

TEST MARKETING OF  
INJECTABLE CONTRACEPTIVE  
THROUGH  
NON GRADUATE MEDICAL PRACTITIONERS

Report on Kap survey on injectable — Follow-up Phase

Prepared for:  
**Social Marketing Company (SMC)**  
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**MRC-MODE Limited**

## 1.0. INTRODUCTION:

### 1.1. BACKGROUND:

Social Marketing Company (SMC), a non-profit company, is the largest private marketer of condoms, oral contraceptive pills (OCPs) and oral re-hydration salts (ORS) in the country. SMC also has another form of contraceptive, the *injectable contraceptive*.

Since August 1998, SMC has test marketed the provision of injectable contraceptive Depo-Provera through graduate medical practitioners (GMP) in private practices under its Blue Star program with the aim of increasing access of customers to a new supply source, which would enable them to expand the market for clinical contraceptives.

However, it is well known that given the population size, availability of doctors is very poor in Bangladesh. Apart from this, access to them is also many a times limited due to various factors like distance, time, affordability etc. Non-availability of doctors for injectable contraceptive deprives clients from easy access to injectable contraceptive, easy access to information, and basic counseling on side effects etc. For this reason, to promote the injectable contraceptive, SMC believed NGMPs (Non Govt. Private practitioners) participation will be effective in the extension of the Blue Star program in semi-urban and rural areas, which will greatly broaden the access of clients to injectable contraceptive.

In order to achieve the objectives, SMC carried out a test marketing exercise to assess the viability of the proposed extension through NGMPs. **MRC-MODE** had been commissioned to undertake a study to establish a benchmark for the Blue Star NGMPs. The study also generated understanding of the KAP, which was used to fine-tune the training program of 500 NGMPs.

After that a follow up study was conducted to assess or measure NGMPs current status of their knowledge and practice or change in practice with regard to injectable DMPA.

This document is the **MRC MODE's** report on findings of follow up study with appropriate reference to the benchmark study.

## 1. 2. Study Objective:

The main objective of second phase of the study was to assess the effectiveness of the test marketing program in terms of enhancing KAP of the NGMPs and providing quality services to the client and to assess clients' experience with injectable DMPA.

The follow up study was also directed to achieve following objectives:

- ⇒ To measure knowledge, understanding, practice and attitude of NGMPs with regard to injectable
- ⇒ To measure proper knowledge about counseling, screening ability and side effect management of NGMPs
- ⇒ To measure attitude of the users towards the injection
- ⇒ To assess level of satisfaction of the clients
- ⇒ To identify major obstacles for large-scale expansion

The overall objective of the study was to measure effectiveness of Blue Star program.

## 1.3. Research Methodology & Technique:

The study was designed as a two-stage survey. The first stage of it was the benchmark phase, where both qualitative and quantitative technique was applied.

The quantitative survey was conducted among sample NGMPs, using a questionnaire having both open-ended and closed-ended questions. Another sample of NGMPs were also interviewed in depth, to get qualitative information on their KAP.

Qualitative technique was also followed for the physicians to get a good understanding of their views about the NGMPs. In-depth one on one interview was conducted for this purpose.

The second stage of the study was follow up study, which was conducted to measure performance of the program.

A quantitative method was followed to collect data for follow up purpose. The sample NGMPs and injection users were interviewed using a structured questionnaire having both closed ended and mostly open-ended questions. The data was collected via one on one interview .



#### **1.4. Target Respondents:**

In the first phase there were two target groups: NGMPs and Graduate Physicians working under Blue Star program.

The followup phase had two target groups: NGMPs and Injectable DMPA users.

##### **NGMP:**

The selected Non Graduate Medical Practitioners (NGMP) trained under Blue Star Program were the target respondent of this category. They are working as injectable DMPA provider.

