

# **INJECTABLE TRACKING SURVEY**

**BLUE STAR**  
**Injectable Marketing Program**  
Social Marketing Company  
12-14 Landmark Building  
Gulshan-2, Dhaka-1212

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## **Injectable Trucking Survey (ITS)**

### **EXECUTIVE SUMMARY**

#### **Introduction**

The Social Marketing Company (SMC) is implementing an injectable marketing program (in the name of Blue Star) in selected urban and semi-urban areas of Bangladesh from June 1998. After about 5 months of field operation this study was initiated by SMC to get a comprehensive feedback of the field situation. The field-work of the study has been conducted among selected providers, trained assistants of those providers and acceptors of injectable from the provider areas as per an agreed methodology.

#### **Objectives**

The specific objectives of the study are to:

- Observe the blue star outlets for the display of IEC and promotional materials
- Identify the level of attention and interest of the providers and assistants towards the injectable program.
- Identify the profile of successful providers of injectable
- Assess the quality of injectable services received by the clients and their attitude towards the present offering through Blue Star
- Collect opinion and suggestions of all concerned on better program performance.

#### **Study Design and Methodology**

The data for the survey were collected through direct interviews with the doctors, their assistants and the clients. For the purpose separate questionnaires were developed based on the objectives of the survey. In addition, some observation data were collected on selected promotional materials. The selection of both doctors and clients was made purposive to incorporate in the sample the variety existing in population and presented in the report accordingly.

#### **Study Coverage**

28 Blue Star outlets (17 pharmacy, 6 chamber, and 5 clinic) selected purposively from all over the four SMC divisions

28 doctors including 15 females, and 5 high 13 medium and 10 low performer

27 trained assistants of the doctors

131 injectable clients of Blue Star (New-108, Switch – 23)

#### **Findings from the Provider Interviews**

- More than three-fourth of the doctors described their contribution as counseling the clients, patients and service seekers about injectable and providing them with the same according to their choice.
- All but three doctors reported that they were getting their injectable clients mostly from among their own patients and known circle.

- Majority of the doctors felt that the people had moderate interest on injectable and about one-third observed fewer people to have interest in injectable.
- A large majority of the doctors reported positive public responses on the publicity materials displayed in the outlets.
- Less than one-fourth of the doctors reported that the patients frequently asked about family planning or injectable and about 60% informed doing it occasionally.
- None of the doctor reported of facing any serious problem or unpleasant situation in their 3-4 months of experience of providing injectable under Blue Star.
- Pushing of injection: Twelve doctors informed that they did not push injectable by their own. Of the remaining the doctor or both doctor and assistant pushed injectable.
- Price Charged for Injectable Including the Consultation Fees: Fifteen doctors reported that they were receiving Taka 10-20 for the first dose of injectable. Five doctors reported taking Tk. 50/- for the same. Only 3 doctors told that they took more than Tk. 50/- with a maximum of Tk. 100/-. For the second dose, almost similar charge (slightly less) was reported.
- Screening: The doctors in general emphasized on the physical fitness of the clients to advise injectables. Mention of specific contra-indications was relatively less. Only one doctor reportedly followed checklist for screening injectable clients. Suitability of injectable for lactating mothers was mentioned by only one doctor.
- Training: Eighteen doctors thought that the training was sufficient; others felt it was not sufficient for an important issue like injectable service providing. They also stressed the need for regular orientation for efficient handling of problems on injectable.
- Perceived benefit: Eighteen doctors thought that they were benefited being associated with the Blue Star program and the benefit they described was in respects of academic and client services. Only one doctor mentioned about monetary benefit. Only five doctors thought that the number of patients they treated might increase being associated with the program.
- Fifteen doctors admitted that they were enjoying the program. They enjoyed because they had the feelings of satisfaction due to contributing to the number one national problem like over population. They also described their professional satisfaction in providing an advanced method like injectable.
- Anything special in the Blue Star program: Eight doctors informed that they did not observe anything exceptional in the program, which they might like very much. Three doctors welcome the doctors' involvement in the injectable service delivery and suggested SMC to commit everything possible to hold their interest in the "Blue Star" program.
- Weaknesses: Nineteen doctors indicated the major drawback of the Blue Star program as its inappropriate and insufficient publicity or propaganda. Many of them became frustrated because, according to them, SMC did not comply with their commitment of massive propaganda and publicity for the Blue Star program. Seven doctors mentioned lack of efficient program management in some form.
- Six doctors were either not interested or in hesitation to continue with Blue Star because of the load and that the associated return was low.
- Suggestions: For a rapid increase in the number of clients, most of the doctors emphasized on undertaking promotion activities by SMC in local and mass media, three doctors suggested using satisfied injectable clients, two doctors suggested deploying field workers to motivate the clients and one doctor for utilizing the rural medical practitioners (RMP). Showing mobile film, organizing seminars/meeting with the people, massive posturing and leafleting etc. were also suggested by a few doctors. Four doctors suggested to make provision of monetary incentives for the doctors and assistants for their contributions.



## Findings from the Assistant Interview

- ♦ Twenty three out of 27 respondents attended the training on injectable organized by SMC.
- ♦ All the sample Assistants reportedly motivated the potential clients for injectable and/or informed them about the lesser degree of side effects of the method and of other advantages. The following contribution were also mentioned:
  - Pushing the injectable to the clients
  - Client check up
  - Maintaining injectable stock
  - Distributing the injectable cards to the clients
  - Destroying the syringes used after injection of Depo-Provera
  - Cooperating the doctors in every stages of Blue Star service delivery etc.
- ♦ Knowledge: The assistants were found quite knowledgeable about the objectives of the program and their roles in it. Nineteen respondents described the objectives as to provide injectable contraceptive services to the clients under the supervision of the trained doctors to reduce the rate of population growth the country. Some of them also described the objectives as to make injectable contraceptive (Depo-Provera) commercially available in the pharmacies and private clinics. Five respondents described the objective of Blue Star was to introduce additional cost-effective and easier contraceptive methods in the commercial sector.
- ♦ Interest: Majority of the Assistants (16) felt that the people had moderate interest on injectable, 7 respondents thought it was fairly high, and 4 described that the public interest was low about injectable.
- ♦ Benefit Derived/expected: Except three all Assistants thought that they were benefited being involved in the Blue Star program. Thirteen respondents thought that they were benefited through the training and/or being introduced to many people being associated with the Blue Star program, which might benefit them in future. Eight respondents felt that they got the opportunity to serve the country in the field of population problem. Five respondents described the benefit in term of the payment they were getting for pushing the injectable. Four respondents hoped that SMC might provide them with monetary incentives for their services in near future.
- ♦ Promotional Materials: All the respondents admitted of positive public responses on the publicity materials, displayed in the outlets. Twenty-one respondents described the posters as the effective promotional materials, 19 gave the verdict in favor of this signboard (glow-signs).
- ♦ Suggestions: Nineteen respondents suggested vigorous publicity campaigns for the injectable in the TV, Radio and Newspapers to make it popular. They also suggested to put poster massively around the injectable outlets highlighting the advantages of the injectable as a contraceptive method. Eight respondents proposed of showing mobile films on injectable in every suitable places of the community. Two respondents felt the need of field motivators for door to door counseling. One respondent suggested taking actions to restrict GOB supplied injectable to come in open the market. Some of them suggested increasing monetary incentives by SMC for the outlets.

## Findings from the Client Interviews

Use of Contraceptive Methods: A large majority (72%) of the clients used oral pill in the past. Use of other methods was quite low among them (e.g., condom 32%, IUD/Norplant 13% and traditional method 4%). About 5 percent of the "New" users of injectable did not use any method in the past.



The major reasons for choosing Blue Star as mentioned by the switch clients were non-availability, distance and inconvenient timing in the previous place. More than a quarter of the clients mentioned that they came to the Blue Star outlets for better service and convenient timing.

Persons accompanying the clients: Visit to the doctors for injectable alone was quite high (35%) among the clients and even higher to the female doctors (50%). On the other hand the "new" injectable clients had visited the doctors accompanied by their husbands more often than the "switch" clients (33% against 17%).

Persons who pushed injection: More than one third (37%) of the clients reported that the injectable they received were pushed by the doctors themselves. The high performing doctors pushed injection in about 60 percent of the cases which was less than 30 percent for both medium and low performing doctors. Majority (58%) of the sample clients of female doctors and only 22 percent of the clients of the male doctors got injectable pushed by the doctors.

Decision for choosing the Blue Star for injectable: Majority (52%) of the "New" clients and comparatively less (35%) proportion of switch clients had frequent visit to the Blue Star doctor.

In finally deciding about the method, the doctor and the husband had the prime role either singly or jointly. Doctors' influence was more prominent for new clients, low performing doctors and female doctors.

#### Payment for Injectable

Majority (59%) of the clients spent Tk. 20 or less with higher such proportion for switch clients

The high performing doctors charged very low. Charging of fees for injectable was inversely proportioned to the performance of doctors.

Female doctors charged more fees than the males.

Side-effect: Majority of the clients reported of having faced side-effect after taking injection. About 40 percent of those who reported side-effect consulted doctors and 17 percent took treatment/medicine. Two of them reported of having treated to other doctor for their problem. The clients of medium and low performing doctors tolerated side effect more than the high performers.

Counseling: Lack of counseling could be observed from the interviews. About a quarter of the new clients told that they were not informed about any merit or demerit of injectable before taking injectable. Two clients told that they even did not see the doctor.

Satisfaction and Dissatisfaction: Although dissatisfaction was quite low (7%) among the respondent clients, it was comparatively high among Switch clients, clients of medium & low performing doctors and of male providers. The reasons for dissatisfaction were mainly due to cost of services and side-effect.

Perceived Advantages: Clients in large majority felt that getting injectable in a private facility had lot of advantages. These were: 1) easy to get services; 2) better service; 3) Time saved; 4) Known doctor/atmosphere etc.

Suggestions for promotion: For greater local promotion of injectable, the more frequently mentioned suggestions were:

- Motivation of potential acceptors through home visit/group discussion
- Posturing on the walls and suitable places
- Using existing clients to promote among others
- Advertising in local newspapers
- Arranging referral from other facilities; etc



## Discussions and Conclusions

### Program Management

A large majority of the doctors and almost all the assistants held positive attitude and were found interested towards the injectable program. However, some of the doctors were found hesitant about continuing with the Blue Star. More responsibilities and less return appeared to be the main reasons behind their losing interest.

The doctors could hardly charge their normal fees from the injectable clients. The high performing doctors were seen to charge less for injectable and client satisfaction/ dissatisfaction was found related to the price charged.

In a situation where the doctors have very little financial incentive at least in the short run, it poses a challenge to the program managers to keep the interest of the doctors alive with the program and keep it moving. SMC Blue Star program might need to take up appropriate schemes according to the expectation of the doctors and Assistants to hold their interest towards the program. However, those who are not at all interested to continue should be replaced as soon as possible.

