

Social Marketing Company (SMC) SMC Tower, 33 Banani Commercial Area, Dhaka-1213

# Main Report On Identifying the Barriers to Injectable Use among Higher Income Segment

Submitted to: Social Marketing Company (SMC)

Submitted by:
Research and Computing
Services (RCS) Private
Limited

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# **VOLUME - I: MAIN REPORT**

ON

# IDENTIFYING THE BARRIERS TO INJECTABLE USE AMONG HIGHER INCOME SEGMENT

#### Submitted to:

Social Marketing Company (SMC) SMC Tower 33, Kamal Ataturk Avenue Banani, Dhaka

#### Submitted by:

Research and Computing Services Private Limited Jiban Bima Bhaban (4th Floor) 80, Motijheel C/A Dhaka

**MAY 2004** 

To:

Mr Toslim Uddin Khan Manager, Market Research Social Marketing Company (SMC)

SMC Tower (6th - 8th Floor) 33, Banani Commercial Area

Dhaka - 1213

Date:

May 31, 2004

Ref:

SMC/04/1850

# SUBMISSION OF REPORT ON 'IDENTIFYING THE BARRIERS TO INJECTABLE USE AMONG HIGHER INCOME SEGMENT'

Dear Mr Khan:

We are pleased to submit the report on the study on 'Identifying the Barriers to Injectable Use among Higher Income Segment'.

Please accept our gratitude for entrusting us the job of carrying out such an important study.

Assuring our full cooperation at all times. We hope you will find the report in order.

Sincerely,

Nadia Binte Amin Managing Director

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#### PREFACE

SMC undertook a nationwide study on identifying the barriers to the use of the injectable, SOMA-JECT among the higher income groups. The issues the survey intends to look at are:

- Use of family planning methods among the target group and it's advantages and disadvantages;
- Knowledge of injectable methods among the target group;
- Attitude of the target group towards Injectable method;
- Views about SOMA-JECT and Blue Star Providers held by the target group;
- Expectations of SOMA-JECT users;
- > The Price the SOMA-JECT users are willing to pay;
- Media habit of the potential users.

In compliance to a solicitation from Social Marketing Company (SMC), Research and Computing Services Private Limited (RCS) carried out a nationwide study on Identifying the Barriers to Injectable Use among Higher Income Segment. The proposed study was conducted by using the techniques of focus group discussion and in-depth sessions.

#### ACKNOWLEDGEMENT

Successful completion of study on "Identifying the Barriers to Injectable Use among Higher Income Segment" demonstrates the team spirit and cooperation rendered by all concerned. We would like to convey our deepest gratitude for the generous support and sincere contribution made by all who were involved in the planning, designing and implementation of the survey.

The study was conducted by Research and Computing Services Private Limited (RCS) and was sponsored by Social Marketing Company (SMC). We express our profound gratitude to the people of SMC for their support and technical assistance. Special thanks due to Ms. Perveen Rasheed, Managing Director, Mr. Toslim Uddin Khan, Manager, Market Research, Dr. Hashina Begum, Manager, Clinical Services, and Mr. Md. Billal Hossain, Research and Monitoring Executive of SMC for their cooperation, at every stage of the study, for reviewing the draft data collection tools and suggesting improvements.

We gratefully acknowledge the scholarship and work of the research team and for completing the study in time and producing an excellent report.

We remain ever grateful to respondents who made this report possible through their cooperation and also to the data collection teams for their sincere effort and hard work.

Nadia Binte Amin

Managing Director

## **EXECUTIVE SUMMARY**

Social Marketing Company (SMC) / Research and Computing Services Private Limited (RCS) have undertaken a nationwide survey on identifying the barriers to the use of it's over branded injectable SOMA-JECT among the higher income segments. The target population for the survey comprised of those individuals who are working women and mothers having at east one child in urban and semi urban areas.

The objectives of the survey were to gather an in-depth knowledge about the perception of the target audience about SOMA-JECT that will enable SMC to develop it's communication strategy in such a way that helps to reposition SOMA-JECT among this group.

To be more specific, the survey aims to identify the barriers among this group to the use of SOMA-JECT, to gauge their media habit and also their willingness to pay for the injectable. The study also evaluated the opinions of the Blue Star Providers on the above-mentioned issues.

Information gathered from the respondents in the 24 Focus group discussions (with uses and potential users) and the 16 in-depth Interviews (with service providers) conducted shed light on significant areas.<sup>1</sup>

#### 1. Use of family planning methods & it's advantages & disadvantages

Almost all the respondents are aware of the available methods like pills, and condoms as well as Coper –T while only half of the respondents who participated in the FGDs mentioned injectable as a means of birth control. The rest half have not heard of injectables as a form of birth control.

Most of the respondents revealed using contraceptives that include pills and condoms while some rely on the method of "safe period". Very few of the respondents, who are aware of injectables, were found to be using injectable as a means of birth control. Those who are not using any form of method justified themselves by the fear of the different side effects like burning sensation, excessive bleeding, headache, that such clinical methods usually cause and thus rely on the method of Safe period.

However, respondents who are users of pills supported its use by saying that they have adjusted to it. Respondents who rely on condoms feel that it helps to prevent sexually transmitted diseases while the very few injectable users feel that they are protected for a longer period of time by using injectables.

<sup>&</sup>lt;sup>1</sup> The findings from the FGDs revealed that there were no significant differences in the opinions shed by the participants from the two target groups (Those with a monthly income of Tk 3,000- TK 5,000 & those who earn more than TK 5,000 per month).

The survey also revealed that few of the respondents dropped using injectables as it gave rise to a number of physical ailments. They mentioned side effects like back pain, headache, burning sensation all over the body, (গা জালা-পোড়া করে), irregular menstruation cycle, a complete stop of menstruation or long lasting menstruation, or excessive bleeding or excess weight gain.

Pill is the most preferred contraceptive by clients as confirmed by both Graduate and Non-Graduate Medical Practitioners. According to Graduate Medical Practitioners condom is the next best method preferred by the higher income group while Non-Graduate Medical Practitioners suggest that injectable is the next preferred method of birth control.

#### 2. Knowledge about Injectable Methods

Only half of the respondents are aware of Injectables as a method of birth control. These respondents are also unaware of the various available brands and place of availability. Most think that it is available in various clinics, hospitals given the fact that it is a clinical product. At the same time, they lack awareness about it's prevailing market price and mentioned the cost ranging from 'zero' (free of cost) to Tk.10. Many commented that they do not know regarding the eligibility of couples who can use SOMA-JECT.

However, most of the respondents who are aware of Injectables could correctly mention the duration of use of injectables. Most cited that it needs to be administered after every 3 months.

The only advantages of using injectables from their point of view of those who know about it, are that it involves much less hassle than those that are incurred while taking pills and also it provides protection for a longer period of time. While according to them the disadvantages are the invasion of one's privacy that occurs, as it has to be administered through someone else and the various side effects that it causes as the ones already discussed earlier.

The main barrier to the use of injectables can be attributed to the lack of awareness among the general public, as revealed by the sessions of FGDs and in-depth interviews. The second barrier stands to be the overwhelming fear among the potential users regarding the side effects that the use of injectables give rise to. Other factors that pose as potential barriers are lack of privacy while administering injectables, and discouragement from elder members of the family, as suggested by the providers as well as the working women.

