্ধতি) কতদিন ব্যবহার করেছেন?	----------মাস		

	এখন আমি আপনার কাছ থেকে পরিবার পরিকল্পনার বিভিন্ন পদ্ধতির ব্যবহার সম্পর্কে জানতে চাই

			406			407			408		
406	a. দয়া করে বলুন বর্তমানে আপনি বা আপনার স্বামী জন্ম বিরতি করনের কোন পদ্ধতি ব্যবহার করেছেন? b. কোন ব্র্যান্ড ব্যবহার করছেন? C. কত দিন ধরে ব্যবহার করতেন?	পদ্ধতি	কোড a	ব্র্যান্ড (কোড ব্যবহার করুন) b	কতদিন ধরে ব্যবহার করছেন c	কোড a	ব্র্যান্ড (কোড ব্যবহার করুন) b	কতদিন ধরে ব্যবহার করছেন c	কোড a	ব্র্যান্ড (কোড ব্যবহার করুন) b	কতদিন ধরে ব্যবহার করছেন c
407	a. আপনি বর্তমানে যে পদ্ধতি ব্যবহার করছেন এই পদ্ধতি ব্যবহারের ঠিক আগে আপনি কোন পদ্ধতি ব্যবহার করতেন? b. কোন ব্র্যান্ড ব্যবহার করতেন? C. কত দিন ধরে ব্যবহার করেছেন?										
408		খাবার বড়ি	01			01			01		
	a. আপনি এই মাত্র যে পদ্ধতি ব্যবহারের কথা বললেন এর ঠিক আগে আপনি কোন পদ্ধতি ব্যবহার করতেন? b. কোন ব্র্যান্ড ব্যবহার করতেন? C. কত দিন ধরে ব্যবহার করেছেন?	কনডম	02			02			02		
		ইনজেকশন	03			03			03		
		নরপ্লান্ট	04			04			04		
		আই ইউ ডি/ কপারটি	05			05			05		
		মহিলা বন্ধ্যাকরণ	06			06			06		
		পুরুষ বন্ধ্যাকরণ	07			07			07		
		নিরাপদ কাল	08			08			08		
		আজল	09			09			09		
		অন্যান্য									

ব্র্যান্ড কোড: খাবার বড়ি: ওভাকন-01, মিনিকন-02 নরজেট ২৮-03, ফেমিকন-04, ওভাস্টেট - 05 সুখী-06, মারভেলন-07 কনডম: রাজা 08, হীরো-09,প্যানথার 10, সেনসেশন- 11 , ইউ এন্ড মি-12, গ্রীনলাভ-13, ক্যারেক্স-14, সিওর-15, ইনজেকশন: সোমাজেট-16, ডিপো প্রোভেরা-17, আই ইউ ডি/ কপারটি: ২০০ বি-18, কপারটি -380-A-19, , অন্যান্য (উল্লেখ করুন)....., জানিনা -99,

নির্দেশ: চেক প্রশ্ন 406 ও 407 যদি উত্তরদাতা বর্তমানে একই পদ্ধতি ব্যবহার না করে থাকে তাহলে নিচের প্রশ্ন জিজ্ঞেস করুন (ব্র্যান্ড পরিবর্তনের জন্য নয়)

409	আপনি তো বললেন যে আপনি বর্তমানে ------ পদ্ধতি (406 a উল্লেখিত পদ্ধতি) ব্যবহার করছেন কিন্তু ঠিক এর আগে ---- পদ্ধতি (407 a এ উল্লেখিত পদ্ধতি) ব্যবহার করতেন। দয়া করে বলবেন কেন আপনি ----- ------ পদ্ধতি (407 a এ উল্লেখিত পদ্ধতি) ব্যবহার না করে বর্তমানে----- পদ্ধতি (406 a এ উল্লেখিত পদ্ধতি)ব্যবহার করছেন?	শরীরের সাথে মানানসই ছিল না	01
		ডাক্তার নিষেধ করেছে	02
		কার্যকারীতা বেশী তাই	03
		ব্যবহার সুবিধাজনক ছিল না	04
		সুবিধাজনক পরিমান/প্যাক ছিল না	05
		দাম বেশী ছিল	06
		দাম কম ছিল	07
		গুণগতমান	08
		অন্যান্য (উল্লেখ করুন)	