##### **Clients / users:**

Women who ever received DMPA from NGMPs under the Blue Star program were interviewed as clients. They were interviewed to assess the performance of the test-marketing program in terms of providing quality services to clients by the NGMPs.

#### **1.5. Sampling Design & Sample Size:**

Currently, the NGMPs are working in 48 districts of Bangladesh where Blue Star program is located. Out of that, we have covered more than half of the districts. The samples were drawn in such a way that they were geographically scattered and chosen within the Blue Star Program.

## NGMPs:

In this phase, 102 NGMPs were covered who are working under Blue Star program. They were selected randomly like they were selected in benchmark study. The ratio of the kinds of NGMPs was maintained same as that of benchmark study. Following is the sample size of NGMPs that was achieved for this study.

Location:	No. of NGMPs Benchmark study	No. of NGMPs Follow-up study
Chittagong	10	9
Jessore	9	9
Dhaka	4	5
Mymensingh	-	1
Kushtia	9	4
Jenidhah	2	6
Manikgonj	7	2
Munshigonj	-	5
Gazipur	-	2
Nilphamary	-	2
Dinajpur	8	2
Rangpur	-	6
Bagura	3	5
Chandpur	4	4
Laxmipur	-	2
Rajbari	6	5
Natore	7	1
Norsindhi	1	1
Magura	4	4
Khulna	-	1
Joypurhat	2	3
Moulavibazar	6	4
Coxbazar	-	1
Sylhet	10	8
Noakhali	1	1
Comilla	5	9
Rajshahi	4	-
Natore	7	-
Chuadanga	1	-
Khagrachari	2	-
Feni	3	-
Sherpur	2	-
Total:	110	102

Five physicians were also interviewed in benchmark study.

## Clients:

423 users of DMPA were covered in this study. They were selected from the clients list provided by the NGMPs. On average little over 4 clients were covered per NGMP. The clients were interviewed after they were selected randomly from the list provided by NGMPs. Following is the location wise sample size :

Location:	No.
Chittagong	33
Jessore	47
Dhaka	22
Mymensing	4
Kushtia	20
Jenidhah	23
Manikgonj	6
Tangail	6
Munshigonj	19
Gazipur	9
Nilphamary	6
Dinajpur	6
Rangpur	27
Bogra	20
Chandpur	14
Rajbari	16
Natore	2
Norsingdi	7
Magura	16
Khulna	1
Joypurhat	12
Moulavibazar	15
Cox's Bazar	7
Sylhet	31
Pabna	4
Noakhali	14
Comilla	36
<b>Total:</b>	<b>423</b>

## THE FINDINGS

## 2.0.Profile of the NGMPs:

The information that were gathered from Benchmark survey and Follow up survey are as follows:

### 2.1Demographic profile:

The demographic Profile of the clients are provided as follows:

General Profile:	% All Benchmark Study	% All Follow up Study
Average age (year):	40	40.1
Sex:		
Male	89	96
Female	11	4
Marital Status:		
Married	93	98
Education:		
Passed Fazil	-	1
Class 5-9	2	
S.S.C./ H.S.C.	83	85
Graduate	13	11
Graduate+	3	1
Base: Total number of NGMPs	109	102

While interviewing the NGMPs, we have covered their general profile first. The information shows more or less initial profile of the NGMPs during both the phases. It was again found that they are quite senior in age, mostly men, and majority of them have education upto S.S.C./ H.S.C level.



### Professional profile:

<u>Occupation:</u>	<u>% All</u> <b>Benchmark study</b>	<u>% All</u> <b>Follow up study</b>
Private practice	95	96
Service	17	17
Both	12	13
Mean Duration of practice (yr.)	15.4	15.89
Average daily time of practice (hrs)	9.8	10.5
Average daily male patient (no.)	17.3	14.3
Average daily female patient (no.)	10.3	17.7
Average daily child patient (no.)	10.3	12.4
Have own Pharmacy	80	82
Daily average sale from pharmacy (tk.)	1950	2978
Average number of employee	1.5	1.5
Visits patient	83	90
Base: Total number of NGMPs	109	102

All of the NGMPs are professionally matured. Almost all of them are engaged in private practice. On an average they see more than 17 female patients a day. More than three fourths of them have their own pharmacy and has average number of 1.5 employees working under them.