#### 3. Attitude toward Injectable Method

Most, who are aware of injectables, are cautious about it's use mainly because of the various side effects it causes. However, they suggested that the providers should introduce other methods of birth control than the existing ones. Awareness about its benefits, availability etc needs to be generated among the mass public.

Also, the method of injectable gives rise to minimal side effects but much awareness about its benefits, availability etc need to be generated among the mass public.

#### 4. Views about SOMA-JECT and Blue Star Providers

Majority lacks the knowledge about Blue Star Providers, or SOMA-JECT. Very few have heard of SOMA-JECT by it's name only, while a very few knows that it is an injectable.

Majority of the respondents admitted not knowing anything about its doses and administration. While respondents, who are familiar with SOMA-JECT, as an injectable is aware of the fact that it needs to be administered after every 3 months.

Apart from the product itself, these people are totally ignorant about the price of SOMA-JECT. However, when the prevailing market price of SOMA-JECT was revealed to them by the moderators, they found it to be quite reasonable. In fact, the price is not seen as a barrier to its use, but rather many are willing to pay upto Tk 35/- to Tk 40/- in the future.

Majorities of the respondents are also unaware of existence of the product and as well as its availability in the Blue Star centers. Surprisingly only 5 respondents out of a total number of 163 actually recognized Blue Star center and SOMA-JECT's availability in such places. In this issue, they said that if SOMA-JECT is only available through Blue Star Centers then it would pose a barrier to its use. They would rather go to a nearby pharmacy to have it administered instead of making an effort to locate a BS Center. They also suggested various hospitals and NGO clinics where it should be made available.

When asked about their comments on the benefits of using SOMA-JECT, some of those who are aware of it as an injectable feel that it is user friendly in the sense that it provides protection for 3 months and eliminates the scope to miss one dose, while many could not share any comments on it's advantages as they are completely unaware of them.

The in-depth interview on the other hand, revealed some Graduate Medical Practitioners confirmed that around 6-10 patients come to them for SOMA-JECT while few Non-Graduate Medical Practitioners said they served more than 30 patients per month with SOMA-JECT. GMP's think that SOMA-JECT is an accepted method of choice by the higher income group while NGMPs feel the same.

#### 5. Expectations of Potential SOMA-JECT Users

SOMA-JECT should give rise to minimal side effects to its use. While, Blue Star should establish an image and brand a service provider like "Sobuj Chatta" (সর্জ ছাতা) or "Surjer Hashi" (সূর্যের হাসি). The respondents also expect it to be more widely available in various pharmacies and clinics rather than only at BS Centers.

#### 6. Barriers to the Use of SOMA-JECT

The lack of awareness about SOMA-JECT among the general public poses a barrier to its use, from the point of view of those who know nothing about SOMA-JECT. The second barrier to it's use is the overwhelming fear of side effects, like feeling of lethargy, back pain, irregular menstruation, weight gain, from the point of view of those who are completely aware of SOMA-JECT as an injectable. Availability and access is another barrier, said those who knows about SOMA-JECT. In terms of availability, locating a Blue Star Center for its administration is inconvenient for these working women. At the top of this, reaching such centers in the morning hours is also inconvenient given the fact that these women work during the day. So, timing is another barrier as the providers are usually available in the morning hours. Also, most of the GMPs and NGMPs think privacy is an important factor for the potential users. Use of SOMA-JECT offers little privacy in the sense that it cannot be administered by self and the centers are at times located in a busy area.

These barriers outlined above were cited unanimously by the target group as well as by the providers.

#### 7. Willingness to Use SOMA-JECT

Where willingness to use SOMA-JECT in future is concerned, out of the 163 respondents who participated in the focus group discussions, few of the respondents cited their willingness to use SOMA-JECT in the future. While the rest showed no inclination out of fear of the side effects they think it may give rise to.

#### 8. Willingness to Pay

All respondents unanimously agreed on the prevailing market price of SOMA-JECT, which was quoted by the moderators. While some of them said they are willing to pay a price between Tk 35/- to Tk 40. When asked about their opinion on a possible price increase of SOMA-JECT, majority discouraged a further price hike. The providers also shared the same opinions as the participants in the FGDs.

#### 9. Media Habit

Television is the most popular media among the target public where the peak time for viewing programs is from 8.o'clock in the evening onwards. Channels that are popular include channel-I, NTV, ATN and BTV. While the programs that are most popular include drama serials (also the weekly ones), magazine programs and news broadcast at 8 o'clock.

Majority from the participants at the FGDs and in-depth interview supports, Television as the most effective media for communicating about SOMA-JECT. While, most preferred newspapers include Prothom Alo, Ittefaq and Jonokontho, which would be the second most effective media of advertisements. Most of the respondents mentioned that they read mostly front, back, advertisement and entertainment page (বিনোদন পাতা) of the daily newspaper.

#### Conclusion

The survey revealed that the participants have knowledge about family planning methods like pills and condoms. These two methods are commonly used by most of the participants.

Although injectable is one of the most growing method of family planning currently in Bangladesh, only half of the participants could register this method during the FGDs conducted.

This shows that most of our participants are completely unaware of different brands of injectables or SOMA-JECT as a means of family planning. They do not know what an injectable is. Few had come across SOMA-JECT in name only while few know that it is an injectable. Such lack of awareness stands to be the biggest barrier to the use of SOMA-JECT.

On the other hand, a very few among these respondents who are aware of injectables, are currently using it. The rest who knows about this method are disinclined towards it's use owing to overwhelming fear of the side effects it gives rise to, like back pain, vertigo (মাধা ঘোৱানো), lethargy, irregular menstruation, long lasting menstruation, excess bleeding, and excess weight gain. This is the second biggest barrier to its use according to the respondents.

Apart from the product itself, these people are totally ignorant about the price of different brands of injectables as well as that of SOMA-JECT. However, when the prevailing market price of SOMA-JECT was revealed to them by the moderators, they found it to be quite reasonable. In fact, the price is not seen as a barrier to its use, but rather many are willing to pay upto Tk 35/- to Tk 40/- in the future.

Majorities of the respondents are also unaware of its physical availability and its availability in the Blue Star centers. Surprisingly a very few actually recognized Blue Star center and its activities. In this issue, they said that if SOMA-JECT is only available through Blue Star Centers then it would pose a barrier to its use. They would rather go to a nearby pharmacy to have it administered instead of making an effort to locate a BS Center. They also suggested various hospitals and NGO clinics where it should be made available.

The above-mentioned barriers ware also agreed upon by the Blue Star Providers who were interviewed in the survey. They further said that the potential users can afford to pay a higher price than the prevailing one provided the side effects are eliminated.

Both the groups of participants agreed that Television is the most preferred media to promote SOMA-JECT. This is the only media that is attractive and reaches the mass public and the advertisements should be placed on the Bangla channels like ATN, Channel I, BTV, NTV and from 8 o'clock in the evening onwards.