Apart from the facts mentioned above, lack of objective monitoring and supervision was also there. For example:

- The providers were seemed not serious about keeping adequate record of their clients particularly the detail address of them which was necessary to reach a client's home;
- There seemed to remain some scope of improving outlet level promotion;
- The doctors in general were not very thorough about indications and contra-indications of injectables and not much careful in screening, counseling and providing injectables.

For achieving a greater success of the program it is necessary that the program persons and the supervisors remain watchful about the dos and don'ts of the providers. Identifying the lapses/mistakes at an early stage and correcting those in the field contributes a lot to the success of the program like this.

### Profile of Successful Injectable Providers

It is not easy to describe the profile of successful injectable providers from interviews of only 28 doctors because they were selected purposively as high, medium and low performance category. However, a few observations could be made from the client interview results.

Satisfaction of clients was quite high among the clients. The two major reasons for dissatisfaction were: 1) Higher price charged and 2) Side-effect encountered. As the high performing doctors charged comparatively less, satisfaction was higher there. They were also seen to push injection more often by their own hand than the low performers. The female providers were also seen to prefer by the clients. Regarding side-effect there was hardly any variation observed by the doctor category.

### Quality of Injectable Services Provided

Quality of care of injectable, in the strict sense of the term, fell short of the program as many of the new clients received very little or no information on injectable before they got it. The influence of the doctor and the husbands, singly and jointly, were the prime deciding factor reported by the clients. Moreover, majority of the clients interviewed, reported of having faced side-effect after



taking injection, about 40 percent of those who reported side-effect consulted doctors and 17 percent took treatment/medicine.

However, this does not necessarily lead us to conclude that the quality of services was not there. The high rate of satisfaction of the clients towards the services received carries a great value. Moreover, the fact that majority of the clients had visitation to the Blue Star doctors prior to taking injection from the outlet indicates that they might have exercised their influence on the clients as house physicians. However, it should be stressed to all the Blue Star providers that the standard quality of care practices in providing injectable should be observed.

#### Opinion and Suggestions for Better Program Performances

Twenty-seven Doctors advocated strongly in favor of the proper, effective and massive propaganda campaign for "Blue Star" program. The suggestions included TV, Radio and Newspaper advertisement through which the people will know that injectable is the most useful, cost-effective and advanced contraceptive method. Nineteen assistants out of 27 also suggested like this. The other more frequently mentioned suggestions were:

- Organize mobile film shows on injectable (suggested particularly by the assistants)
- Show cinema slides / Advertise in local newspapers
- Using existing clients to promote injectable to others
- Engage/involve female groups and village doctors for door to door motivation of clients
- Massive posturing
- Financial incentives for the service providers for taking more interest and giving more time to the program
- Regular refreshers training for the program doctors
- Arranging referral from other facilities; etc

#### **Recommendations**

The Blue Star doctors who are not at all interested to continue should be replaced as soon as possible. Care should be taken in fresh selection of providers. Female doctors should be preferred.

Dos and don'ts should be clearly spelled out to the providers and the field supervisors should be properly trained to monitor those.

Importance of observance of the quality of care practices in providing injectables should be discussed to the doctors in every opportunity. The need for counseling should be highlighted.

Multi-dimensional promotion activities of injectable should be undertaken by SMC in close consultation with the providers. Use of female groups, village doctors and other volunteers could be tried.

Regular refreshers training for the program doctors should be organized. Close interaction with the doctors by the senior program/SMC personnel should be maintained.

# Main Report

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# Chapter One

## Background & Objective

### 1.1 Introduction

The Social Marketing Company (SMC) is implementing an injectable marketing program (in the name of Blue Star) in selected urban and semi-urban areas of Bangladesh from June 1998. Prior to launching the program, SMC had sponsored a Knowledge, Attitude and Practice (KAP) Study on Injectable among the providers (doctors with MBBS degree or above and doing private practice enrolled with the program) and some of the current/potential injectable acceptors from the provider areas.

After about 5 months of field operation this study was initiated by SMC to get a comprehensive feedback of the field situation. The field-work of the study has been conducted among selected providers, trained assistants of those providers and acceptors of injectable from the provider areas as per an agreed methodology. This report presents the findings of the study.

### 1.2 Background of the Injectable Test Marketing Program of SMC

SMC is a private non-profit company primarily engaged in marketing of non-clinical contraceptives and Oral Re-hydration Salt (ORS). SMC's current product line includes two brands of oral contraceptive, three brands of condom and one highly popular ORS brand called ORsaline. Within its mandate, SMC is working to diversify its activities. In one such move it decided to test market injectable contraceptives in selected urban and semi-urban locations of the country.

As a method, injectable contraceptive has gained popularity steadily during the past one and a half-decade. The contribution of injectable to the national contraceptive prevalence rate (CPR) has increased from 0.2% in 1983 to 2.6% in 1991 and further to 4.5% in 1994 and 6.2 percent in 1996-97. It is expected that, if the supply and services could be diversified, the share of the method would increase further and reach up to 8% by the turn of the century. If it happens, the contribution of injectable to CPR will be next to pill.

### **1.3 Objectives of Test Marketing**

Before launching the Blue Star program injectables were available only through Government and NGO clinics. SMC felt that greater access to information and method availability through the private doctors would attract more women towards injectable as a method of their choice. It was expected that it would not only contribute to the client satisfaction but also to the growth of CYP.

The primary objective of the SMC Blue Star injectable marketing program in the early years was to assess the acceptability of injectable contraceptive through the private sector and to examine the extent to which the "Quality of Care" issues are addressed through this service delivery system.

### **1.4 Objectives of the Injectable Trucking Survey (ITS)**

The objective of the present ITS has been to identify the strengths and weaknesses of the injectable marketing program as fielded and based on them to recommend corrective measures for smooth and effective program operation. The specific objectives of the study are to:

- Observe the blue star outlets for the display of IEC and promotional materials
- Identify the level of attention and interest of the providers and assistants towards the injectable program.
- Identify the profile of successful providers of injectable
- Assess the quality of injectable services received by the clients and their attitude towards the present offering through Blue Star
- Collect opinion and suggestions of all concerned on better program performance.



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The field data for the ITS were collected from all over four SMC divisions covering Dhaka city and several district towns and thana headquarters. From these areas a total of 28 Blue Star outlets (pharmacy/chamber/clinic) were selected as primary sampling unit. From these outlets the concerned private practitioners, his/her assistant involved in the program and 131 injectable acceptors receiving injectable from the Blue Star program were interviewed. SMC provided the list of the outlets/doctors to cover under ITS. A complete list of the doctors with relevant information on each is shown at [Appendix-B](#).

Table 2.1: Sample respondents

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## **2.2 Method of Data Collection and Data Collection Instruments**

The data for the survey were collected through direct interviews with the doctors, their assistants and the clients. For the purpose separate questionnaires were developed based on the objectives of the survey. The interviews were basically in-depth and qualitative in nature although there were quantitative and pre-coded questions as well. In addition, there were some observation data collected on selected IEC (glow sign, poster, sticker etc.) the result of which is presented at Appendix-A.

The questionnaires were drafted in Bangla and submitted to SMC for review and comments. The questionnaires were finalized incorporating the comments of SMC and pre-testing them in the actual field situation.

## **2.3 Selection of Acceptor Sample**

Under a separate scheme SMC is collecting the entire client record and processing those in the form of a database, which will continue at least for one year from June 1998. The database is expected to produce a lot of information basically on the profile of clients. It was therefore decided not to randomize the selection of acceptor sample, which would give a representative client profile. Rather the selection was made a purposive one to incorporate different type of clients in the sample (e.g., Age of acceptor, Age of last child, New/switch status etc). However, due to non-availability of complete address in the client register the field workers, in most of the situations, had to select those few whom they could locate by some means.

## **2.4 Study Management**

The management of the study was teamwork of four members consisting of the Principal Investigator, Medical Doctor, Research Associate and the Computer Programmer. Specially trained field investigators (FI) under constant supervision of senior researchers conducted the fieldwork during November–December 1998. Three teams of FIs each



consisting of one male Supervisor and two female FIs completed the fieldwork within one month. The Supervisor collected the consumer addresses and the female FIs conducted the interviews. The supervisors also conducted the doctor and assistant interviews. The management members also made random visits to ensure quality of fieldwork.

## **2.5 Data Processing**

The data collected under the study have been processed both manually and using computer. The client questionnaires were computerized, as they were reasonably large and needed cross analysis. For this, entry program was prepared ahead of time. The entry verification was done through hundred percent listing. Fox-Pro and SPSS programming language were used for processing the data. Before final results were produced all sorts of verification and consistency checks were done.

## **Chapter Three**

### **Findings from the Provider Interviews**

#### **3.1 Introduction**

As mentioned earlier, a total of 28 doctors (as providers of injectable) involved in the SMC Blue Star program was interviewed. The purpose of the doctor interview was basically to get the feeling of the doctors towards the Blue Star program and to collect their opinions and suggestions on various issues for a better program implementation.

#### **3.2 Involvement and Interest of the Doctors with the Blue Star**

Asked about what they were able to do after enrolling themselves with the Blue Star program, 22 out of 28 doctors (79%) reported that they had been counseling their clients, patients and service seekers about injectable and provided them with the same according to their choice. They also claimed that they were continuing their process of motivation and counseling for injectable. One doctor (Dr. Amjad Hossain, Chittagong) claimed that he was trying to repulse the prevailing misconceptions and associated fear of injectable from the FP clients. Others told that they participated in the training organized by SMC. One of the doctors (Dr. Nazmun Nahar, Chittagong) announced her performance of showing the mobile film on injectable. Responding to another question, all the doctors except only three (Dr. Sk. Nazrul Islam of Syedpur, Dr. Nurul Islam of Chittagong and Dr. A.S.M. Serajuddin of Tongi) informed that they were getting their injectable clients mostly from among their own patients and known circle. The described doctors noticed of the clients coming alone to them for injectable.

A large majority of the doctors (24) intended to increase their injectable clients rapidly. Those who didn't felt that it was better to go slow and leave the choice on to the clients which would ultimately reduce the number of dropouts and increase client satisfaction.



### **3.3 Perception of the Doctors about Interest of the People about Injectable**

Majority of the doctors felt that the people had moderate interest on injectable and about one-third observed fewer people to have interest in the injectable. Less than one-fourth of the doctors reported that the patients asked about family planning or injectable frequently and some sixty percent informed doing it occasionally.

### **3.4 Effectiveness of the Publicity Materials**

Except only four doctors (including Dr. Pijush Kanti Roy of Fulpur, Mymensingh and Dr. Serajuddin of Tongi), all the doctors reported positive public responses on the publicity materials displayed in the outlets. Of them 23 doctors reported that the patients and/or visitors visiting them showed interest to know about injectable having seen the publicity materials. Some of these visitors reportedly became injectable clients.