নির্দেশ: উত্তরদাতা যদি দামের কথা না বলে তাহলে প্রম্পট করুন

409a	আপনি কি দামের কারণে পদ্ধতি পরিবর্তন	দাম বেশী হওয়ার কারণে	1

	করেছেন? (উত্তর হ্যাঁ হলে কারণ জিজ্ঞেস করুন)	দাম কম হওয়ার কারণে	2
		অন্য কারণে	3

নির্দেশ: চেক প্রশ্ন ৪০৬ ও ৪০৭ যদি উত্তরদাতা বর্তমানে একই পদ্ধতির একই ব্র্যান্ড ব্যবহার না করে থাকে তাহলে নিচের প্রশ্ন জিজ্ঞেস করুন

410	আপনি তো বললেন যে আপনি বর্তমানে ---- পদ্ধতির--- ব্র্যান্ড 406 b এ উল্লেখিত পদ্ধতি উল্লেখ করুন) ব্যবহার করছেন কিন্তু ঠিক এর আগে একই পদ্ধতির --- ব্র্যান্ড (407 b এ উল্লেখিত ব্র্যান্ড)- ব্যবহার করতেন। দয়া করে বলবেন কেন আপনি ---- ব্র্যান্ড (407 b উল্লেখিত পদ্ধতি) ব্যবহার না করে বর্তমানে--- ব্র্যান্ড (406 b এ উল্লেখিত পদ্ধতি)ব্যবহার করছেন?	শরীরের সাথে মানানসই ছিল না	01
		ডাক্তার নিষেধ করেছে	02
		কার্যকারীতা বেশী তাই	03
		ব্যবহার সুবিধাজনক ছিল না	04
		সুবিধাজনক পরিমান/প্যাক ছিল না	05
		দাম বেশী ছিল	06
		দাম কম ছিল	07
		গুণগতমান	08
		অন্যান্য (উল্লেখ করুন)	

নির্দেশ: উত্তরদাতা যদি দামের কথা না বলে তাহলে প্রম্পট করুন

410a	আপনি কি দামের কারণে ব্যান্ড পরিবর্তন করেছেন? (উত্তর হ্যাঁ হলে কারণ জিজ্ঞেস করুন)	দাম বেশী হওয়ার কারণে	1
		দাম কম হওয়ার কারণে	2
		অন্য কারণে	3

দের্শ: চেক প্রশ্ন 407 ও 408 যদি উত্তরদাতা বর্তমানে একই পদ্ধতি ব্যবহার না করে থাকে তাহলে নিচের প্রশ্ন জিজ্ঞেস করুন ।

411	আপনি তো বললেন যে আপনি আগে ------ পদ্ধতি (408 a এর পদ্ধতি উল্লেখ করুন) ব্যবহার করতেন কিন্তু পরে ---- পদ্ধতি (407 এ উল্লেখিত পদ্ধতি) ব্যবহার করা শুরু করেছেন। দয়া করে বলবেন আপনি কেন ---- পদ্ধতি ছেড়ে (408 a এর পদ্ধতি উল্লেখ করুন) বর্তমানে ---------- পদ্ধতি (407 a এর পদ্ধতি উল্লেখ করুন) ব্যবহার করেছিলেন?	শরীরের সাথে মানানসই ছিল না	01
		ডাক্তার নিষেধ করেছে	02
		কার্যকারীতা বেশী তাই	03
		ব্যবহার সুবিধাজনক ছিল না	04
		সুবিধাজনক পরিমান/প্যাক ছিল না	05
		দাম বেশী ছিল	06
		অন্যান্য (উল্লেখ করুন)	

উত্তরদাতা যদি দামের কথা না বলে তাহলে প্রম্পট করুন

411a	আপনি কি দামের কারণে পদ্ধতি পরিবর্তন করেছেন? (উত্তর হ্যাঁ হলে কারণ জিজ্ঞেস করুন)	দাম বেশী হওয়ার কারণে	1
		দাম কম হওয়ার কারণে	2
		অন্য কারণে	3

নির্দেশ: চেক প্রশ্ন 407 ও 408 যদি উত্তরদাতা বর্তমানে একই পদ্ধতির একই ব্র্যান্ড ব্যবহার না করে থাকে তাহলে নিচের প্রশ্ন জিজ্ঞেস করুন