#### Recommendations

- Mass awareness regarding SOMA-JECT its attributes, its advantages, its price and availability need to be generated among the mass public.
- Advertisement through TV & newspaper are seen as the most effective communicative media. Advertisement on SOMA-JECT should be placed strategically during the peak hours which is from 8 o 'clock in the evening onwards, in between news and the popular weekly drama serials.
- > Front, back, job vacancy & entertainment page for the advertisement in popular newspapers like Prothom Alo, Ittefaq, Janokantho would be attractive for most readers.
- SOMA-JECT should be a method of birth control that provides minimum side effects and such features should be continually communicated to the public.
- Blue Star Providers should be supported by communication materials like leaflets, banners, booklets that will help them to promote SOMA-JECT effectively. Communication between SMC and Blue Star Provider should be enhanced for better result.
- SOMA-JECT should be made available in pharmacies, general hospital and NGO clinics instead of just BS Centers, where it would be more accessible for potential users.
- > The price of SOMA-JECT should be kept between TK 35/- to Tk 40/- to enable it to compete with other brands and also be affordable for the target group.

# 1 Background

# 1.1 Social Marketing Company & the Blue Star Program

Social Marketing Company is a private non-profit making company engaged in marketing and distribution of contraceptives and packaged glucose—based Oral Rehydration Salts (ORS). SMC's current product line includes 3 condom brands, (Raja, Panther and Sensation), 3 oral contraceptive pills (OCP) brands (Nordette—28, Femicon and Minicon), and one injectable contraceptive called SOMA-JECT. Other than contraceptives, SMC also markets packaged ORS called Orsaline and Flavored ORS called ORSaline Fruity.

As revealed by a recent survey, injectable is the most popular method of birth control among the lower income groups of the rural areas and that of the urban slums, next to the combined oral pill. According to Bangladesh Demographic and Health survey (BDHS) 1999-2000, 7.2% of eligible couples are using injectable contraceptive compared to 2.6% in 1991.

However, initially Injectable methods were only available through GOB and few NGO clinics. This left many women in the urban and semi urban areas with limited access to such service. Also, 8 out of 10 people of the country seek health services from private sector providers. Given this scenario, SMC initiated the BLUE STAR PROGRAM in 1998 with an aim to sustain the growth of injectables and increase it's availability to women through involvement of the private sector.

The Blue Star Program (BSP) is a network of private health care providers that was initiated by SMC in 1998 with an aim to involve such private practitioners to facilitate accessibility to the contraceptive services.

Initially this program started with Graduate Medical Practitioners or Graduate Providers. However, recognizing the accessibility and the popularity of the Non Graduate Providers at the community level, led to the inclusion of such health care givers into the program as well. The NGMP's include Family Welfare Visitors, Medical Assistants and Rural Medical Practitioners. As of date, 350 Graduate Medical Practitioners and 2850 Non-graduate Medical Practitioners are engaged in administering Injectable Contraceptive under the Blue Star Program.

Since 1999, the first full year of injectable marketing by Blue Star, the number of administration has grown by 48.11%. This growth can be attributed to both, the increasing number of administration or providers as well as the expansion of the network.

The Blue Star Providers are expected to fulfill the following major responsibilities:

- > Inform and counsel clients on all family planning methods,
- > Motivate and counsel on the use of injectable contraceptives,
- Screen couples to confirm their eligibility to adopt the injectable as a means of family planning,
- > Prescribe and administer the injectable contraceptive to the users,
- > Refer injectable users to the appropriate referral point when required,
- > Record client information in a given format i.e., a register and assure it's maintenance,
- Report data to SMC periodically.

SMC, as part of the program, undertakes the following:

- > Comprehensive training to the providers,
- > Steady commodity supply to the Blue Star Centers,
- Promotional supports in creating demand for Injectables (leaflets, booklets for providers, Blue Star signboard to denote availability)
- > Supervision of the providers to assure quality of service and
- > Monitoring and evaluation of the providers.

# 1.2 Rationale of the Study

In March 2003, SMC launched it's over branded injectable "SOMA-JECT". Currently the MRP of each vial of the injectable is TK 25/-, which was initially TK 15/- that excludes the service charge for administration. Increased price however largely resulted in lower performance than annual target.

Also, recently conducted evaluation of Blue Star Injectable Program revealed that the household income of most of the Blue Star Injectable clients (61%) is below TK 4,000/-. This evaluation also revealed that 64% of the clients who discontinued after over— branding and price increase are from the rural areas. Therefore, SOMA-JECT need to be repositioned to those clients who have the ability as well as the willingness to pay the higher price to sustain the brand in future.

SMC plans to launch a new campaign to reposition SOMA-JECT among the higher income group in the year 2004. Prior to developing the new campaign and communication strategy, SMC needs to have an in-depth knowledge about the perception of the target audience among the higher income group.

# 1.3 Objectives of the Study

General objective of this qualitative study is to determine the KAP of potential injectable users among the higher income group in the urban and semi urban areas in order to be able to reposition the SOMA-JECT brand.

However, the specific objectives of the study are as follows:

- To identify the current practices of family planning adopted by the respondents and it's advantages and disadvantages;
- To determine the knowledge and attitude about injectable methods among the potential users;
- > To assess the views of the potential customers about SOMA-JECT and Blue Star Providers:
- > To identify the profile of the potential SOMA-JECT users;
- > To determine the expectations of potential SOMA-JECT users;
- > To assess the willingness to pay for injectable among the potential users;
- > To identify the Media habit of the potential users;
- > To get the perception of Blue Star Providers about the barriers of the higher income target audience.

# 2 Methodology

The study used qualitative techniques to get the insight about the perception of the target respondents with regard to family planning practices particularly Injectables and SOMA-JECT. Methods of Focus Group Discussion (FGD) and in-depth interviews were applied to collect the data, opinion and perceptions of the target respondents. This chapter describes the respondent criteria, study areas, sampling design, sample size and data collection instruments.

# 2.1 Focus Group Discussion

- Focus Group Discussion techniques were used to obtain an in-depth knowledge about the perception of the target audience of the higher income group;
- Twenty-four FGDs were conducted in eight districts across the all six divisions of the country with working women heaving at least one child with income group ranging Tk 3,000/- and about.
- Among the 24 Focus Group Discussions (FGDs), 12 FGDs was conducted with the
  working women who have monthly income ranging between TK 3,000/- to TK 5,000/-.
  The rest 12 FGDs was conducted with the working women who have more than TK
  5,000/- monthly income.
- Group sizes varied between 6-8 participants with total number of respondents being 163 in the 24 FGDs conducted.

# 2.1.1 Respondent criteria for FGD

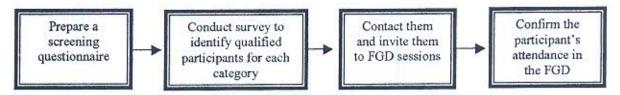
Respondents for focus group discussion have been selected from young women who meet the following criteria:

- Age between 20 to 35 years of age ,
- Parity women with minimum one child,
- Educational qualifications HSC and above,
- Occupation working women
- Monthly Income –FGDs were conducted with one categories of working women who have a monthly income between TK 3000-TK5000 and another categories of working women who have a monthly income of more than TK 5000.
- Location- Total 24 FGDs were conducted nationally. 16 FGDs were conducted in urban areas and 8 FGDs were conducted in semi-urban areas.