### **3.5 Suggested Measures for Popularizing Injectables**

For a rapid increase in the number of clients, most of the doctors emphasized on undertaking promotion activities by SMC in local and mass media (TV, Radio and Newspapers). Three doctors suggested using satisfied injectable clients, two doctors suggested deploying field workers to motivate the clients and one doctor for utilizing the rural medical practitioners (RMP). Showing mobile film, organizing seminars/meeting with the people, massive posturing and leafleting etc. were also suggested by a few doctors.

Four doctors suggested the provision of monetary incentives to the injectable service providers (doctors/assistants), so that the service providers would be interested to convince the potential couples to become the injectable clients. One of the doctors (Dr. Sk. Nazrul Islam of Syedpur) demanded that the government should take action to stop selling the GOB supplied injectable in the market.

### **3.6 Pushing of Injectable**

Twelve doctors informed that they did not push injectable by their own. Of the remaining the doctor or both doctor and assistant pushed injectable.

### **3.7 Problems faced after Providing Injectable**

No doctor reported of facing any serious problem or unpleasant situation in their 3-4 months of experience with the Blue Star.

### **3.8 Indications for Advising Injectable**

The doctors in general emphasized on the physical fitness of the clients to advise injectables. To be specific, they mentioned 1) high blood pressure 2) ammenorrhea or possible conception 3) jaundice and diabetes 4) blood coagulation anomalies, 5) chest pain, 6) undiagnosed vaginal bleeding 7) any organic disease etc. Ten doctors declared that they would advise injectable to the clients having at least one living child. Only one doctor (Dr. Uday Shankar Chakma of Chittagong) advocated injectable for the lactating mothers. One of the doctors (Dr. Shabnum Mustari of Demra, Dhaka) claimed that she followed the checklist for the injectable advice. One of the doctors (Dr. Abul Fatan of Narayangong) described the client's interest about injectable as one of the important factor for prescribing it.

### **3.9 Opinion about the Duration of Orientation Received on Injectable**

Twenty-four doctors reported that they got one-day training whereas other informed of 2 days orientation. Eighteen doctors thought that the training was sufficient; others felt it was not sufficient for an important issue like injectable service providing. They also stressed the need for regular orientation for efficient handling of problems on injectable.

### **3.10 Intention to Continue with the Blue Star Program**

Six doctors were in hesitation to continue with Blue Star because of the load and that the associated return was low. According to them injectable clients required more time for



counseling and follow up than the other patients, in comparison the financial benefit was minimal. In addition, two doctors decided to quit the program as it caused troubles with their practice and one of the doctors was not ready to comment anything on the issue.

Fifteen doctors admitted that they were enjoying the program. They enjoyed because they had the feelings of satisfaction due to contributing to the number one national problem like over population. They also described their professional satisfaction in providing an advanced method like injectable.

One of the doctors (Dr. Farida Khanum of Rangpur) made a remarkable comment. She claimed that the increase in injectable uses among the family planning clients may reduce the numbers of MR associated causalities in Bangladesh. Dr. A.S.M. Serajuddin of Tongi expressed his satisfaction on injectable because it could be provided to the clients having non-cooperative husbands unwilling of using condoms or other methods.

### **3.11 Opinion about the Advantage of "Blue Star" Symbol**

Twenty-five doctors recognized the special utility or advantage of the "Blue Star" symbol. They predicted that the presence of this symbol in any pharmacy, chamber or clinic would indicate the availability of the injectable service facilities there for the beneficiaries. This presence also assures doctor level specialized service delivery. Some of them also predicated that one-day "Blue Star" symbol would become popular like "Green Umbrella" symbol. Six doctors thought that a symbol always is capable of attracting public attention.

### **3.12 Whether the Doctors felt themselves benefited being associated with the Blue Star program**

Eighteen doctors thought that they were benefited being associated with the Blue Star program and the benefit they described was in respects of academic and client services. Only one doctor, Dr. Azhar Hossain of Rajshahi, mentioned about monetary benefit. Ten doctors expressed that they got no benefit with the program and wanted to quit it because they might earn better if they would utilize the time for counseling other patients. One of doctors, Dr. A.S.M. Serajuddin of Tongi who is a high performer, was hurt with the kind of asking.

Responding to a similar question only five doctors' thought of the possibility of increasing the number of patients being associated with the program.

### **3.13 Anything Special in the Blue Star program**

Eight doctors informed that they did not observe anything exceptional in the program, which they might like very much. Five doctors admitted that they enjoyed the training, propaganda and publicity, seminar and meeting, program system etc. by SMC. Four doctors hailed the system by SMC of regular maintaining contact with the program doctors about the advanced injectable service facilities for the clients. Three doctors welcome the doctor's involvement in the injectable service delivery and suggested SMC to commit everything possible to hold their interest in the "Blue Star" program.

### **3.14 Weakness of Blue Star program**

Nineteen doctors indicated the major drawback of the Blue Star program as its inappropriate and insufficient publicity or propaganda. Many of them became frustrated because, according to them, SMC did not comply with their commitment of massive propaganda and publicity for the Blue Star program. Seven doctors mentioned lack of efficient program management in some form.

### **3.15 Most effective publicity materials**

Mobile film show was considered to be the most effective publicity medium mentioned by 17 doctors for the Blue Star program. According to frequency of mention, the other media/materials described by the doctors were: 1) Poster 2) Signboard 3) Stickers and 4) Brochures. One of the doctors (Dr. A.S.M. Serajuddin of Tongi) described the supplied materials as unattractive.

### **3.16 Suggestion for the success of the program**

Twenty-seven doctors advocated strongly in favor of the proper, effective and massive propaganda campaign for "Blue Star" program. The suggestions include TV, Radio and Newspaper advertisement through which the people will know that this is the most useful, cost-effective and advanced contraceptive method. They also suggested that



etc.) should be followed for the injectable. There were also suggestions for mobile film shows on injectable, cinema slides, appointment of the female groups for door to door motivation of clients, using village doctors for motivation and mobilization of clients, massive posturing etc. Four doctors advocated for the financial incentives for the service providers, so that they take interest to increase the number of injectable clients. Three doctors advised regular refresher training for the program doctors. One doctor (Dr. Hasan Ali Khan of Muktaghachha) demanded uninterrupted supply of injectable to the "Blue Star" outlets for the success of the program.

### **3.17 Charges for Injectable Including the Consultation Fees**

Fifteen doctors reported that they were receiving Taka 10-20 for the first dose of injectable. Five doctors reported taking Tk. 50/- for the same. Only 3 doctors told that they took more than Tk. 50/- with a maximum of Tk. 100/-. For the second dose, almost similar charge (slightly less) was reported.

## **Chapter Four**

### **Findings from the Assistant Interviews**

#### **4.1 Introduction**

As mentioned earlier, a total of 27 assistants out of the 28 sample Blue Star outlets were interviewed under the study. The assistants always played a vital role in providing the services in pharmacy, chamber or clinic assisting the doctors in the service delivery, counseling the clients or patients and sales promotion. Anticipating their role, SMC imparted training to the Assistants on Injectable. The purpose of the assistant interview was basically to assess their involvement in the Blue Star Program, to know their attitudes, and collect their opinions and suggestions on various issues for the effective program implementation.

#### **4.2 Identity and Training**

Among the respondents, 11 described their position as Nurses/Compounders, 6 as Salesman, 4 as simply Assistants, and 3 as the Owner of the outlets. The remaining 3 respondents described themselves as Pathology technician, Serial maintainer and Aya.

Twenty three out of 27 respondents attended the training on injectable organized by SMC, whereas another 4 informed that they were involved in the injectable service without getting chances of training as they joined later on in the job.

#### **4.3 Involvement of the Assistants with the Blue Star Program**

All the sample Assistants claimed that they were motivating the possible clients through counseling. They reportedly informed the potential clients about the lesser degree of side effects of the injectable as contraceptive describing its whereabouts and merits. The following contribution were also mentioned:

- Pushing the injectable to the clients
- Client check up
- Providing information to the clients
- Maintaining injectable stock
- Distributing the injectable cards to the clients
- Destroying the syringes used after injection of Depo-Provera
- Cooperating the doctors in every stages of Blue Star service delivery etc.



#### **4.4 Benefit Derived from the Blue Star program**

Asked about whether the Assistants thought they were benefited being involved in the Blue Star program, 24 respondents out of 27 responded in affirmative. Thirteen respondents thought that they were benefited through the training and/or being introduced to many people being associated with the Blue Star program, which might benefit them in future. Eight respondents felt that they got the opportunity to serve the country in the field of population problem.

Five respondents described the benefit in term of the payment they were getting for pushing the injectable. Four respondents hoped that SMC might provide them with monetary incentives for their services in near future. Three respondents declared of not benefiting through the Blue Star Program. They opined that an injectable client required comparatively more time to serve than a normal patient, whereas the return was less.

#### **4.5 Knowledge of the Assistants on the Objectives of the Blue Star Program**

Asked to mention the objectives of the "Blue Star" program, 19 respondents described the objectives as to provide injectable contraceptive services to the clients under the supervision of the trained doctors to reduce the rate of population growth the country. Some of them also described the objectives as to make injectable contraceptive (Depo-Provera) commercially available in the pharmacies and private clinics. Five respondents described the objective of Blue Star was to introduce additional cost-effective and easier contraceptive methods in the commercial sector.

#### **4.6 Perception of the Assistants about Interest of the People for Injectable and the Scope of popularizing it**

Majority of the Assistants (16) felt that the people had moderate interest on injectable, 7 respondents thought it was fairly high, and 4 described that the public interest was low about injectable.

When asked about their possible contributions on the issue, about half of the respondents viewed their roles as to counsel the clients highlighting the merits, advantages and effectiveness of the injectable as a contraceptive method and the factor of its cost-effectiveness. Four respondents proposed using the already injectable clients to convince probable clients for adopting injectable as the contraceptive method.

Two of the respondents proposed that focusing the relative safety of the lactating mothers with breast feeding child for injectable in the publicity might be advantageous to popularize the method. Two respondents suggested to distribute leaflets on the injectable door to door or to motivate the people approaching each household for growing their interest on injectable, and 3 respondents advised vigorous promotion of injectable in TV, Radio and newspaper.

Other proposed activities for popularizing the injectable by the Assistants were the organizing small group meetings with the potential clients for describing the advantages of the injectable and exclusive counseling of the OCP buyers for injectable etc.

#### **4.7 Effectiveness of the Publicity Materials**

All the respondents admitted of positive public responses on the publicity materials, displayed in the outlets. Of them 23 respondents reported that on seeing the publicity materials (signboard, posters, brochures etc.) many persons inquired them about injectable contraceptives and some of them inquired about the advantages of the injectable contraceptive etc. Five of the respondents told that on seeing the "Blue Star" publicity materials, people understood the availability of injectable services under the supervision of trained doctor in their outlets.