### 2.2 Range of service provided:

Certain services were checked in the benchmark phase to check their eligibility for the program, to administer injections. The data obtained from the follow up study again shows that the NGMPs were asked about the other practices like breaking used syringe, providing information about injection massaging after administering injection.

<b>Service</b>	<b>% All</b> <b>Benchmark</b> <b>Study</b>	<b>% All</b> <b>Follow up</b> <b>Study</b>
Apply injection in muscle	96	99
Apply injection in vein	94	96
Apply saline in vein	95	97
Apply injection in skin	82	80
Measures blood pressure	97	99
Put on dressing or bandage	93	97
Breaks the used syringe / needle	-	90
Provide information about injection	-	93
Massage the area where injection is applied	-	31
Base: Total number of NGMPs	109	102

A high majority of the NGMPs is administering injection, measuring blood pressure and providing information on DMPA. Most of them also destroy the syringe or needle they use. The practice of massaging after applying injection is present among more than a quarter of NGMPs.

### Family planning service:

The following table shows the proportion of the NGMPs who administer and advises various family planning methods.

FP methods:	% All Benchmark Study		% All Follow up Study	
	Administers	advises	Administers	advises
Pill	76	18	69	30
- COC	45	15	26	10
-Progestion only	39	15	29	22
DMPA	39	40	100	-
Norplant	2	17	3	30
Ligation	0	51	6	55
Vasectomy	1	35	5	40
Condom	58	21	66	32
IUCD	4	29	6	32
Base: Total number of NGMPs	109	109	102	102

Administering of pill and condom is much higher than that of other methods of family planning except DMPA. Administering of pill has slightly decreased from that of benchmark phase.

Clinical methods like Vasectomy and ligation are methods which are rather advised than administered by the NGMPs.

As expected, all the NGMPs now administer DMPA.



### 2.3. An overview of the knowledge of NGMPs about DMPA :

The knowledge and perception they have about DMPA injectable is shown below:

Key parameters:	% All Benchmark Study	% All Follow up Study
<b><u>Name Recall</u></b>		
Depo Provera	69	98
Norstain	1	-
Hormone injection	1	-
Blue Star	-	1
Birth Control injection	-	1
Do not know	29	-
<b><u>Ingredient Name</u></b>		
Estrogen & Progesterone	17	-
Two types of hormone	6	-
Progesterone	-	60
Iron	-	1
Estrogen	-	9
Hormone	-	7
Do not know	77	30
<b><u>Ingredient Type</u></b>		
Hormone type	69	92
Different type	-	1
Do not know	31	7
<b><u>How it works</u></b>		
Stops ovum production	17	-
Creates environment for not to conceive	4	-
Controls menstrual cycle	3	-
Hormone mixes with blood and acts	2	-
Makes sperms inactive	2	-
Does not let chromosome X and Y contact	-	6
Does not let sperm enter the uterus	-	11
The hormone of it destroys sperm	-	5
Creates sticky lining in the surface of the ovum and destroys it	-	10
The sticky substance in the uterus unable ovum and sperm to get contact with each other	-	21
It works like oral pill	-	1
It creates lining in the uterus and destroys effectiveness of sperm	6	11
It keeps the uterus inactive	-	3
Does not let ovum go out of the uterus	-	13
Hinders maturity of ovum	-	14
Creates an environment where ovum can not stay in the uterus	-	3
It helps to control birth slowly	-	5
Do not know	65	8