# 2.1.2 Selection of sample for FGD

Primarily, the selections of this category of respondents were done using simple random sampling technique.

The process of selection of participants is shown in the following diagram:



#### 2.2 In -Depth Interviews

- In- depth interviews were conducted with Blue Star Providers, both Graduate and Non Graduates Medical Practitioners to get their perception about the barriers of the higher income audience in accepting the SOMA-JECT or other injectables
- A total number of 16 In-depth interviews were conducted with the Blue Star Providers, out of which 8 interviews were conducted with Graduate Medical Providers and the rest 8 interviews were conducted with Non-Graduate Medical Providers.

#### 2.2.1 Selection of sample for in-depth interviews

Samples were selected from 8 districts from the list provided to us by SMC. In each district, two interviews were conducted- one with a Graduate Medical Practitioner and the other with a Non-Graduate Medical Practitioner.

The Blue Star Providers were selected based on the following guidelines:

- > A Blue Star Provider who is located in a posh area
- A Blue Star Provider who is well experienced and attached to any kind of medical facility.

# 2.3 Study Areas

The participants were drawn from both urban and semi urban areas from 8 districts across 6 divisions.

- For the study purpose, we considered areas under the City Corporation or Municipal Corporation or paurashava as Urban while other areas just outside the Municipal Corporation or paurashava as Semi Urban.
- Based on this analysis, we conducted our study both in urban and semi urban areas in the 8 districts in 6 divisions.
- We conducted 2 FGDs in each urban areas of each district and 1 FGD in semi urban area of the same district.

The districts and the number of FGDs in each district are presented in the following table:

Table -2.1: Districts and number of FGDs in each district

SI	Name of division	Name of district	Number of FGDs		
			Urban	Semi- urban	Total
01	Dhaka	Dhaka	2	1	3
02	Chittagong	Chittagong	2	1	3
	-01/1940-010-02-00-0	Comilla	2	1	3
03	Sylhet	Sylhet	2	1	3
04	Barisal	Barisal	2	1	3
05	Khulna	Khulna	2	1	3
06	Rajshahi	Rajshahi	2	1	3
	02mm 0+2454mm 000454	Bogra	2	1	3
Total number of FGDs in 8 districts across all 6 divisions			16	8	24

The districts and the number of in-depth interviews in each district are presented in the following table:

Table -2.2: Districts and number of in-depth interviews in each district

SI	Name of division	Name of district	Number of FGDs		
			Urban	Semi- urban	Tota
01	Dhaka	Dhaka	1	1	2
02	Chittagong	Chittagong	1	1	2
	957. SQS Q	Comilla	1	1	2
03	Sylhet	Sylhet	1	1	2
04	Barisal	Barisal	1	1	2
05	Khulna	Khulna	1	1	2
06	Rajshahi	Rajshahi	1	1	2
		Bogra	1	1	2
otal number of in-depth interviews in 8 districts across all 6 divisions			8	8	16

## 2.4 Information Needs

In order to achieve the study objective, following information areas were covered:

# 2.4.1 Respondents' profile

> Personal data (detail list is provided in the annexure in volume-II)

# 2.4.2 Use of family planning methods and it's advantages and disadvantages

> Knowledge of Family Planning method

- > Current Use of Family Planning method
- > Reasons for not using Family Planning method
- Reasons for using current Family Planning method
- > Other methods used earlier and reasons for switching the methods
- > The advantages of the use of the current method
- > Problems faced with the use of the current method

#### 2.4.3 Knowledge of Injectable methods

- Knowledge about Injectable method
  - What is Injectable method
  - Availability of different Injectable brands
  - Cost of the available brand
  - Who can use Injectable method
- > Duration of using Injectables
- > What are the advantages of Injectable method
- > What are the disadvantages of Injectable method
- > The barriers for the use of Injectables
- > How to overcome such barriers

#### 2.4.4 Attitude towards injectable method

- > Willingness to use injectable method (friend/self)
- > Reasons for willingness to use
- > Sources where the injectable should be available
- > The service that need to be taken care of by the service providers (GOB, NGO clinics and Blue Star Providers)

#### 2.4.5 Views about SOMA-JECT and Blue Star Providers

- Knowledge about SOMA-JECT & Blue Star Providers
- Doses and administration of SOMA-JECT
- Availability of SOMA-JECT
- Price of SOMA-JECT
- Benefits of using SOMA-JECT
- Problems faced to the use of SOMA-JECT
- Barriers to the use of SOMA-JECT
- > Steps taken to overcome such barriers
- Aspects that need to be taken care of to eradicate such barriers
- Willingness to use SOMA-JECT Injectable

#### 2.4.6 Expectations of SOMA-JECT users

- Overall expectation from SOMA-JECT and Blue Star
- > Product availability ( more outlets for BS Providers, ensuring continued supply, etc)
- Product accessibility (proximity, location and privacy of BS center ,etc)

#### 2.4.7 Willingness to pay

- > Opinion about the prevailing market price of SOMA-JECT
- > Amount the users are willing to pay for SOMA-JECT
- > Whether they know that the price is inclusive of the syringe and the cotton used to
- Opinion about the possibility of increasing the current price of SOMA-JECT

#### 2.4.8 Media habit

#### > TV

- Hours spent on viewing TV per day
- Peak hour for viewing TV
- Number of Bengali satellite channels that are available
- Channels or programs which are most popular

#### > Radio

- Hours spent on listening to radio per day
- Regional radio station that is most popular
- Peak hour for listening to the radio

#### Newspaper

- Most preferred newspaper/ Magazine
- Most preferred pages/ articles of the paper

#### 2.4.9 General query

- > Which media would they prefer for advertisement?
- Which media would be preferred for advertisement on SOMA-JECT and information on SOMA-JECT?

#### 2.5 Data Collection

Basically questionnaires for specific target groups were designed for the survey. The questionnaire required some changes and adjustments on the basis of SMC-RCS follow up information needs. After approval from SMC, both English and Bengali version, the questionnaire was finalized and was use in the survey.

It is mentioned earlier that, the data from the target group were collected by using qualitative techniques. Besides, some in depth one on one interview technique, having both structured quantitative and open-ended qualitative questions were used in the survey.

# 2.6 Survey Team

A three level project team carried out the field survey:

Level 1 - Management Level - Engagement in charge (EC)& Data Analyst (DA)

Level 2 - Supervisory Level - Quality Controllers (QC)

Level 3 - Primary Field Teams - Moderator (MO), Field Supervisor (FS) & Note Taker (NT).

- We deployed 2 teams to carry out the survey. Each team consists of 1 moderator and 1 note taker and 1 Group Discussion Organizer.
- We also deployed 1 quality controller who had supervised the activities of the 2 field teams.

# 2.7 Quality Control

Quality control measures involved:

- Training of field staff- This was carried out in different phases:
  - Briefing of the field team on the project and questionnaire enumeration by the project manager and consultants,
  - Test taken by the data collectors on the FGD technique under the supervision of the Field Supervisor and Quality Controller.
- > Thorough back checks and editing by supervisors.