#### **4.8 Perception of the Assistants about the Advantages Using the "Blue Star" Symbol**

Twenty-four respondents thought that the uses of the "Blue Star" symbol was beneficial and the 3 thought that it was not. Among the group admitting the advantages of the "Blue Star" symbol, 14 respondents mentioned that use of symbols is beneficial because people were seen to inquire about injectable on seeing the symbol from apart. They also informed that on seeing the symbol in glow-sign people came to search for injectable. Two respondents told that once people remembered the "Blue Star" symbol, the search of injectable service would be easier for the clients.

All the 3 respondents not admitting the benefit of Blue Star symbol, argued that a symbol alone could not be sufficient to attract and influence the family planning clients for injectable. The later stressed on an integrated effort combining counseling, marketing



strategy, quality and cost-effectiveness of the service delivery. Two of the respondents predicted the success of the "Blue Star" program through focussing it in the momentum like "Green Umbrella" publicity campaign to the people.

#### **4.9 Effective Publicity Materials According to the Assistants**

Twenty-one respondents described the posters as the effective publicity (IEC) materials, 19 gave the verdict in favor of this signboard (glow-signs) and 14 respondents thought the mobile film on the injectable was their choice for the effective publicity. Other effective publicity materials described were big signboard, brochure and sticker by relatively fewer respondents.

#### **4.10 Confirming Client's Next Dose of Injectable after Each Three Months Interval**

Nineteen respondents reported of confirming it through counseling the client and writing the next date in their cards. At least 2 of the respondents told that the clients were warned that in the case of failure to receive the injections on scheduled date, they might become pregnant.

#### **4.11 Suggestions of the Assistants for the Success of "Blue Star" Program**

Nineteen respondents suggested vigorous publicity campaigns for the injectable in the TV, Radio and Newspapers to make it popular. They also suggested to put poster massively around the injectable outlets highlighting the advantages of the injectable as a contraceptive method. Eight respondents proposed of showing mobile films on injectable in every suitable places of the community. Two respondents felt the need of field motivators for door to door counseling. Use of the Village Doctors was also suggested by two Assistants. One respondent suggested taking actions to restrict GOB supplied injectable to come in open the market. Some of them suggested increasing monetary incentives by SMC for the outlets.

## **Chapter Five**

### **Findings from the Client Interviews**

#### **5.1 Respondent Profile**

Although not a random sample, the profile of the respondents may be seen from the "Tables on Client Interviews" compiled from the Client Questionnaire and enclosed at Appendix - C. It would be seen that the surveyed clients show a better socio-economic profile than that found in other studies or even in the baseline KAP study. The following reasons are possibly responsible for that:

- a) People who usually visit private doctors are the target group for Blue Star program and they represent relatively higher socio-economic class.
- b) Definite addressees from the doctors were available for those who had identifiable households or had holding numbers.

To describe the profile of the sample clients in brief, more than 60 percent of the respondents had education primary and above, 53 percent owned house, 79 percent lived in single family, 82 percent had electricity in their house, 53 percent owned TV sets and more than 60 percent of them had monthly incomes of more than Tk. 4000/- per month. It was also observed that the clients coming fresh for injectable were relatively better off than the "switch" clients.

#### **5.2 Use of Contraceptive Methods**

A large majority (72%) of the clients used oral pill in the past. Use of other methods was quite low among them (e.g., condom 32%, IUD/Norplant 13% and traditional method 4%). About 5 percent of the "New" users of injectable did not use any method in the past (Table-21).

The immediate past method for the new users was mostly pill (38%) and condom (18%) although 37 percent of them were not using any method at the time of choosing injectable (Table-33).



### **5.3 Persons accompanying the clients during visit to the Outlets**

Visit to the doctors for injectable alone was quite high (35%) among the clients and even higher to the female doctors (50%). On the other hand the "new" injectable clients had visited the doctors accompanied by their husbands more often than the "switch" clients (33% against 17%). [Table 27 and 28]

### **5.4 Persons who pushed injection**

More than one third (37%) of the clients reported that the injectable they received were pushed by the doctors themselves. It is important to notice that the high performing doctors pushed injection in about 60 percent of the cases which was less than 30 percent for both medium and low performing doctors. Looking at the information by sex of doctors it was observed that majority (58%) of the sample clients of female doctors and only 22 percent of the clients of the male doctors got injectable pushed by the doctors.

### **5.5 Some Finding Exclusively for Switch Client**

As may be seen, only 23 out of the total 131 sample clients were switch clients. They were taking injection mostly (87%) from GOB facility. The major reasons for choosing Blue Star were non-availability, distance and inconvenient timing in the previous place. More than a quarter of the clients mentioned that they came to the Blue Star outlets for better service and convenient timing. About three-fourth of those clients took 4 injection or more in the previous place (Tables 34, 35 & 36)

### **5.6 Decision for choosing the Blue Star for injectable**

Majority (52%) of the "New" clients and comparatively less (35%) proportion of switch clients had frequent visit to the Blue Star doctor. Conversely less proportion of "New" clients than "switch" had no previous visit to Blue Star doctors. It did not show any pattern by the performance of doctors (Tables 37 & 38).

The sources of information to the clients about Blue Star offer were multiple. For new clients, husband and others, contributed about 30 percent. However, clients' self exposure/ visitation was the primary source (Table-39). In finally deciding about the

method, the doctor and the husband had the prime role either singly or jointly (Table-40). Doctors' influence was more prominent for new clients, low performing doctors and female doctors (Tables 50, 51 & 52)

## 5.7 Payment for Injectable

Interesting information came from the survey regarding payment made by the clients for injectable. For the first dose:

- Majority (59%) of the clients spent Tk. 20 or less with higher such proportion for switch clients (Table-41).
- The high performing doctors charged very low. Charging of fees for injectable was inversely proportioned to the performance of doctors (Table-42).
- Female doctors charged more fees than the males (Table-43).

## 5.8 Side-effect

Majority of the clients reported of having faced side-effect after taking injection (Table-46). The nature of side-effects faced may be seen in table-47 most of which could be managed through proper counseling. However, about 40 percent of those who reported side-effect consulted doctors and 17 percent took treatment/medicine. Two of them reported of having treated to other doctor for their problem (Table-48). The clients of medium and low performing doctors tolerated side effect more than the high performers (Table-49).

## 5.9 Counseling

The clients were found to have a general notion (and not specific) about injectable which were mostly positive (Table-56). This is indicative of the lack of counseling. On specific asking, about a quarter of the new clients told that they were not informed about any merit or demerit of injectable before taking injectable. Two clients told that they even did not see the doctor (Table-54).



## **5.10 Satisfaction and Dissatisfaction**

Although dissatisfaction was quite low (7%) among the respondent clients, it was comparatively high among Switch clients, clients of medium & low performing doctors and of male providers (Tables 63, 64 & 65). The reasons for dissatisfaction were mainly due to cost of services and side-effect (Table-66).

## **5.11 Exposure to IEC**

The term Blue Star was hardly known to the respondents. However, about 44 percent of the clients could name at least one IEC/promotion material on injectable in the outlets. Bangla poster was mentioned by almost all. The other IEC materials recalled to be seen were sticker and glow-sign (Tables 68 & 70).

## **5.12 Advantages**

Clients in large majority felt that getting injectable in a private facility had lot of advantages. These were: 1) easy to get services; 2) better service; 3) Time saved; 4) Known doctor/atmosphere etc (Table-71).

## **5.13 Suggestions for Local Propagation**

A good number of suggestions were received from the sample injectable clients towards local promotion of the method (Table-74). More frequently mentioned suggestions were:

- Motivation of potential acceptors through home visit/group discussion
- Posturing on the walls and suitable places
- Using existing clients to promote among others
- Advertising in local newspapers
- Arranging referral from other facilities; etc

## **Chapter Six**

### **Discussions, Conclusions and Recommendations**

The chapter discusses the major findings of the study presented in the previous chapters with particular reference to the objective outlined in section -1.4 of this report. Based on the conclusions arrived, the recommendations are made at the end.

#### **6.1 Program Management**

A large majority of the doctors and almost all the assistants held positive attitude and were found interested towards the injectable program. However, some of the doctors were found hesitant about continuing with the Blue Star. More responsibilities and less return appeared to be the main reasons behind their losing interest.

The doctors could hardly charge their normal fees from the injectable clients. The high performing doctors were seen to charge less for injectable and client satisfaction/dissatisfaction was found related to the price charged.

In a situation where the doctors have very little financial incentive at least in the short run, it poses a challenge to the program managers to keep the interest of the doctors alive with the program and keep it moving. SMC Blue Star program might need to take up appropriate schemes according to the expectation of the doctors and Assistants to hold their interest towards the program. However, those who are not at all interested to continue should be replaced as soon as possible.

Apart from the facts mentioned above, lack of objective monitoring and supervision was also there. For example:

- The providers were seemed not serious about keeping adequate record of their clients particularly the detail address of them which was necessary to reach a client's home;

- There seemed to remain some scope of improving outlet level promotion;

- The doctors in general were not very thorough about indications and contra-indications of injectables and not much careful in screening, counseling and providing injectables.



For achieving a greater success of the program it is necessary that the program persons and the supervisors remain watchful about the dos and don'ts of the providers. Identifying the lapses/mistakes at an early stage and correcting those in the field contributes a lot to the success of the program like this.

## **6.2 Attention and Interest of the Providers and Assistants**

A large majority of the doctors and almost all the assistants were found positive and interested towards the injectable program although some of the doctors were found hesitant to decide on their continuity with the Blue Star. It was one of the major findings of the study that the doctors could hardly charge their normal fees from the injectable clients. More responsibilities and less return were the main reasons for their hesitation.

The high performing doctors were seen to charge less for injectable and client satisfaction/ dissatisfaction was found related to the price charged. In a situation where the doctors have very little financial incentive at least in the short run, it poses a great challenge to the program managers to keep the interest of the doctors alive with the program and keep it moving. SMC Blue Star program might need to take up appropriate schemes according to the expectation of the doctors to hold their interest towards the program. However, those who are not at all interested to continue should be replaced as soon as possible.

## **6.3 Profile of Successful Injectable Providers**

It is not easy to describe the profile of successful injectable providers from interviews of only 28 doctors because they were selected purposively as high, medium and low performance category. However, a few observations could be made from the client interview results.

Satisfaction of clients was quite high among the clients. The two major reasons for dissatisfaction were: 1) Higher price charged and 2) Side-effect encountered. As the high performing doctors charged comparatively less, satisfaction was higher there. They were also seen to push injection more often by their own hand than the low performers. The female providers were also seen to prefer by the clients. Regarding side-effect there was hardly any variation observed by the doctor category.

#### **6.4 Quality of Injectable Services Provided**

Quality of care of injectable, in the strict sense of the term, fell short of the program as many of the new clients received very little or no information on injectable before they got it. The influence of the doctor and the husbands, singly and jointly, were the prime deciding factor reported by the clients.

However, this does not necessarily lead us to conclude that the quality of services was not there. The high rate of satisfaction of the clients towards the services received carries a great value. Moreover, visitation of majority of the clients to the Blue Star doctors prior to taking injection from the outlet (describing the client-doctor understanding) may be responsible for providing less information to the client. However, it should be stressed to all the Blue Star providers that the standard quality of care issues in providing injectable should be observed.