Key parameters:	% All Benchmark Study	% All Follow up Study
<b>Frequency of administration</b>		
Every three months or 90 days	71	100
90 days $\pm$ 14 days	2	-
<90 days	2	-
>90 days	2	-
One after 30 days and another after 90 days	16	-
Do not know	7	1
<b>Duration of its effectiveness</b>		
< 90 days	5	3
90 days	88	94
180 days	1	3
Do not know	6	-
<b>Success Rate</b>		
Upto 90%	17	6
91% - 99%	19	43
100%	49	51
Do not know	24	-
<b>Price (Tk)</b>		
30	-	2
25	-	2
20	17	25
>20	7	-
15	15	12
<10	2	-
10	12	58
>10	-	1
Base : total number of NGMPs	120	120

Almost all of the NGMPs have successfully recalled the name of the injection. Only a small minority of the NGMPs could not recall the name properly or confused it with the name of the program.

The general perception of the NGMP that it is a Hormone-based injection has been strengthened now with right knowledge. The proportion of them who has the much higher than that previous phase.

Awareness of the ingredient name is high but around a third of the NGMPs could not recall the name.

Their knowledge about its success rate, effectiveness and frequency of administration is at a highly satisfactory level.

However, the knowledge of the NGMPs regarding how the injection works or prevents conception is rather vague or wrong in case of majority.



## 2.4. Knowledge and eligibility / screening:

### Eligible Age:

During the benchmark study, a high majority of the NGMPs mentioned an age range, which had upper limit till menopause (40 – 45 years). Most of the respondents rather mentioned the ideal age which was 20 yrs – 30 yrs after having at least one or two children.

In follow up study, the majority of the NGMPs have mentioned the eligible age for taking the injection starts from 20 years to 45 years (34%).

The minimum eligible age of clients to whom DMPA can be administered was recorded 15 years in previous study, which was mentioned by only 15% of the NGMPs. Where in currently conducted study, minimum age for administering DMPA was mentioned as 16 years. Only 9% of the respondents have mentioned an age range of 16 to 45 years. The rest of the respondents have given various opinions regarding minimum age of the injection users. Those who mentioned 25, 30 and 35 as minimum age of eligible respondents are fewer proportions (24%, 2%, 1% respectively). About 5% of the NGMPs have their opinion that the injection can be applied after having one child.

In follow up study a minority of the respondents (6%) has mentioned maximum age of eligible women was 55 years to whom the injection can be applied.

### Necessary checkup prior to administering DMPA:

The NGMPs were asked what physical examinations are required prior to administering the injection. Their responses are shown below:

<b>Examinations:</b>	<b>% All Benchmark Study</b>	<b>% All Follow up Study</b>
Blood Pressure	79	98
Weight	35	88
Breast check	23	76
PV	11	39
Diabetes	-	4
Jaundice	17	8
Different diseases	-	2
Ask whether having Irregular menstruation	-	4
Heart diseases	6	3
Whether has worm in stomach	-	1
Cancer	-	1
Urine	5	1
Liver problem	13	-
Blood test	8	-
Tumor in uterus	7	-
ECG	5	-
Do not know	15	-
Base: Total number of NGMPs	109	102

Almost all of the respondents examine blood pressure before administering the injection. Over all knowledge of check up is also quite satisfactory – weight breast check and PV knowledge is quite satisfactory.

#### Necessary information provided prior to administering DMPA:

They were inquired about contra indications, relative contra indications, and merits - demerits of DMPA.