# 3 Findings

# 3.1 Findings on FGD - Potential Users of Injectables

The following section incorporates the opinions of respondents of both of the higher income segments (Tk 3000/ to Tk 5000 and Tk 5000 above). We noted no significant differences in the opinions shared by both the groups and hence, the findings are not compiled separately for each group with different income segment.

# 3.1.1 Use of family planning methods & it's advantages & disadvantages

- Knowledge of available family planning methods
  - Majorities of the respondents are aware of the temporary methods like pills and Condoms. They also cited ligation as a permanent procedure of birth control.
  - Many cited sterilization as the permanent method their spouses may opt for if necessary.
  - More than half of the respondents mentioned Injectables as a procedure of birth control.
  - Some mentioned the use of "safe period" as a means of family planning.
  - Comparatively few mentioned IUD, Coper-T as a procedure of birth control.

# 3.1.2 Current use of family planning methods by the respondents

- Most of the respondents use contraceptives that mainly include pills and condoms.
- Some opt to choose the "safe period" instead of any contraceptive as a procedure of birth control.
- Among the respondents who are aware of Injectables, very few are using this method as a family planning procedure.

# 3.1.3 Reasons for not adopting any family planning methods

- Some respondents cited that taking pill results in vertigo (মাধা ঘ্রায়) and a burning sensation all over the body (প্রা গা জালাপোড়া করে). Thus, they opt for no methods at all.
- Some mentioned that Coper -T does not suit one's physical state and hence refrains from using any kind of birth control.
- Few express the inclination to take another child and hence avoid using any form of birth control.
- One of the respondents chooses to use the "safe period" as a means of birth control as her spouse stays away most of the time.

# 3.1.4 Reasons for using the current methods of family planning

- Majority feels that they should adopt that method which is most suitable for their physical system. Hence, many of them use pills as a means of family planning as they are accustomed to it with time and usage.
- > Some mentioned using Condom as prescribed by their physician.
- > Very few of the respondents who are aware and users of Injectables, justifies its use by saving that it has been prescribed by their physician.
- These few respondents who are current users of injectables also supports its use by the need to protect oneself for a longer duration after having given birth to a child.

# 3.1.5 Reasons for switching from the previous method to the existing method

- Many of the respondents switched from taking pills to condoms as per their physician's advise.
- Many used condoms during pre -pregnancy stage. However, after the birth of the baby they have switched to using pills.
- Some used to take pills previously but rejected it after some time as it failed to adjust to their physical system.
- The current users of Injectables, that is very few, feels that one should not stick to the same method over a long period of time. Hence these respondents switched from pills to injectables.
- These few respondents who are currently using Injectables, refused to bear the hassle of the daily intake of pills, as one tends to easily forget at times. In this respect, switching to injectables was more convenient.
- Few respondents who used to take injectables previously, terminated it's use due to the occurrence of various types of side effects like Vertigo, Back pain, Burning Sensation all over the body, excess bleeding or irregular menstruation.
- One of the respondents cited having stopped the intake of pills because it reduced the flow of breast milk for their infants.
- Coper-T was used by one of the respondents who stopped its use after having conceived a baby.

# 3.1.6 Advantages of use of the current method

- Users of Pills said that this method has adjusted to their bodies through time and usage and hence they are benefited from it.
- Advantage of using Condom as mentioned by the respondents is that it helps to protect one from various kinds of sexually transmitted diseases as well as protection from pregnancy.
- Those who practice the "safe period" method feel this method's advantage lies in the fact that it results in no side effects.

> Few respondents who are current users of Injectables expressed that they can benefit from this method by staying protected for a relatively long period of time.

#### 3.1.7 Problems faced with the use of the current method

- Users of Pills mentioned that they gained excessive weight with regular intake of Pills.
- Users of Injectables expressed that they have faced irregularity or problems in their menstruation cycle due to taking such method.
- Those who adopt Condoms have at times faced the problem of using a defective condom that failed to give protection. This had often resulted in misunderstandings between couples.

# 3.2 Knowledge about Injectable Methods

#### 3.2.1 What is injectable method

More than half of the respondents views Injectables as a method of birth control that is a form of injection and provides protection for a long period of time. It is a more permanent method as opposed to the other methods available. When asked them how they knew the product, most of them replied that they came across the from friends, peers, family members and physicians. Very few came to know about the product through advertisement on media.

#### Source of information:

Key informants

- Friends
- · Peers
- Family members
- Physicians

#### Other sources:

Advertisement

# 3.2.2 Availability of different injectable brands

Comments of SOMA-JECT Users on availability

Blue Star Center

Comments of Other Injectable Users on availability

- Pharmacies
- · Other Clinics

> Study reveals that respondents who are aware of Injectables as a family planning tool are unaware of the different brands of injectables available.

> Among those who are aware of Injectables, most are totally unaware of the place of Comments of Non-Users on availability

- Family Health Care Centers
- · Clinics, or hospitals
- Marie Stopes Clinics
- Pharmacies

it's availability. However, these respondents guessed that it to be readily available in all concerned places given the fact that it is a family planning method

- Some guessed that it is available in Family Health Care Centers, or clinics or hospitals.
- > Quite a number of respondents think that such injectables are available in all health centers and in Marie Stopes Clinics.
- > Few believe that they can avail such injectables from various pharmacies.

#### 3.2.3 Cost of the available brand

Most of the participants are not aware of the price of currently available brands. Among those who are aware of injectables, few of them mentioned the cost ranging from 'zero' (free of cost) to Tk.10/-. Summary of the discussion is as follows:

- Various respondents came up with various prices for the Injectable.
- > Some mentioned it is available at TK 5/-.
- > Some mentioned the MRP is TK 10/-.
- > Some expressed that is available at free of cost.
- Some said that it is available at hospitals at free of cost. However, to avail this facility a card for TK 10/- has to be purchased.

#### 3.2.4 Who can use injectables method

Varied responses came from among those respondents who are aware of injectables, regarding this issue, which are:

- > All can easily adopt such method,
- > This method can be adopted by those who are mothers of at lest one child,
- > Females who can adjust to such injectables easily are eligible for it's use,
- Many said that they lack the knowledge regarding the eligibility of couples for using such product.

## 3.2.5 Duration of using injectables

# Comments of Users on duration

- Three months
- Two-three
   months

Those respondents who are aware of injectables, gave the following responses:

- > The duration of effectiveness of an injectable is 3 months, as cited by most of the aware and user category of respondents.
- > Some of these respondents said that it is

Comments of Nonusers on duration

- Two-three months
- Three-six months

needed to be administered after every 2 to 3 months.

Those who are only aware but not user said that injectable are to be taken after every 3 to six months.

# 3.2.6 What are the advantages of injectable method

The responses of more than half of the respondents who are aware of injectables are:

- > It provides protection for a relatively long period of time hence couples can be emotionally relieved for the duration.
- Since injectable is administered once in three months, one does not easily forget about it.
  There is no hassle of daily intake attached to its use. On the other hand, one needs to

maintain regularity on a daily basis when taking pills. This poses a lot of hassle as it may give rise to a situation where one may forget to take the pill on a single day, making the person susceptible to conception.