#### **6.5 Opinion and Suggestions for better Program Performances**

Twenty-seven Doctors advocated strongly in favor of the proper, effective and massive propaganda/ campaign for "Blue Star" program. The suggestions included TV, Radio and Newspaper advertisement through which the people will know that injectable is the most useful, cost-effective and advanced contraceptive method. Nineteen assistants out of 27 also suggested like this. The other more frequently mentioned suggestions by the doctors and assistants were:

- Accepted principles of marketing of commercial products must be followed for the injectable, i.e., publicity, commission, incentives etc.
- Organize mobile film shows on injectable (suggested particularly by the assistants)
- Showing Cinema slides in the neighboring cinema halls
- Advertise in local newspapers
- Engage/involve female groups, volunteers and village doctors for door to door motivation and mobilization of clients
- Massive posturing outside the Blue Star outlets
- Financial incentives for the service providers, so that they would take more interest to increase the sale of the injectable convincing the clients. Three doctors advised regular refresher training for the program doctors.



Multi-dimensional promotion activities of injectable should be undertaken by SMC in close consultation with the providers. Use of female groups, village doctors and other volunteers could be tried.

Regular refreshers training for the program doctors should be organized. Close interaction with the doctors by the senior program/SMC personnel should be maintained.

# Appendices



## Observations of the "Blue Star" Outlets in the Injectable Tracking Survey

**Glow Signs** were seen in every outlet except one where it was erected in the Assistant's chamber (Dr. Nigar Sultana, Bogra). The glow signs were seen illuminated with electricity or told of so in night in every outlets except 3 places (Dr. P.K. Biswas of Khulna, Dr. Nigar Sultana of Bogra and Dr. Azhar Hossain of Rajshahi). In one outlet, glow sign was observed to be situated in a place, which could be seen only with difficulty (Dr. Sk. Nazrul Islam of Syedpur).

**Posters** were visible in all the outlets but one (Dr. Nigar Sultana of Bogra). Fourteen outlets were seen containing of 2 posters, 7 outlets containing 3 posters, 5 outlets containing a single poster and only one outlet was seen to contain 5 posters (Dr. Nurul Islam of Chittagong).

**Brochure:** Our team hardly found any Brochure in any outlet.

**Stickers** written "Blue star" were found in all the outlets in varying quantities except five.

**Adequacy of space:** According to the observation of our team, 19 outlets were seen to have optimum space for service delivery to the injectable clients.

**Time contributed in outlets:** Among the investigated doctors, a number seemed to give insufficient time for practicing in the Blue Star outlets (Dr. Shabnum Mustari of Demra, Dr. Bijon Kant iSirkerof Netrokona etc.). Some of them were seemed satisfied on relying upon their assistants like Dr. Hamidur Rahman of Santahar (a student of post graduation course in P.G.Hospital, Dhaka, at the time of the ITS study), Dr. Nigar Sultana of Bogra, Dr. Emdadul Hoque of Chapi-Nawabgonj( a busy Surgeon).

**Attitude towards ITS:** In at least 3 chambers, the doctors were found reluctant to respond to the questionnaire. It seemed to our team that they were not much interested about the program that they expressed in their attitudes (Dr. Khaled Kabir of Khulna, Dr. Maleka Parvin of Satkhira and Dr. Nazrul Islam of Syedpur).

**Difficulty in locating the clients required for interview:** In almost all the outlets, client name and address were not written properly, if written at all, in the register books supplied. So it was very difficult to locate the clients required for interview. In one instance, even with maximal cooperation from the outlet staffs, our team failed to reach any of the injectable clients (Dr. Abul Fatan, Narayangonj).

**Inadequate space for writing the client address:** It was revealed and also reported by those doctors that inadequate space for writing the client address in the register was the reason for not writing detailed address of the clients. However, the address was written on the client cards which did not come to any use in finding the clients.

### List of Doctors Interviewed

#### SMC Division: DHAKA (01)

Sl. No.	Name & Detail qualification of Doctors	Address	Place of Private Practice	Performance
01.	Dr. Rownak Jahan MBBS	Zaki Medical Center 38/2 Ring Road, Shamoly, Dhaka – 1207 Ph – 823018 (Ch)	Pharmacy	Low
02.	Dr. Nasim Ara begum MBBS	Samadhan Drug House 48/4 Kalayanpur Main Road Mirpur, Dhaka – 1216	Pharmacy	Medium
03.	Dr. Mahbuba Sultana MBBS	Uttaran Pharmacy 1/1 Block - E, Mirpur – 2, Dhaka – 1216	Pharmacy	Low
04.	Dr. Iffat Ara Begum MBBS	Mukti Nursing Home 233/B Khilgan Chowdhury Para, Dhaka. Ph 416189	Clinic	Low
05.	Dr. Sabnam Mustari MBBS	Prashanti Clinic, Tengra Road, Serulia Bazar, Demra, Dhaka	Pharmacy	Medium
06.	Dr. Capt. (Rtd) Md. Abul Fatam, MBBS.	Bani Drugs 117, Bangabandhu Road, Narayanganj	Pharmacy	Medium
07.	Dr. A. S. M. Sirajuddin MBBS	Jamuna Pharmacy Rail Road, Tongi, Gazipur	Pharmacy	High

#### SMC Division: MYMENSINGH (02)

Sl. No.	Name & Qualification of Doctors	Address	Place of Private Practice	Performance
08.	Dr. P. K. Roy	Sonali Medical Hall Phulpur, Mymensingh	Pharmacy	High
09.	Dr. B. Kanti Sarker	Drug House Chhoto Bazar, Netrokona	Pharmacy	Low
10.	Dr. Hasan Ali Khan	Khan Clinic Muktagachha, Mymensingh	Pharmacy	Medium

#### SMC Division: CHITTAGONG (03)

Sl. No.	Name & Qualification of Doctors	Address	Place of Private Practice	Performance
11.	Dr. Amjad Hossain MBBS	United Medical Store PS: Sitakundu, Chittagong	Pharmacy	High
12.	Dr. Nurul Islam MBBS	Health Corner 144, Darogahat, Madarbari PS: Raozan, Chittagong	Pharmacy	Medium
13.	Dr. U.S. Chakma MBBS	RMO, Dohazzari Hospital C/o. Sangu Lab., Arakan Road, Dohazzari, Chandnaish, Chittagong	Chamber	Medium
14.	Dr. Nazmun Nahar MBBS	Chattala Pharmacy Bibir Hat Road, Hamzarbag, Chittagong	Pharmacy	Medium
15.	Dr. Afroza Akhter Majumder	Chandrogon Medical Hall	Pharmacy	Medium



**SMC Division: KHULNA (04)**

Sl. No.	Name & Qualification of Doctors	Address	Place of Private Practice	Performance
16.	Dr. Profulla Kumer Biswas, MBBS	Fulbari Gate Bazar Khulna	Chamber	Low
17.	Dr. Khaled Kabir MBBS, DGO (Dubai)	Green Maternity Clinic 83 Gagan Babu Road, Khulna Ph-721016	Clinic	Medium
18.	Dr. Malika Parveen MBBS	Prodip Nibash Katia, Satkhira	Chamber	Low

**SMC Division: BOGRA (05)**

Sl. No.	Name & Qualification of Doctors	Address	Place of Private Practice	Performance
19.	Dr. Samsun Nahar MBBS	Palash Clinic Kalner para, Bogra	Clinic	Low
20.	Dr. Nigar Sultana MBBS	F. P. Project Katner Para, Bogra	Chamber	Medium
21.	Dr. Hamidur Rahman	Profaci Cure Home Sadar Road, Santahar	Pharmacy	Medium

**SMC Division: RANGPUR (06)**

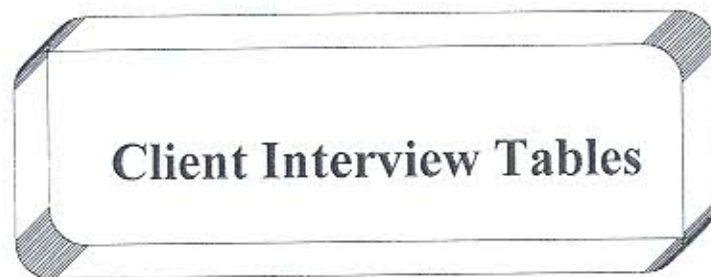
Sl. No.	Name & Qualification of Doctors	Address	Place of Private Practice	Performance
22.	Dr. Lutfa Begum (Tura), MBBS	Pagla Peer Clinic & Nursing Home Pagla Peer, Rangpur	Clinic	High
23.	Dr. Flora Shahin Akhter, MBBS	Hotel Raj Building Ershad Saroni, Rangpur	Chamber	High
24.	Dr. Farida Khanam (Rosy), MBBS	Ranjan Clinic Dhap Jail Road, Rangpur	Chamber	Low
25.	Dr. Sheikh Nazrul Islam, MBBS	Upasham Oushadhaloy Cinema Road, Syedpur, Nilphamari	Pharmacy	Low

**SMC Division: RAJSHAHI (07)**

Sl. No.	Name & Qualification of Doctors	Address	Place of Private Practice	Performance
26.	Dr. Md. Durrul Huda MBBS	Sima Pharmacy Natun Hat, Chapai Nawabganj	Pharmacy	Medium
27.	Dr. Md. Azharul Hossain, MBBS	Hossain Pharmacy Arani Bazar, Bagha, Rajshahi Ph-773010/5 (Res) 773010/27 (Ch)	Pharmacy	Low
28.	Dr. Md. Emdadul Haque, MBBS	Seba Clinic Godagari Road, Chapai Nawabganj	Clinic	Medium

**Total:** Male - 13      Pharmacy - 17      **Performance:** High - 5  
                  Female - 15      Clinic - 5                                      Medium - 13  
    Chamber - 6                                      Low - 10

## Appendix-C





**Table-1: Distribution of clients by sex of the doctors and by use status of injectable**

Sex of the Doctor	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Male	56 (77%)	17 (23%)	73 (100%)
Female	52 (90%)	6 (10%)	58 (100%)
<b>N</b>	<b>108 (82%)</b>	<b>23 (18%)</b>	<b>131 (100%)</b>

**Table-2: Distribution of clients by performance of the doctors and by use status of Injectable**

Doctor's Performance	Use status of injectable immediately before Blue Star		
	New	Switched	Total
High	24 (69%)	11 (31%)	35 (100%)
Medium	58 (85%)	10 (15%)	68 (100%)
Low	26 (93%)	2 (7%)	28 (100%)
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

**Table-3: Distribution of clients by SMC division and by use status of injectable**

SMC Division by Client	Use status of injectable immediately before Blue Star			N
	New	Switched	Total	
Dhaka	28	10	29.0%	38
Mymensingh	12	2	10.7%	14
Chittagong	22	3	19.1%	25
Khulna	17	-	13.0%	17
Bogra	6	5	8.4%	11
Rangpur	11	1	9.2%	12
Rajshahi	12	2	10.7%	14
<b>N</b>	<b>108</b>	<b>23</b>		<b>131</b>