#### Contra indications:

The NGMPs were asked to mention at least three contra indications for which if present, DMPA must not be administered. The contra indications mentioned are as follows:

<b>Contra indications:</b>	<b>% All Benchmark Study</b>	<b>% All Follow up Study</b>
Jaundice	12	49
Diabetes	27	47
Blood pressure	44	59
Diarrhea	-	4
Cancer	-	33
Pregnancy	12	19
Heart diseases	17	24
Hysteria	-	1
Tuberculosis	-	6
Who has no child/ unmarried person	-	35
Asthma	11	7
Heavy Bleeding	-	13
Tumor	5	10
Uterus problem	6	7
Breast tumor / Breast cancer	-	45
Weakness / blurred eyes	-	4
Headache / Migraine	-	9
Gastric	5	2
Gynecological problem / Irregular Menstruation	10	11
Amenorrhea	-	6
Obesity	-	7
Bleeding during intercourse	-	3
Anemia	-	3
Problem that is mentioned in the check list	-	1
AIDS	-	1
Leukoria	-	1
Kidney problem	8	-
Liver problem	8	-
Blood cancer	5	-
Do not know	23	-
Base: Total number of NGMPs	109	102



Generally, mentions of contra indications are significant, particularly high blood pressure, Jaundice, tumor or cancer in breast and diabetes. The proportion who have mentioned this is higher than those who has mentioned in benchmark study except Tumor and cancer which was not mentioned in the previous study at all.

However, accurate knowledge up to what severity level of these conditions DMPA must not be administered is not evident.

It was also mentioned by a substantial proportion that women without any child should not be given DMPA.

#### Relative Contra indications:

They were also asked to mention three relative contra indications for which DMPA can be administered with caution.

Relative Contra indications:	% All Benchmark Study	% All Follow up Study
Cold fever / coughing problem	-	7
Hysteria	-	1
Diabetes	4	28
Irregular menstruation	-	24
Blood pressure / Low pressure	14	38
TB	-	1
Gastric	-	4
Tumor in breast	-	4
Weakness	-	2
Leukoria	-	1
To a person who has 1/2/3 children	-	6
After examining the patient	-	3
Jaundice	-	12
Headache	-	5
Cancer	-	2
Who is not pregnant	-	1
Who is not obese	-	8
Nausea	-	2
Anemic	2	1
Who feeds child breast milk	-	2
Dizziness	-	1
Amenorrhea	-	6
Heavy bleeding	-	5
Tumor in uterus	6	2
Who can not keep record of her menstrual cycle	-	2
Asthma	2	-
I do not take any risk	-	7
Weak heart	5	-
Kidney problem	2	-
Do not know	60	-
Base: Total number of NGMPs	109	102

Again misconception is prevalent to a great extent regarding relative contra indication. Their knowledge about relative contra indication is quite poor.

## 2.5. Merits & demerits of DMPA:

### Merits:

The NGMPs were asked to tell about three merits of DMPA. The merits of DMPA mentioned by the NGMPs were as follows:

Merits of DMPA:	% All Benchmark Study	% All Follow up Study
It helps to improve health / women become healthier	-	20
Cures Lukoria	-	2
Cures dizziness	-	5
Gives protection for three month / safe method	50	60
Privacy can be maintained	-	11
Easy method	6	23
Do not have any problem like taking pill / condom	-	46
No need to use it very frequently	68	34
Not so expensive / free	24	32
Do not cause any lump on stomach / uterus cancer / any problem in breast	-	9
Has no / less side effect	19	3
Increases production of breast milk / does not lessen flow of breast milk	4	4
Cures Anemia / Endrometiosis	-	10
Easily available	1	10
Family can be kept small	-	4
User can remain tension free / does not cause any problem during intercourse	5	6
Ensures regular menstruation	3	4
Lessen possibility of STD	-	2
Increase appetite	-	2
No chances of sterility	-	2
Can take care of children properly	-	2
Does not worsen gastric	4	
No need to go to hospital /Field workers can apply it	1	1
Base: Total number of NGMPs	110	102

As merits of DMPA most of them have mentioned that the clients can be assured of not getting pregnant for three months and they also feel that it is more convenient to take than to have pills. They have some misconception about curing other diseases like Anemia, Lukoria or Endrometiosis etc.