The price of the injectable is viewed to be an advantage for many of the respondents.

## 3.2.7 The disadvantages of injectable method

Among those who are aware of Injectables came the following issues as disadvantages of Injectable method:

- > The use of Injectables results in irregular menstruation cycle.
- > The menstruation lasts for a longer period of time than usual when a person has been administered with such injectable.
- > For some, it completely prevents menstruation.
- > It results in excessive weight gain.
- > Inflammation may occur at the point of administration.
- It results in feeling of weakness and lethargy.
- ➤ It results in different physical complications, like back pain and burning sensation of the body (গা ছালাপোড়া করে কোমড়ে ব্যাখা হয়)
- > This method cannot be self-administered. One has to visit a health center for this purpose. This hampers one's privacy as others soon learn about such visits.

#### 3.2.8 The barriers for the use of injectables

The respondents have cited the following as barriers to the use of injectables:

- Majority of the respondents are totally unaware of the concept of injectables. This lack of awareness poses a big barrier to the use of injectable.
- The biggest barrier of the use of such method remains to be the various side effects that has already been pointed at in the previous section, as mentioned by those who knows about Injectables. These side effects are – Back pain, burning sensation all over the body, feeling of weakness and lethargy, excess weight gain, irregular menstruation or a complete stop of menstruation, or menstruation lasting longer than usual.
- > The scope to maintain a certain level of privacy while taking such method is quite minimal compared to other methods. This lack of privacy poses a barrier.
- > This method may not be suitable for some individuals given the fact that each individual has different physical capability from the other.
- Sometimes such methods are discouraged by older members of the family like husband, mother-in- laws, and mothers for conservative reasons. This makes the respondents less inclined to adopt such practices,

#### 3.2.9 How to overcome such barriers

The physicians should be able to inform and counsel the respondents on the use of injectables and they should also have physical availability of injectables to administer on their clients, as suggested by many. Injectable should be administered as per the physical capability of the individual so that minimal side effects are encountered.

The respondents suggested following issues in order to eliminate barriers among general people:

- A massive and comprehensive campaign program is needed to be launched to increase the awareness level of the society about the benefits and availability of injectables among the general public, say many.
- Many suggest that it can be administered at specific time duration on specific days like a "টিকা সগাহ" or "Vaccination Week". A separate public booth can be arranged that counsels as well as administers injectables for a particular period of time.
- The health workers should be appointed to administer this product at the rural level as well at various wards, to offer more privacy to the clients, as suggested by the respondents.

# 3.3 Attitude toward Injectable Method

## 3.3.1 Willingness to use injectable method

- Those respondents, who were initially unaware of injectables, said they would be willing to adopt this method provided they feel they are ready for it. They would also be willing to use it if their spouse and their physician approves.
- Those who are unwilling to adopt this method justified their attitude by their knowledge of the various side effects that this method often entails like weight gain, irregular menstruation, or a complete stop of menstruation.

# 3.3.2 Sources where the injectable should be available

The respondents feel such method should be readily available at the following areas:

- Pharmacies at the vicinity of their homes,
- Family health clinics (NGO Clinics),
- · Health centers across the country,
- · Green Umbrella Clinics,
- Health workers at various wards may be engaged to visit various homes and administer the injectable to the eligible females,
- "Shurjer Haashi" (সুর্মেও হাসি) denoted clinics,
- Various other clinics and NGOs.

# 3.3.3 Services that need to be taken care of by the providers (GOB/NGO clinics, and Blue Star Providers)

- Given the fact that majority of the women of our country lack adequate knowledge about Injectables in particular, awareness about such need to be generated.
- > The providers should encourage their clients to adopt the method that best suits them
- > Such providers should also maintain a proper stock of other methods like pills and condoms
- Other methods of birth control apart from the available ones should be introduced that is user friendly and provides little side effects.

# 3.4 Views about SOMA-JECT & Blue Star Providers

## 3.4.1 Knowledge about SOMA-JECT & Blue Star Providers

- Majority of the respondents are not aware about Blue Star Providers.
- Majorities are not aware of SOMA-JECT as a brand of Injectable.
- Very few have heard the name of SOMA-JECT but not what it actually is.

#### 3.4.2 Doses & administration of SOMA-JECT

- Majority of the respondents admitted not knowing anything about its doses and administration.
- Respondents who are familiar with SOMA-JECT as an injectable are also aware of the fact that it needs to be administered after every 3 months,

# 3.4.3 Availability of SOMA-JECT

- > Majority confessed their ignorance about availability of SOMA-JECT.
- > Those who have heard of SOMA-JECT guessed that it is readily available in different pharmacies, given the fact that it is a clinical product.
- Very few mentioned about its availability in Blue Star centers. Only 5 respondents out of a total number of 163 could successfully confirm SOMA-JECT's availability in Blue Star centers.

#### 3.4.4 Price of SOMA-JECT

Majorities are unaware of the exact market price of SOMA-JECT. Few of them guessed that it would be something between Taka zero to Taka 10.

## 3.4.5 Benefits of using SOMA-JECT

- Majority could not share any comments on its advantages, as they are completely unaware of them.
- Those who knows that SOMA-JECT is an injectable, feel that it is user friendly in the sense that it provides protection for 3 months and eliminates the scope to miss one dose,

#### 3.4.6 Problems faced to the use of SOMA-JECT

- Majority could not share any comments on the problems faced during usage as they are completely unaware of them,
- Those who are aware of SOMA-JECT as an injectable mentioned that the side effects that this often gives rise to, like long lasting menstruation or a complete stop of menstruation, back pain, burning sensation all over the body, vertigo, feeling of lethargy, are the problems faced to it's use.

#### 3.4.7 Barriers to the use of SOMA-JECT

- The lack of awareness about SOMA-JECT among the general public poses a barrier to its use, from the point of view of those who know nothing about SOMA-JECT.
- The overwhelming fear of side effects, like feeling of lethargy, back pain, irregular menstruation, weight gain, poses as the biggest barrier to it's use, from the point of

Social Barrier

- Facing resistance from husband
- Faced resistance from mother and mother-in-law.

view of those who are

completely aware of SOMA-JECT as an injectable.

Availability and access is another barrier, said those who knows about

SOMA-JECT. In terms of availability, locating a Blue Star Center for its administration is inconvenient for these working women. At the top of this, reaching such centers in the morning hours is also inconvenient given the fact that these women work during the day. So, timing is another barrier as the providers are usually available in the morning hours.

#### Psychological barrier

Major Barriers

Star

Lack of awareness Perceived Side effects

Unaware of Location of Blue

Unaware of Other location of

availability of the product.

- It is perceived that Injectable is for poor as it is provided free by Govt. Hospital
- Even they viewed that TV Ad projected the product in such a way that it was for the lower income group.