**Table-4: Distribution of clients by age of clients and by use status of injectable**

(Figures in %)

Age of the Client	Use status of injectable immediately before Blue Star		
	New	Switched	Total
<20	5.5	4.5	5.4
20-24	29.5	9.0	26.0
25-29	35.3	25.9	33.4
30-34	18.5	21.7	19.0
35-39	11.2	26.0	13.8
40+	-	12.9	2.4
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

**Table-5: Distribution of clients by length of married life and by use status of injectable**

(Figures in %)

Length of Married Life	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Up to 1 Year	1.9	-	1.5
1+ to 3 Years	11.1	-	9.3
3+ to 5 Years	10.1	4.3	9.4
5+ to 10 Years	29.5	21.5	28.0
10+ to 15 Years	25.9	17.3	24.6
15+ to 20 Years	14.9	44.0	19.4
20+ Years	6.6	12.9	7.8
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

**Table-6: Distribution of clients by number of living son and by use status of injectable**

(Figures in %)

Number of Son	Use status of injectable immediately before Blue Star		
	New	Switched	Total
None	13.0	17.4	13.7
One	53.7	34.8	50.4
Two	-	-	-
Three	22.2	34.8	24.4
Four	9.3	8.7	9.2
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

**Table-7: Distribution of clients by number of living daughter and by use status of injectable**

(Figures in %)

Number of Daughter	Use status of injectable immediately before Blue Star		
	New	Switched	Total
None	31.5	8.7	27.5
One	40.7	39.1	40.5
Two	19.4	39.1	22.9
Three	6.5	13.0	7.6
Four	1.9	-	-
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>



**Table-8: Distribution of clients by number of living children and by use status of injectable**

(Figures in %)

Total Number of Children	Use status of injectable immediately before Blue Star		
	New	Switched	Total
None	-	-	-
One	25.9	8.7	22.9
Two	36.1	26.1	34.4
Three	19.4	30.4	21.4
Four	13.0	21.7	14.5
Five	3.7	13.0	5.3
Seven	1.9	-	1.5
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

**Table-9: Distribution of clients by age of the youngest child and by use status of injectable**

(Figures in %)

Age of the youngest child	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Up to 5 months	7.5	4.3	6.9
5+ months to 1 year	13.9	8.7	13.1
1+ to 2 years	18.3	13.0	17.6
2+ to 3 years	21.3	13.0	20.0
3+ to 4 years	10.3	26.0	13.0
4+ to 5 years	6.5	-	5.4
5+ to 10 years	16.7	26.0	18.0
10+ years	5.5	9.0	6.0
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

**Table-10: Distribution of clients by highest class passed by the client and by use status of injectable**

(Figures in %)

Class passed by the respondent	Use status of injectable immediately before Blue Star		
	New	Switched	Total
No schooling	25.9	34.8	27.5
1-4 class	10.2	17.4	11.4
5-9 class	37.1	34.7	36.6
10-11 class	16.6	4.5	14.5
12-14 class	10.2	8.6	10.0
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

**Table-11: Distribution of clients by profession of the clients and by use status of injectable**

(Figures in %)

Income other than the household work	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Household works alone	88.9	78.3	87.0
Government Job	0.9	-	0.8
Non Government Job	4.6	8.7	5.3
Outside Business	0.9	-	0.8
Household Business	1.9	4.3	2.3
Day paying labour	1.9	4.3	2.3
Other	0.9	4.3	1.5
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

**Table-12: Distribution of clients by education of their husbands and by use status of injectable**

(Figures in %)

Class passed by the respondent's Husband	Use status of injectable immediately before Blue Star		
	New	Switched	Total
No schooling	18.5	21.7	19.1
1-4 class	6.5	26.3	9.9
5-9 class	24.2	17.3	22.2
10-11 class	13.8	21.7	15.3
12 class	12.0	4.3	10.7
12+ class	25.0	8.7	22.1
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>



**Table-13: Distribution of clients by main occupation of the husbands and by use status of injectable**

(Figures in %)

Main Occupation of the Husband	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Household work alone/unemployed	1.9	-	1.5
Govt. Job	10.2	13.0	10.7
Non-Govt. Job/ Plumber/Scooter Driver	20.4	21.7	20.6
Outside Business	43.5	34.8	42.0
Household business	1.9	-	1.5
day paying Labour	18.5	30.4	20.6
Farmer	2.8	-	2.3
Other	0.9	-	0.8
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

**Table-14 : Distribution of clients by nature of the family and by use status of injectable**

(Figures in %)

Independent or Joint Family	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Single family	75.9	91.3	78.6
Joint family	24.1	8.7	21.4
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

**Table-15: Distribution of clients by size of household of the sample clients and by use status of injectable**

(Figures in %)

Size of Household	Use status of injectable immediately before Blue Star		
	New	Switched	Total
3-4 persons	37.0	21.7	34.3
5-7 persons	42.6	65.2	46.6
8-10 persons	9.3	8.7	9.1
10+	11.1	4.4	10.0
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

**Table-16: Distribution of clients by ownership of house of the clients in the town and by use status of injectable**

(Figures in %)

Whether own a house in the town	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Yes	56.5	34.0	52.7
No	43.5	56.5	45.8
Other	-	8.7	1.5
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

**Table-17: Distribution of clients by monthly house rent and by use status of injectable**

(Figures in %)

Monthly House Rent (Actual or Estimated)	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Up to Tk.200	19.4	17.4	19.0
Tk.201 – 500	20.4	26.0	21.4
Tk.501 – 1000	19.6	26.0	20.5
Tk.1001 – 2000	21.2	22.0	21.5
Tk.2001 – 5000	16.7	4.3	14.6
Tk.5000+	2.7	4.3	3.0
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

**Table-18: Distribution of clients by ownership of selected household assets/ facilities and by use status of injectable**

(Figures in %)

Household assets owned by the respondents	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Electricity	83.3	73.9	81.7
Radio/ Two-in-one	55.6	56.5	55.7
Television	53.7	52.3	53.4
Freezer	25.0	13.0	22.9
Motor Cycle	10.2	-	8.4
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>



**Table-19: Distribution of clients by whether regular subscriber of newspaper and by use status of injectable**

(Figures in %)

Regular Purchase of Newspaper	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Yes	22.2	17.4	21.4
No	77.8	82.6	78.6
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

**Table-20: Distribution of clients by monthly income of the client household and by use status of injectable**

(Figures in %)

Total Monthly Income	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Up to Tk.2,000	12.9	4.5	11.6
Tk.2,001 – 3,000	16.7	17.5	16.8
Tk.3,001 – 4,000	7.4	26.0	10.8
Tk.4,001 – 6,000	21.4	25.9	22.2
Tk.6,001 – 10,000	18.5	17.5	18.4
Tk.10,000+	23.1	8.6	20.2
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

**Table-21: Distribution of clients by ever use of FP methods by the clients and by use status of injectable**

(Figure in %)

FP methods used	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Condom	33.3	26.1	32.1
Pill	70.4	78.3	71.8
Injection	100.0	100.0	100.0
IUD/Copper-T	13.0	13.0	13.0
Traditional method	3.7	4.3	3.8
No Method ( Only category got within others)	4.6	-	3.8
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

Note: Injection is 100% for all clients because the question asked the present status for the current injectable users.

**Table-22: Distribution of clients by current use of FP method and by use status of injectable**

(Figure in %)

FP method currently using	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Condom	0.9	-	0.8
Pill	4.5	-	3.8
Injection	88.9*	100.0	90.8
Traditional method	0.9	-	0.8
Others	4.5	-	3.8
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

- 12 new users of injectable discontinued.

**Table-23: Distribution of clients by number of injection received from Blue Star and by use status of injectable**

(Figures in %)

Number of Injection received from Blue Star	Use status of injectable immediately before Blue Star		
	New	Switched	Total
1	70.8	65.2	69.7
2	29.2	30.4	29.4
3	-	4.3	0.8
<b>N (Only current users)</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-24: Distribution of clients by number of days before last injection received and by use status of injectable**

(Figures in %)

Days before last Injection Received	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Within 15 days	17.0	17.4	19.0
16 – 30 days	20.0	26.0	21.0
31 – 45 days	21.0	17.4	20.0
46 – 60 days	15.0	4.4	13.0
61 – 75 days	15.0	17.4	15.0
76 – 90 days	8.0	17.4	9.0
90 + days	4.0	-	3.0
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>



**Table-25: Distribution of clients by whether card given by the doctor and by use status of injectable**

(Figures in %)

Card given by the Doctor	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Have, Showed	86.5	60.9	81.5
Have, could not show	12.5	30.4	16.0
Don't have	1.0	8.7	2.5
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-26: Distribution of clients by whether the client reported the date of next injection correctly and by use status of injectable**

(Figures in %)

Reported date of next injection	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Reported correctly	75.0	47.8	69.7
Reported incorrectly	12.5	30.4	16.0
Card was not found	12.5	21.7	14.3
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-27: Distribution of clients by type of person accompanied by the client and by use status of injectable**

(Figures in %)

Person accompanied by the Client	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Alone	36.5	30.4	35.3
With Husband	33.3	17.4	30.3
Other: client/son/ daughter/sister/ Neighbor	27.1	47.8	31.1
Doctor/Assistant is her Relation	3.1	4.3	3.4
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-28: Distribution of clients by type of person accompanied by the client and by Doctor's sex**

(Figures in %)

Person accompanied by the Client	Sex of Service Providers	
	Male	Female
Alone	24.6	50.0
With Husband	37.7	20.0
Other: client/son/ daughter/sister/ Neighbor	31.9	30.0
Doctor/Assistant is her Relation	5.8	-
<b>N</b>	<b>69</b>	<b>50</b>

**Table-29 : Distribution of clients by type of person who pushed injection and by use status of injectable**

(Figure in %)

Person pushed Injection	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Doctor	36.5	39.1	37.0
Nurse/Asst.	61.5	56.5	60.5
Others	2.1	4.3	2.5
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-30: Distribution of clients by type of person who pushed injection and by doctor performance**

(Figure in %)

Person pushed Injection	Doctor performance		
	High	Medium	Low
Doctor	59.4	28.3	29.6
Nurse/Asst.	37.5	68.3	70.4
Others	3.1	3.3	-
<b>N</b>	<b>32</b>	<b>60</b>	<b>27</b>



**Table-31: Distribution of clients by type of person who pushed injection and by doctor's Sex**

(Figure in %)

Person pushed Injection	Doctor by sex	
	Male	Female
Doctor	21.7	58.0
Nurse/Asst.	73.9	42.0
Others	4.3	-
<b>N</b>	<b>69</b>	<b>50</b>

**Table-32: Distribution of clients by distance of pharmacy from household and by use status of injectable**

(Figures in %)