### Demerits:

They were also asked about at least three demerits of the DMPA. Their responses to that are shown as below:

Demerits of DMPA:	% All Benchmark Study	% All Follow up Study
Obesity	16	19
Spotting	-	46
Dizziness/ Nausea / Blurred eyes / headache	38	41
Amenorrhea	27	44
Prolonged / heavy bleeding	42	35
Heart diseases	-	1
Harmful to body	-	4
Weight loss	-	23
Blood pressure	7	5
Uterus problem	-	1
Irregular menstruation	-	18
Polimanuria	-	1
Pain in abdomen	-	5
Burning sensation	5	2
Inability to conceive during three months of taking the injection	-	5
Expensive	-	1
Not suitable for those women who are afraid of injection	-	3
Causes depression	-	3
Continuous bleeding may lead to sterility	-	1
Anemia	7	
Has no demerits	-	10
Do not know	24	
Base: Total number of NGMPs	109	102

Menstrual related problems like Amenorrhea, spotting, irregular menstruation are the higher mentioned demerits. These were also mentioned in previous study except spotting. Nausea, headache, dizziness caused after using this method are also mentioned by a high proportion in previous study as well as in current study.

## 2.6. Time of administering DMPA:

Time of administering:	% All Benchmark Study	% All Follow up Study
With in 3/5/7 days of menstruation	39	89
Right after menstruation	12	7
With in particular time of menstruation	-	6
After one or two children	-	2
At the beginning of menstruation	23	-
Any time, if she is not pregnant	4	1
Do not know	25	2
Base: Total number of NGMPs	109	102

The knowledge of the NGMPs regarding time of administering DMPA is alright they inject right after menstruation or within a short time of 3/5/7 days.

## 2.7. After usage of syringe and needle:

All the NGMPs (100%) have mentioned that they use disposable syringe every time they administer DMPA.

All of them have mentioned that they change both needle and syringe after using once and destroy the used ones. They were also asked what they do with the syringe and the needle. They have mentioned several ways of destroying them as shown below:

After using needle & syringe:	All%
Bury the needle in the ground	24
Bury the needle in the ground and break the syringe	7
Burn them after cutting with machine	10
Break the needle and burn the syringe	3
Throw them out	34
Break them or destroy them	30
Base: Total number of NGMPs	102

Though their destroying of used syringe and needle is quiet satisfactory, the percentage of usage of syringe crusher is very low.

## 2.8. Knowledge about side effect and their management:

### **Side effects:**

The side effects that were mentioned by the NGMPs are shown in the table:

Side effects:	% All Benchmark Study	% All Follow up Study
High blood pressure	6	7
Spotting	-	47
Amenorhea	-	54
Dizziness	34	39
Irregular menstruation	51	27
Heavy bleeding	17	40
Obesity	17	42
Polimanuria	-	1
Pain in lower abdomen / limbs	6	8
Swelling of / lump on body	6	1
Delays further pregnancy	-	3
Burning sensation	-	2
Headache	-	1
Liver problem	-	1
Asthma	-	1
Weight loss / weakness	11	2
Falling of hair	-	2
Has no side effect	-	8
Do not know	27	-
Base: Total number of NGMPs	109	102

The highly mentioned side effects as mentioned are amenorhea, spotting, obesity etc. Amenorhea and spotting were mentioned only in follow-up study. Their knowledge of major side effects is quiet satisfactory, though they have some misconception of falling hair, asthma, liver problem, pain in different parts of the body etc. A very few of them have also mentioned, only in this phase, that it has no side effect.