# 3.4.8 Steps to be taken to overcome such barriers

- Awareness about SOMA-JECT among the society needs to be generated.
- Use of SOMA-JECT should give rise to minimal side effects.
- It should be made available in pharmacies for mass reach.
- The providers should be able to provide their services in early evening (সন্ধ্যা বেলা)

# 3.4.9 Willingness to use SOMA-JECT injectable revealed by respondents as per screening questionnaire

- Using a screening questionnaire, we had prepared a pool of potential participants of two income groups and who have all the other required characteristics. From each pool of these 2 categories, we invited participants to attend the FGD sessions.
- The screening questionnaire revealed their profile was of each of our participants. However, their willingness to use SOMA-JECT was taken into account at the end of each session. A detail list of screening questionnaire with and without intention to use is prepared and provided in the annexure in volume-II.

# 3.5 Expectations of Potential SOMA-JECT Users

#### 3.5.1 Overall expectation from SOMA-JECT & Blue Star

- SOMA-JECT should give rise to minimal side effects to its use.
- ➢ Blue Star should establish an image and brand a service provider like "Sobuj Chatta" (সরুজ ছাতা) or "Surjer Hashi" (সূর্বের হাসি).
- Blue Star should also provide other forms of contraceptives like condoms, pills and counseling services for general physical ailments like fever, diahoerea etc.

#### 3.5.2 Product availability

SOMA-JECT should be made available in the following spots:

- Different pharmacies across the country,
- Hospitals and clinics,
- > NGOs,
- Health workers at the ward level should be engaged in promoting and administering SOMA-JECT on a door-to-door basis, said few.
- Other than these outlets, they suggested that in rural areas it can be administered on eligible clients at a specific date and at a specific place to facilitate it's accessibility, like the concept of the "Vaccination week" where the product can be administered at a particular booth during a specified duration.

# 3.6 Willingness to Pay

# 3.6.1 Opinion about prevailing market price of SOMA-JECT

> Majority of the respondents are unaware of the prevailing market price of SOMA-JECT.

The price was revealed by the moderator during the session, which most unanimously found to be reasonable.

#### 3.6.2 Amount the users are willing to pay for SOMA-JECT

Majority did not make any comments on this issue, while some said that they are willing to pay Taka 35 to Taka 40 for SOMA-JECT.

# 3.6.3 Whether they know that the price also include syringe & cotton to administer it

- None of the respondents were aware of it.
- > They all liked the fact that the price of SOMA-JECT is inclusive of the cotton and syringe used to administer it.

## 3.6.4 Opinion about the possibility of increasing the current price of SOMA-JECT

- Majority of the respondents spoke against a possible increase in the current price of SOMA-JECT, as the existing price is quite affordable to them,
- > On the other hand, some are willing to pay a price upto TK 35/- to TK 40/-.

#### 3.7 Media Habit

#### 3.7.1 Hours spent on viewing TV per day

In response to this, majority said they watch TV for duration of 2 to 2 and half-hours approximately each day, which is usually in the evening.

#### 3.7.2 Peak hour for viewing TV

The peak time for viewing TV for most is from 8 o'clock onwards, during the evening.

#### 3.7.3 Channels or programs which are most popular

- Channels that are popular include channel-I, NTV, ATN and BTV.
- Programs that are most popular include drama serials (also the weekly ones), Magazine programs.
- News broadcast at 8 o'clock and 10 o'clock respectively is also very popular among the majority of this workingwomen.

## 3.7.4 Hours spent on listening to radio per day

> Majority of the respondents do not listen to the radio at all.

#### 3.7.5 Most preferred newspaper

The most preferred Newspaper is Prothom Alo, followed by Ittefaq, JonoKontho and Jugantor.

#### 3.7.6 Most preferred pages/articles

The responses of majority of the workingwomen are summarized below:

- Many scan the front pages that includes the Headlines,
- Section on Job vacancy advertisement, Health and beauty care, and Cooking is popular among most.
- > Section called Naari Moncho and Binodon
- > The page on National news.
- > The page on International news.

#### 3.7.7 Most preferred magazines

- > 20 respondents mentioned reading various magazines which includes:
  - Anondo Dhara,
  - Shanonda,
  - Anondo Bichitra,
  - Binodan Bichitra, and
  - Shaptahik 2000.
- The columns related to women issues like cooking, relationships, health care etc are most popular.

# 3.7.8 Which media do they prefer to watch advertisement

- Majority of the respondents believe advertising SOMA-JECT on the TV would be most effective because it is the only media that appears to be most attractive for all viewers. They also believe, they can reach the mass audience through this media and communicate the message most efficiently,
- Some of the respondents think advertisement in the different newspaper would be effective while very few of the respondents suggested using signboard as a communication tool.

# 4 Findings on the In-depth Interviews with the Medical Practitioners

The Medical Practitioners are divided into two groups namely

- Graduate Medical Practitioners who have obtained a graduate degree in medical practice and
- Non Graduate Medical Practitioners who did not have any graduate diploma on medical practice.
- A total number of 16 medical practitioners were interviewed- 8 Graduate Medical Practitioner from urban areas and 8 Non-Graduate Medical Practitioners from semi urban areas.

#### 4.1 Personal Profile

- Medical Practitioners, both with and without graduate degree in medical education, with the length of practice between 11 to 15 years top the sample.
- Some Graduate Medical Practitioners have been providing Blue Star services for 3-4 years while Non-Graduate Medical Practitioner have been providing Blue Star services for 2-3 years.
- GMPs serve near about 200 to 400 patients per month. While NGMPs serves approximately the 200 patients per month.
- Around 50 female clients approach for advice/counseling/service for family planning as mentioned by Graduate Medical Practitioners and Non-Graduate Medical Practitioners.
- Graduate Medical Practitioners confirmed that around 6-10 patients come to them for SOMA-JECT while Non-Graduate Medical Practitioners said they served more than 30 patients per month with SOMA-JECT.

# 4.2 Client Attributes

- Pill is the most preferred contraceptive by clients as confirmed by all GMPs and NGMPs.
- According to Graduate Medical Practitioners condom is the next best method preferred by the higher income group while Non-Graduate Medical Practitioners suggest that injectable is the next preferred method of birth control.
- Graduate Medical Practitioner administers SOMA-JECT on users who have a monthly income of TK 2,000/- to TK 4,000/- while only these income group forms the clientele of the entire Non-Graduate Medical Practitioner interviewed.
- Most of the SOMA-JECT users academic status belongs to the primary level as mentioned by Graduate Medical Practitioners.
- Non-Graduate Medical Practitioner confirmed serving female clients who are illiterate while the rest of such providers served those who have passed the primary level of education.

Majority of the SOMA-JECT users is housewife as mentioned by all Graduate Medical Practitioner and Non-Graduate Medical Practitioner.