Distance of Pharmacy from Household (in meters)	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Within 100 meters	18.6	17.3	18.3
101 – 500 meters	31.2	22.0	29.4
501 meter – 1 km	19.0	17.3	18.3
1 + km – 2 km	22.0	26.1	23.0
2 + km – 5 km	5.2	17.3	7.5
5 km +	4.0	-	3.5
<b>N (Current Users)</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-33: Distribution of clients by method used just before injection and by use status of injectable**

(Figure in %)

Method used just before injection	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Condom	17.7	-	14.3
Pill	38.5	-	31.1
Injection	-	100.0	19.3
IUD/Copper-T	4.2	-	3.4
Traditional Method	1.0	-	0.8
Other Method	2.1	-	1.7
No Method	36.5	-	29.4
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-34: Distribution of switched clients by pervious source of receiving injection**

(Figures in %)

Previous Source of Receiving Injection	Switched
Govt.Hospital/clinic/ MCWC/FWC/THC	87.0
NGO Clinic	13.0
<b>N</b>	<b>23</b>

**Table-35: Distribution of switched clients by decision for changing source and by use status of injectable**

(Figure in %)

Decision for changing source	Switch
Non-availability in the previous place	39.1
Doctor/Asst. is relative	4.3
Distance/high transportation cost or time consuming in previous Place	26.1
Inconvenience in previous place/convenient time schedule in present place	13.0
Service quality not good in previous place/ For better service	21.7
Uterine bleeding in previous place of injection	4.3
<b>N</b>	<b>23</b>

**Table-36: Distribution of switched clients by number of doses received from previous source and by use status of injectable**

No. of doses received from Previous Source	frequency	%
1	3	13.0
2	2	8.6
3	1	4.3
4	5	21.7
5-6	3	13.0
7-8	3	13.0
9-10	2	8.6
11-20	2	8.6
20+	2	8.6
<b>N</b>	<b>23</b>	<b>23</b>

**Table-37: Distribution of clients by whether received treatment previously and by use status of injectable**

(Figures in %)

Whether Received Treatment Previously	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Yes, most frequently	52.1	34.8	48.7
Yes, sometimes	27.1	13.0	24.4
No	20.8	52.2	26.9
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-38: Distribution of clients by whether received treatment previously and by doctor performance**

(Figures in %)

Whether Received Treatment Previously	Doctor performance		
	High	Medium	Low
Yes, most frequently	18	21	19
Yes, sometimes	5	22	2
No	9	17	6
<b>N</b>	<b>32</b>	<b>60</b>	<b>27</b>



**Table-39: Distribution of clients by source of information about injection and by use status of injectable**

(Figures in %)

Source of information about injection	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Doctor/Asst./Pharmacist /Relative serve there	10.4	8.7	10.1
Doctor known before/Previous patient	43.8	39.1	42.9
Pharmacist told/seeing poster	18.8	13.0	17.6
Referred by previous place/clinic/Social Welfare dept.	-	21.7	4.2
Husband informed/Husband saw signboard	13.5	4.3	11.8
Other client/known Person/neighbor/sister informed	15.6	17.4	16.0
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-40: Distribution of clients by decision regarding choosing the outlet /Doctor and by use status of injectable**

(Figure in %)

Decision regarding choosing Doctor	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Dr./Asst./Pharmacist /relative serve there	3.1	-	2.5
With Doctor's/Asst.'s advice	43.8	17.4	38.7
Dr.'s/Asst.'s suggestion & Husband's advice	16.7	13.0	16.0
Husband decided Consulting doctor/wife	14.6	21.7	16.0
Husband decided	18.8	4.3	16.0
Non-availability in previous place	3.1	26.1	7.6
Time saving/ convenient/not remote	4.2	4.3	4.2
Suggested by Neighbor/other client/relative	4.2	4.3	4.2
Opportunity to enjoy other medical facility	2.1	4.3	2.5
Better service by Doctor/Asst.	3.1	-	2.5
Side-effect in receiving other method	1.0	-	0.8
Injections push in arm not in hip like hospital	-	4.3	0.8
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-41: Distribution of clients by expenditure for first dose and by use status of injectable**

(Figures in %)

Expenditure for first dose	Use status of injectable immediately before Blue Star		
	New Client	Switch	Total
Tk.10	14.6	26.2	16.8
Tk.11-15	16.7	21.7	17.6
Tk.20	20.8	39.1	24.7
Tk.21-49	6.2	8.7	6.6
Tk.50	28.3	-	22.7
50+	13.4	4.3	11.6
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-42: Distribution of clients by expenditure for first dose and by doctor performance**

(Figures in %)

Expenditure for first dose	Doctor performance		
	High	Medium	Low
Tk.10	32.4	11.7	11.1
Tk.11-15	28.1	18.3	-
Tk.20	21.9	23.3	29.6
Tk.21-49	6.3	10.0	-
Tk.50	-	30.0	33.3
50+	9.4	6.7	25.9
<b>N</b>	<b>32</b>	<b>60</b>	<b>27</b>

**Table-43: Distribution of clients by expenditure for first dose and by doctor's sex**

(Figures in %)

Expenditure for first dose	Doctor by sex	
	Male	Female
Tk.10	17.4	18.6
Tk.11-15	24.6	6.0
Tk.20	21.7	28.0
Tk.21-49	10.1	2.0
Tk.50	26.1	18.0
50+	-	28.0
<b>N</b>	<b>69</b>	<b>50</b>



**Table-44: Distribution of clients by expenditure for 2nd dose and by use status of injectable**

(Figures in %)

Expenditure for 2 <sup>nd</sup> dose	Use status of injectable immediately before Blue Star		
	New Client	Switched	Total
Tk.10	16.7	-	12.5
Tk.15	12.5	37.5	18.8
Tk.20	29.2	62.5	37.5
Tk.40	4.2	-	3.1
Tk.50	33.3	-	25.0
Tk.50+	4.2	-	3.1
<b>N</b>	<b>24</b>	<b>8</b>	<b>32</b>

**Table-45: Distribution of clients by problem arisen due to receiving injection and by use status of injectable**

(Figure in %)

Problem Arisen due to Receiving Injection	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Yes	59.4	52.2	58.0
No	40.5	47.8	42.0
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-46: Distribution of clients by problem arisen due to doctor receiving injection and by performance**

(Figure in %)

Problem Arisen due to Receiving Injection	Doctor performance		
	High	Medium	Low
Yes	53.1	58.3	58.0
No	46.9	41.7	42.0
<b>N</b>	<b>32</b>	<b>60</b>	<b>27</b>

**Table-47: Distribution of clients by side-effects and by use status of injectable**

(Figure in %)

Side-effects	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Ammenorrhea/scanty menstrual bleeding	57.9	75.0	60.9
Dysmenorrhea/backache/pelvic Pain	29.8	16.7	27.5
Irregular bleeding/Spotting	24.5	8.3	21.7
Weakness/discomfort	15.8	25.0	17.4
Dizziness/Headache/Vertigo	5.3	25.0	8.7
Burning sensation of the Limbs/Paresthesia	5.3	25.0	8.7
Excessive uterine Bleeding per vagina	3.5	8.3	4.3
Others (fever, decreased/increased lactation, body odema or becoming obese, leucorrhea, weakness)	12.4	8.3	11.4
<b>N</b>	<b>57</b>	<b>12</b>	<b>69</b>

**Table-48: Distribution of clients by measures received and by use status of injectable**

(Figures in %)

Measures Received	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Tolerated/No Measure Taken	57.9	25.0	52.2
Consulted Doctor but Received No Medicine	19.3	33.3	21.7
Consulted Doctor & received medicine	17.5	16.7	17.4
Had to go for treatment to other Doctor	1.8	8.3	2.9
Others	3.5	16.7	5.8
<b>N</b>	<b>57</b>	<b>12</b>	<b>69</b>

**Table-49: Distribution of clients by measures received and by doctor performance**

(Figures in %)

Measures Received	Doctor performance		
	High	Medium	Low
Tolerated/No Measure Taken	29.4	51.4	76.5
Consulted Doctor but Received No Medicine	47.1	17.1	5.9
Consulted Doctor & received medicine	17.6	20.0	11.8
Had to go for treatment to other Doctor	5.9	-	5.9
Others	-	11.4	-
<b>N</b>	<b>32</b>	<b>60</b>	<b>27</b>



**Table-50: Distribution of clients by decision made for and by use status of injectable**

(Figure in %)

Decision Made for	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Own Decision	59.4	87.0	64.7
Doctor's Suggestion	39.5	8.7	33.6
Assistant's Suggestion	-	4.3	0.8
Husband's pressure	1.0	-	0.8
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-51: Distribution of clients by decision made for and by doctor performance**

(Figure in %)

Decision Made for	Doctor performance		
	High	Medium	Low
Own Decision	78.1	65.0	48.1
Doctor's Suggestion	21.9	31.7	51.9
Assistant's Suggestion	-	1.7	-
Husband's pressure	-	1.7	-
<b>N</b>	<b>32</b>	<b>60</b>	<b>27</b>

**Table-52: Distribution of clients by decision made for and by sex of doctor**

(Figure in %)

Decision Made for	Sex of doctor	
	Male	Female
Own Decision	75.4	50.0
Doctor's Suggestion	21.7	50.0
Assistant's Suggestion	1.4	-
Husband's pressure	1.4	-
<b>N</b>	<b>69</b>	<b>50</b>

**Table-53: Distribution of clients by reported examination/asking prior 1<sup>st</sup> dose by the doctor and by use status of injectable** (Figure in %)

Examined/asked prior 1 <sup>st</sup> Dose by the Doctor	Use status of injectable immediately before Blue Star		
	New	Switched	Total
<b><u>Asked about</u></b>			
Age of the last child	19.8	26.1	21.0
General condition (Disease/discomfort Miscarriage/abortion)	12.5	26.1	15.1
Number of children	11.5	17.4	12.6
Got Jaundice or not	7.3	4.3	6.7
Asked about age	4.2	4.3	4.2
Chest pain/lump or tumor in breast	5.2	-	4.2
Problem in menstrual cycle	4.2	-	3.4
Problem in last Injectable/last method	2.1	4.3	2.5
Child breast-fed or not	3.1	-	2.5
Asked about nothing	12.5	17.4	13.4
Others (abdominal pain, diabetes, headache, hypertension etc)	14.1	21.6	15.1
<b><u>Examined</u></b>			
Measured blood pressure	59.4	43.5	56.3
Took weight	49.0	17.4	42.9
Examined eye/mouth	4.2	4.3	4.2
Didn't examine	13.5	43.5	19.3
Others	4.1	13.0	5.8
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-54: Distribution of clients by merits-demerits of injection informed by doctor and by use status of injectable**

(Figures in %)

Merits-Demerits of Injection informed by Doctor	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Satisfactorily	42.7	17.4	37.8
Moderately	30.2	13.0	26.9
Didn't consult	24.0	69.6	32.8
Didn't see the Doctor	2.1	-	1.7
Doctor is relative/ Known	1.0	-	0.8
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-55: Distribution of clients by merits-demerits of injection informed by doctor and by doctor performance.**