412	আপনি তো বললেন যে আপনি আগে ----- পদ্ধতির--- ব্র্যান্ড (408b এর ব্র্যান্ড উল্লেখ করুন) ব্যবহার করতেন কিন্তু পরে একই পদ্ধতির ---- ব্র্যান্ড 407b উল্লেখিত ব্র্যান্ড) ব্যবহার করা শুরু করেছেন। দয়া করে বলবেন আপনি কেন ----- পদ্ধতির--- ব্র্যান্ড ছেড়ে(408b এর ব্র্যান্ড উল্লেখ করুন)- ----- পদ্ধতির--- ব্র্যান্ড (407 b উল্লেখিত ব্র্যান্ড) ব্যবহার করা শুরু করেছিলেন।	শরীরের সাথে মানানসই ছিল না	01
		ডাক্তার নিষেধ করেছে	02
		কার্যকারীতা বেশী তাই	03
		ব্যবহার সুবিধাজনক ছিল না	04
		সুবিধাজনক পরিমান/প্যাক ছিল না	05
		দাম বেশী ছিল	06
		অন্যান্য (উল্লেখ করুন)	
.412a	আপনি কি দামের কারণে ব্যান্ড পরিবর্তন	দাম বেশী হওয়ার কারণে	1

	করেছেন? (উত্তর হ্যাঁ হলে কারণ জিজ্ঞেস করুন)	দাম কম হওয়ার কারণে		2
		অন্য কারণে		3
413	(406 B তে যদি বর্তমান ব্র্যান্ড হিসাবে এস এম সির কোন ব্র্যান্ড বললে প্রশ্ন করুন) সরকারী বিভিন্ন সংস্থা/NGO থেকে বিনামূল্যে/কমদামে Condom/Pill/injectables পাওয়া যাওয়া সত্ত্বেও আপনি কেন SMC ব্র্যান্ড ব্যবহার করেন?			
414	বর্তমানে আপনি যে পদ্ধতি ব্যবহার করছেন সে পদ্ধতি ব্যবহার করে আপনি কি সন্তুষ্ট?	সন্তুষ্ট	1	
		মোটামুটি সন্তুষ্ট	2	
		সন্তুষ্ট নয়	3	
414a	কেন সন্তুষ্ট ?			
414b	কেন সন্তুষ্ট নন?			

415	পরিবার পরিকল্পনা পদ্ধতি গ্রহন করার আগে আপনি কি কারো পরামর্শ নিয়েছিলেন?		কোড	
		হ্যাঁ	1	416
		না	2	skip 416
416	কার কার কাছ থেকে পরামর্শ নিয়েছিলেন?	ডাক্তার	01	
		সরকারী স্বাস্থ্যকর্মী	02	
		এনজি ও স্বাস্থ্যকর্মী	03	
		গ্রাম্য ডাক্তার	04	
		ফার্মেসী	05	
		প্রতিবেশী / বন্ধুবান্ধব/ পরিচিত কেউ	06	
		পরিবারের সদস্য	07	
		অন্যান্য (উল্লেখ করুন).....		
		জানিনা /বলতে পারিনা	99	
417	সাধারণতঃ কোথায় পরিবার পরিকল্পনা সংক্রান্ত সেবা/ সামগ্রী পাওয়া যায়?	সরকারী স্বাস্থ্যকর্মী	01	
		বেসরকারী স্বাস্থ্যকর্মী	02	
		সরকারী স্যাটালাইট ক্লিনিক	03	
		বেসরকারী স্যাটালাইট ক্লিনিক	04	
		সরকারী হাসপাতাল/ স্বাস্থ্যকেন্দ্র	05	
		বেসরকারী হাসপাতাল	06	
		NGO হাসপাতাল/ স্বাস্থ্যকেন্দ্র	07	
		ফার্মেসী	08	
		অন্যান্য (উল্লেখ করুন)		
418	জন্মনিয়ন্ত্রণ পণ্য কোথা থেকে কেনেন/ সংগ্রহ করেন?	বাজার	01	
		নিকটবর্তী ফার্মেসী	02	
		ক্লিনিক/হাসপাতাল	03	
		স্বাস্থ্যকর্মী	04	
		NGO / সরকারী হাসপাতাল থেকে	05	
		অন্যান্য (উল্লেখ করুন)		
419	পরিবার পরিকল্পনা পদ্ধতি পেতে আপনাকে	হ্যাঁ	1	420

	কোন ধরনের সমস্যার সম্মূখীন হতে হয় কি?	না	2	skip 420
420	কি ধরনের সমস্যার সম্মূখীন হতে হয় দয়া করে সে সম্পর্কে কিছু বলুন?			
	বর্তমানে বিভিন্ন মাধ্যমে জন্ম নিয়ন্ত্রণ সামগ্রীর অনেক বিজ্ঞাপন চলছে, আমি এখন পরিবার পরিকল্পনা সামগ্রীর বিজ্ঞাপন বিষয়ক কিছু প্রশ্ন করবো			