# 4.3 Opinions on SOMA-JECT (willingness to use, price, availability & promotion)

- Graduate Medical Practitioners feels that SOMA-JECT is an accepted method of birth control while the same is supported by Non-Graduate Medical Practitioners.
- Graduate Medical Practitioners feel that the target group would be willing to pay the price set by the company provided it poses minimal side effects while NGMPs strongly feel that TK 40/- is the price which would be affordable for most.
- According to Graduate Medical Practitioners and Non-Graduate Medical Practitioners, morning hours is the most preferred time by the users. Both the user and potential user groups also agreed that late evening would be the suitable hour, as people tend to be free of all kinds of work and obligation at this hour.
- Privacy is a concerned factor for the female group as suggested by most of the interviewees while few disregards privacy as an important factor for the users.
- According to the graduate providers, the users would prefer easy accessibility of SOMA-JECT, especially in clinics, hospitals in their vicinity. The Non-Graduate Medical Practitioners did not make any comments on this issue.
- Majority of both the groups of providers sponsors TV as the most effective media for advertisement on SOMA-JECT. While they also mention counseling the clients through graduate doctors, health & NGO workers on the attributes of SOMA-JECT. The newspaper, signboard, mobile video, posters can be other mode of communicative strategies that they recommended the company can employ.
- Majority of the providers thinks that the advertisement should be placed between 8 o'clock to 10 o'clock in the TV media for mass reach. While advertisement between drama serials and before Friday afternoon movies can be effective too.

# 4.4 Opinion on Barriers for not Taking SOMA-JECT

# 4.4.1 Reasons for not taking SOMA-JECT as mentioned by the practitioners

- Graduate Medical Practitioners feel that the side effects involved in using such method is the main reason for not taking SOMA-JECT, while Non-Graduate Medical Practitioners feel the same.
- While the some of the providers, both Graduate and Non Graduate, contribute this phenomenon to the lack of awareness about SOMA-JECT and its features.
- Many of the target groups have an inclination to use expensive pills as a birth control as mentioned by few Non-Graduate Medical Practitioners.

Also some Non-Graduate Medical Practitioners mentioned that the needle of the injection being big in size should be a possible reason for not taking SOMA-JECT.

# 4.4.2 Potential barriers to accept SOMA-JECT as mentioned by the providers

- Side effect involved in using SOMA-JECT is the most crucial barrier to accept SOMA-JECT as mentioned by all GMPs and most NGMPs.
- Other barriers according to such providers are:
  - Unwillingness of users to visit general pharmacies or clinics to maintain privacy.
  - Lack of promotion in the media, which contributes to the unawareness about SOMA-JECT among the potential users.
  - Inclination of the users to use pills as they have more confidence on them.
  - Lack of awareness about such method and its availability.
  - Tendency of users to D&C and MR which prevents them to adopt such method.

# 4.4.3 Reasons that support the prescribed barriers

- GMPs and NGMPs supports the barrier to use SOMA-JECT by the fear of users about the side effects involved.
- They have also noticed that majority are inclined to visit the nearest hospital instead of a BS center that might be a few km away.
- Some mentioned that they have come to understand such barriers against the use of SOMA-JECT through thorough consultation with their clients.
- According to few providers, some clients have a tendency of not using any method at all.
- Lack of awareness is also another reason why such barriers stand.

# 4.4.4 Ways to remove the barriers as suggested by the providers

- Increase in promotional activities as suggested by Non-Graduate Medical Practitioner and Graduate Medical Practitioner.
- Eliminate the chance of side effects by improving the product itself as mentioned by few of Graduate Medical Practitioner and Non-Graduate Medical Practitioner.
- > Communicate its advantages to the clients through different media.

#### 4.4.5 Reasons that support the steps to remove barriers

 Graduate Medical Practitioners feel that the higher income group lack awareness or hold misconception about SOMA-JECT. While Non-Graduate Medical Practitioner think that removal of such side effects will ultimately remove the barriers.

#### Misconception

- Feeling lethargic
- Having back pain
- Vertigo
- Irregular menstruation
- · Weight gain

# 4.4.6 Other recommendation by the providers on how to increase SOMA-JECT usage among the specific group of potential clients

The following summarizes the recommendations by the providers on how to increase SOMA-JECT usage among the specific group of potential clients:

- > Promotional campaign through the TV as suggested by majority.
- Make SOMA-JECT give rise to minimal side effects as suggested by most.
- > Awareness through health workers or medical practitioners about its availability and information that can help to remove the fear of side effects as suggested by some.
- Few mentioned efforts to eliminate misconception through newspaper or discussion on such methods at various ladies club, price reduction and enhancing communication between SMC and BS providers.

# 5 Conclusion

The survey revealed that the participants have knowledge about family planning methods like pills and condoms. These two methods are commonly used by most of the participants.

Although injectable is one of the most growing method of family planning currently in Bangladesh, only half of the participants could register this method during the FGDs conducted.

This shows that most of our participants are completely unaware of different brands of injectables or SOMA-JECT as a means of family planning. They do not know what an injectable is. Few had come across SOMA-JECT in name only, while few know that it is an injectable. Such lack of awareness stands to be the biggest barrier to the use of SOMA-JECT.

On the other hand, a very few among these respondents who are aware of injectables, are currently using it. The rest who knows about this method are disinclined towards it's use owing to overwhelming fear of the side effects it gives rise to; back pain, vertigo, lethargy, irregular menstruation, long lasting menstruation, excess bleeding, and excess weight gain. This is the second biggest barrier to its use according to the respondents.

Apart from the product itself, these people are totally ignorant about the price of different brands of injectables as well as that of SOMA-JECT. However, when the prevailing market price of SOMA-JECT was revealed to them by the moderators, they found it to be quite reasonable. In fact, the price is not seen as a barrier to its use, but rather many are willing to pay Tk 35/- to Tk 40/- in the future.

Majorities of the respondents are also unaware of its physical availability and its availability in the Blue Star centers. Surprisingly a very few actually recognized Blue Star center and its activities. In this issue, they said that if SOMA-JECT is only available through Blue Star Centers then it would pose a barrier to its use. They would rather go to a nearby pharmacy to have it administered instead of making an effort to locate a BS Center. They also suggested various hospitals and NGO clinics where it should be made available.

The above-mentioned barriers were also agreed upon by the Blue Star Providers who were interviewed in the survey. They further said that the potential users can afford to pay a higher price than the prevailing one provided the side effects are eliminated.

Both the groups of participants agreed that Television is the most preferred media to promote SOMA-JECT. This is the only media that is attractive and reaches the mass public. The advertisements should be placed on the Bangla channels like ATN, Channel I, BTV, and NTV and from 8 o'clock in the evening onwards.

# 6 Recommendation

- Mass awareness regarding SOMA-JECT its attributes, its advantages, its price and availability need to be generated among the mass public.
- Advertisement through TV & newspaper are seen as the most effective communicative media. Advertisement on SOMA-JECT should be placed strategically during the peak hours which is from 8 o 'clock in the evening onwards, in between news and the popular weekly drama serials.
- Front, back, job vacancy and entertainment page for advertisement in popular newspapers like Prothom Alo, Ittefaq, Janokantho would be attractive for most readers.
- SOMA-JECT should be a method of birth control that provides minimum side effects and such features should be continually communicated to the public.
- Blue Star Providers should be supported by communication materials like leaflets, banners, booklets that will help them to promote SOMA-JECT effectively. Communication between SMC and Blue Star Provider should be enhanced for better result.
- SOMA-JECT should be made available in pharmacies, general hospital and NGO clinics instead of just BS Centers, where it would be more accessible for potential users.
- > The price of SOMA-JECT should be kept between TK 35/- to Tk 40/- to enable it to compete with other brands and also be affordable for the target group.