(Figures in %)

Merits-Demerits of Injection informed by Doctor	Doctor performance		
	High	Medium	Low
Satisfactorily	25.0	48.3	29.6
Moderately	21.9	21.7	44.4
Didn't consult	50.0	26.7	25.9
Didn't see the Doctor	-	3.3	-
Doctor is relative/ Known	-	-	-
<b>N</b>	<b>32</b>	<b>60</b>	<b>27</b>



**Table-56: Knowledge on injectable**

(Figures in %)

Knowledge on Injectable	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Easy/safe/feel safe/ Need to take every 3 month	68.8	65.2	68.1
May cause ammenorrhea/scanty or irregular menstruation	29.2	34.8	30.3
Better method/face no Problem or side effect	10.4	39.1	16.0
Won't feel problem breast/chest	16.7	13.0	16.0
Opportunity to conceive whenever desire	7.3	30.4	11.8
May lose appetite	8.3	8.7	8.4
May cause excessive uterine bleeding	3.1	13.0	5.0
Know nothing about Injection	4.2	-	3.4
Others	10.3	8.6	10.1
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-57: Distribution of clients by age of the youngest child and by use status of injectable**

(Figures in %)

Age of the youngest child in month	Use status of injectable immediately before Blue Star		
	New Client	Switched	Total
Up to 5 months	9.3	-	7.5
6 month to 1 Year	18.0	4.3	15.1
1+ to 2 Year	16.5	13.0	15.8
2+ to 3 Year	20.0	21.6	21.0
3+ to 4 Year	10.6	21.6	12.4
4+ to 5 Year	5.1	-	4.2
5+ to 10 Years	15.6	30.5	19.0
10+ Years	5.0	8.9	5.0
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-58: Distribution of clients by breast feeding status of the child and by use status of injectable**

(Figure in %)

Breast feeding status of the child	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Yes	51.0	30.4	47.1
No	38.5	13.0	33.6
Not Applicable	10.4	56.5	19.3
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-59: Distribution of clients by decision regarding continuation of injectable and by use status of injectable**

(Figures in %)

Decision Regarding Continuation of Injectable	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Remain in Injection Method	81.3	87.0	82.4
Will change if any Problem is faced	9.4	8.7	9.2
Will change the Injection Method	7.3	4.3	5.7
Don't know/Not sure	2.1	-	1.7
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-60: Distribution of clients by decision regarding continuation of injectable and by doctor performance**

(Figures in %)

Decision Regarding Continuation of Injectable	Doctor performance		
	High	Medium	LOW
Remain in Injection Method	84.4	81.7	81.5
Will change the Injection Method	3.1	6.7	11.1
Will change if any Problem is faced	12.5	10.0	3.7
Don't know/Not sure	-	1.78	3.7
<b>N</b>	<b>32</b>	<b>60</b>	<b>27</b>



**Table-61: Distribution of clients by decision regarding continuation of injectable and by use status of injectable**

(Figures in %)

Decision regarding changing Doctor	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Stay at the same Doctor	94.9	95.0	94.9
At the previous place/Where fees low	5.1	5.0	5.1
<b>N</b>	<b>78</b>	<b>20</b>	<b>98</b>

**Table-62: Distribution of clients by decision regarding continuation of injectable and by doctor performance**

(Figures in %)

Decision regarding changing Doctor	Doctor performance		
	High	Medium	Low
Stay at the same Doctor	92.6	95.9	95.5
At the previous place/Where fees low	7.4	4.1	4.5
<b>N</b>	<b>32</b>	<b>60</b>	<b>27</b>

**Table-63: Distribution of clients by satisfaction to services and by use status of injectable**

(Figures in %)

Satisfaction	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Satisfied	81.3	69.6	79.0
Moderately satisfied	12.5	21.7	14.3
Dissatisfied	6.3	8.7	6.7
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>

**Table-64: Distribution of clients by satisfaction to services and by doctor performance**

(Figures in %)

Satisfaction	Doctor performance		
	High	Medium	Low
Satisfied	78.1	78.3	81.5
Moderately satisfied	18.8	13.3	11.1
Dissatisfied	3.1	8.3	7.4
<b>N</b>	<b>32</b>	<b>60</b>	<b>27</b>

**Table-65: Distribution of clients by satisfaction to services and by doctor sex**

(Figures in %)

Satisfaction	Doctor by sex	
	Male	Female
Satisfied	75.4	84.0
Moderately satisfied	15.9	12.0
Dissatisfied	8.7	4.0
<b>N</b>	<b>69</b>	<b>50</b>

**Table-66: Distribution of clients by reasons for satisfaction/dissatisfaction and by use status of injectable**

Reasons for satisfaction / dissatisfaction	(Figures in %)		
	Use status of injectable immediately before Blue Star		
	New	Switched	Total
<b><u>Reason for satisfaction</u></b>			
Better service by doctor/ service providers	55.2	65.2	57.1
Easy access to doctor/ suggested to consult if problem arises	25.0	13.0	22.7
Doctor/Asst. relative or known	14.6	13.0	14.3
Very close to house/No Travelling cost required	10.4	21.7	12.6
Doctor listened & Suggested properly	9.4	-	7.5
Injection provided here are fresh and good	6.3	4.3	5.9
Requires less time	3.1	4.3	3.4
Doctor examined	3.1	-	2.5
Doctor himself pushed the injection	6.2	8.6	6.6
<b><u>Reason for dissatisfaction</u></b>			
Not pretty happy because service requires payment	2.1	8.7	3.4
	1.0	4.3	3.4
Costly service	4.2	-	3.4
Dissatisfied due to side-effect	6.2	4.3	5.8
Others			
<b>N</b>	<b>96</b>	<b>23</b>	<b>119</b>



**Table-67: Distribution of new clients by reason for quitting injectable and by use status of injectable**

Reason for quitting Injectable	Use status of injectable immediately before Blue Star	
	frequency	%
Because of ammenorrhea	9	58.3
Weakness/illness/Discomfort/ loss of appetite/vertigo/ Body-ache	4	33.3
Burning sensation of the limbs/paresthesia	2	16.7
Due to excessive uterine Bleeding after 1 <sup>st</sup> dose	2	16.7
Couldn't stay here at the time of injection	1	8.3
Because of Operation/ other disease	1	8.3
Became pregnant	1	8.3
Stopped taking after Knowing side- effects of injectable	1	8.3
Leucorrhea	1	8.3
Husband's disliking	1	8.3
Want child	1	8.3
<b>N</b>	<b>12</b>	<b>12</b>

(Multiple response)

**Table-68: Distribution of clients by whether the clients have heard or seen anything about SMC Blue Star and by use status of injectable**

(Figure in %)

Ever heard or seen about SMC Blue Star	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Yes	18.5	13.0	17.6
No	81.5	87.0	82.4
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

**Table-69: Distribution of clients by knowledge on SMC Blue Star and by use status of injectable**

(Figure in %)

Knowledge on SMC Blue Star	Use status of injectable immediately before Blue Star		
	New	Switched	Total
Injectable as FP method is supplied through Blue Star Shop	40.0	33.3	39.1
Seen the poster but knows nothing about it	25.0	-	21.7
Injectable is purchase able at SMC Blue Star shop	10.0	-	8.7
Can't say	35.0	66.7	39.1
<b>N</b>	<b>20</b>	<b>3</b>	<b>23</b>

**N:** Those who had ever heard or seen about Blue Star

**Table-70: Distribution of clients by ever seen by the client any IEC material any where and by use status of injectable**

(Figure in %)

Ever seen any IEC material anywhere	Use Status of Injectable immediately before Blue Star		
	New	Switched	Total
Bangla Poster	40.0	47.8	42.0
Sticker	13.9	8.7	13.0
Glow Sign	7.4	4.3	6.9
English Poster	3.7	-	3.1
Mobile Film	1.9	4.3	2.3
Others	0.9	4.3	1.5
Nothing	57.4	52.2	56.5
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

**Table-71: Reported advantages of availability of injection at pharmacy**

(Figure in %)

Advantages mentioned	Use Status of Injectable immediately before Blue Star		
	New	Switched	Total
Easy to consult a doctor/ better service	62.0	56.5	61.1
At a short distance/Time saving/ Don't need to wait	49.1	30.4	45.8
Available at any time/Not available in other places	18.5	47.8	23.7
Known doctor/Family physician/ Doctor is relative	20.4	8.7	18.3
Accessible any time/ at night	15.7	17.4	16.0
Can go alone	2.8	-	2.3
Can't say/don't know	3.7	-	3.1
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>



**Table-72: Opinion of clients about potential clients of injectable**

(Figure in %)

Potential Client according to the Clients	Use Status of Injectable immediately before Blue Star		
	New	Switched	Total
Who are rich/middle class/who are able to spend money for FP	38.0	47.8	39.7
Who don't want baby/less baby or want to delay pregnancy	25.9	26.1	26.0
Who suffer from side-effect using other method	13.9	-	11.5
Interested women for using injectable	7.4	13.0	8.4
Who are not willing to adopt permanent method (or fearful)	9.3	-	7.6
All women who thinks about FP	7.4	4.3	6.9
Who live adjacent/problem to go far away for injectable	5.6	4.3	5.3
Who breast feed/who have infant	5.6	4.3	5.3
Those who don't get injectable at other places	1.9	17.4	4.6
Service holder/have little time/ no time to visit hospital or FP clinic during daytime	3.7	8.7	4.6
Whose Doctor known/who comes usually	4.6	-	3.8
Ladies who are health conscious	3.7	4.3	3.8
Who wants fresh/good injection or better service	3.7	-	3.1
Others	8.5	12.9	9.2
Don't know/irrelevant	2.8	4.3	3.1
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

**Table-73: Whether the clients advised some other women for injectable**  
(Figure in %)

Advised for injectable	Use Status of Injectable immediately before Blue Star		
	New	Switched	Total
Yes	45.4%	56.5%	47.3%
No	54.6%	43.5%	52.7%
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>

**Table-74: Suggestions by the clients for local propagation strategy**  
(Figures in %)

Suggestions for local propagation strategy	Use Status of Injectable immediately before Blue Star		
	New	Switched	Total
Motivating by home visit/ Group discussion	49.1	47.8	48.9
If a client inform others	38.0	39.1	38.2
Posturing on the walls around the road	26.9	13.0	24.4
Informing the patient who usually visit doctor/pharmacy	13.0	8.7	12.2
Advertising through local Newspapers	13.0	8.7	12.2
Pasting posters in around the pharmacy	8.3	8.7	8.4
Announcing by loud speaker	4.6	21.7	7.6
Establishing satellite motivation & service clinic	2.8	17.4	5.3
Others (leaflet distribution, appointing local volunteer, mobile film, free service etc.)	4.5	21.6	7.6
<b>N</b>	<b>108</b>	<b>23</b>	<b>131</b>