	421.আপনি কি কোন বিজ্ঞাপনের কথা মনে করতে পারেন ? হ্যাঁ=1 না=2	422 বিজ্ঞাপনটিতে কি পদ্ধতির কথা বলা হয়েছে (পদ্ধতির কোড ব্যবহার করুন) ?	423. বিজ্ঞাপনটিতে কি ব্র্যান্ডের কথা বলা হয়েছে? (ব্র্যান্ড কোড ব্যবহার করুন)	424 বিজ্ঞাপনটি কোন কাম্পানীর? (কোম্পানীর নাম লিখুন)	425 বিজ্ঞাপনটিতে কি সম্পর্কে বলা হয়েছে ?
a.					
b.					
c.					

ব্র্যান্ড কোডঃ খাবার বড়িঃ ওভাকন-01, মিনিকন-02 নরভেট ২৮-03, ফেমিকন-04, ওভাস্টেট - 05 সুখী-06, ম্যাভেলন-07 কনডমঃ রাজা 08, হীরো-09,প্যানথার 10, সেনসেশন- 11 , ইউ এন্ড মি-12, গ্রীনলাভ-13, ক্যারেক্স-14, সিওর-15, ইনজেকশনঃ সোমাজেক্ট-16, ডিপো প্রোভেরা-17, আই ইউ ডি/ কপারটিঃ ২০০ বি-18, কপারটি -380-A-19, , অন্যান্য (উল্লেখ করুন)....., জানিনা -99,

Section E: Factors Influences the Decision

Q. No.	Questions and Filters	Coding Categories	Codes	Skip to
501	কোন পদ্ধতি ব্যবহার করবেন এই বিষয়ে আপনাদের পরিবারে কে সিদ্ধান্ত নিয়ে থাকে?	আমি নিজে	1	
		স্বামী	2	
		উভয়েই	3	
		অন্যান্য (উল্লেখ করুন)		
502	কোন ব্র্যান্ড ব্যবহার করবেন এই বিষয়ে আপনাদের পরিবারে কে সিদ্ধান্ত নিয়ে থাকে?	আমি নিজে	1	
		স্বামী	2	
		উভয়েই	3	
		অন্যান্য (উল্লেখ করুন)		
503	কোন ব্র্যান্ডের কনডম/খাবার বড়ি কিনবেন তা কেনার সময় কি কি বিষয় বিবেচনা করে থাকেন/ কি কি বিষয় চিন্তা করেন?	দাম	01	
		সহজলভ্যতা	02	
		আকর্ষনীয় প্যাকেট	03	
		ডাক্তারের পরামর্শ	04	
		গুনগতমান	05	
		অন্যান্য (উল্লেখ করুন)		

Section F: Pricing and Related Information

Q. No.	Questions and Filters	Coding Categories	Codes	Skip to
601	a. জন্মনিয়ন্ত্রণ পদ্ধতি বাবদ আপনার মাসে কত টাকা খরচ হয়?	..... টাকা বিনামূল্যে পাই .....98 জানি না 99		
	b. জন্মনিয়ন্ত্রণ এর জন্য অন্যান্য খরচ কত হয়? (ডাক্তার, যাতায়াত ইত্যাদি..)	..... টাকা জানি না 99		
602	সাধারনত কে কিনতে/আনতে যায়?	আমি নিজে	1	
		স্বামী	2	
		উভয়েই	3	
		অন্যান্য (উল্লেখ করুন)		
603	আপনি একসাথে কয়টা/কয় প্যাকেট বড়ি/কনডম কিনে / পেয়ে থাকেন?	..... বড়ি ..... কনডম		
604	আপনি কতদিন পর পর সাধারনতঃ জন্মনিয়ন্ত্রণ পণ্য কিনতে/আনতে বাজারে/ দোকানে যান?	সপ্তাহে ২ বার	1	
		সপ্তাহে ১ বার	2	
		মাসে ২ বার	3	
		মাসে ১ বার	4	
		অন্যান্য (উল্লেখ করুন)		

Section F: Media Habit

701	আপনি কি সাধারণত: খবরের কাগজ পড়েন?	হ্যাঁ	1	
		না	2	
		লিখতে ও পড়তে পারে না	3	
702	আপনি কি সাধারণত: রেডিও শুনেন?	হ্যাঁ	1	
		না	2	
703	আপনি কি সাধারণত: টেলিভিশন দেখেন?	হ্যাঁ	1	
		না	2	

ধন্যবাদ