### **Management of Side effect:**

In response to the question what three things should be done incase of amenorhea and heavy or prolong bleeding, the NGMPs gave the following view:



Amenorhea:	% All Benchmark Study	% All Follow up Study
Suggest to continue	35	-
Suggest to rest	2	-
Test pregnancy	-	1
Blood pressure	-	3
Suggest Thymomyte / Stemetil / Ovastat tablet	-	5
Suggest Iron tablet / Vitamin B complex	-	9
Tell them it is normal / not to worry	-	75
Tell them to wait for 7 days	-	2
Suggest pill / medicine	18	13
Suggest to come after next menstruation	-	1
Tell them it will be cured after two dose / next dose	-	14
Suggest Nemestogen injection / antibiotic injection	2	1
Suggest Urine test	-	1
Give them proper treatment	-	2
Refer to Gynecologist / senior doctor / relevant expert	33	9
Suggest them to have nutritious food	-	2
Suggest to discontinue	14	1
Tell them it is just a side effect they will overcome later	-	1
No one came with any problem	-	17
Suggest MR	2	-
Do not know	12	-
Base: Total number of NGMPs	109	102

In case of Amenorhea they mostly tell their clients not to worry because it is just side effect of the injection. Referral to doctors is quite low. Some NGMPs also provide vitamin/ medicine/OCP.



In case of heavy or prolonged bleeding they have mentioned that they do the following things:

Heavy / Prolonged bleeding:	% All Benchmark Study	% All Follow up Study
Saline, if suffers form Anemia as a result of heavy bleeding	-	2
Suggest Antibiotic/ Iron tab. / vitamin B complex	14	11
Suggest OCP for 7 days	28	16
Suggest Femicon tab. For twice a day	-	15
Suggest pills for 10 days	-	11
Give them general treatment	-	11
Titenus injection	-	1
Refer to Gynecologist / Senior doctor / Thana Health Complex	45	40
Suggest Hormone tab. (Norted 28)	-	3
Suggest next / 3 dosage	-	9
Suggest Anaroxyn tab.	-	1
Discontinue method	3	2
Amoxacillin capsule	6	-
Rest	-	-
Suggest D & C	6	-
Examine cause of bleeding	-	1
Marvelon / Mathergil / Ovastat / Ovacon / Menicon tab.	-	5
No one came with any problem	-	8
Do not know	13	-
Base: Total number of NGMPs	109	102

Regarding heavy or prolonged menstruation, most of the cases the clients are either refer to Gynecologist or will advise to take hormonal pills.

## 2.9. Belief in common misconceptions:

The NGMPs were directly questioned as to what they think about being sterile or reduction of milk production as an after effect of taking DMPA.

	<b>% All Benchmark Study</b>	<b>% All Follow up Study</b>
Yes	16	9
No	75	89
May take time to get pregnant	2	2
Do not know	7	-
<b>Whether milk production reduce in case of lactating mother:</b>		
Yes	28	7
No	62	92
Rarely, yes	3	1
Do not know	7	-
Base: Total number of NGMPs	109	102

Misconception regarding becoming sterile and reduction of milk production is very low and this is quite lower than earlier.

Following questions were covered only in the follow up phase:

## 2.10. Sufficiency of Knowledge about DMPA for client service:

The NGMPs were questioned whether they have sufficient knowledge about DMPA. More than half of them (53%) responded that their knowledge About DMPA is somewhat sufficient for client service and less than a quarter of them (23%) have admitted that they do not know much about it.

The NGMPs have shown their interest in knowing more about DMPA. They said it would have been better if they knew about the following subjects:

<b>Area of interest:</b>	<b>% All Follow up Study</b>
Want to know more about curing menstruation problem	2
Menopause	1
More training on DMPA injection	26
Side effect management	26
More about effectiveness of the injection	11
How to inspire more client to have more child	2
More about other methods of birth control	6
Curing other diseases	9
Ingredients of DMPA	1
Base: Total number of NGMPs	102

The NGMPs have expressed their interest in side effect management. More than a quarter of them wants to have more training on DMPA.



## 2.11. Supply of injectables:

It was checked with the NGMPs whether they are having any problem regarding supply of injectable. About 9% of the NGMPs have mentioned that they had problem in getting supply of it.

The problems they have faced regarding supply were as below:

Problems faced regarding supply:	%
Did not get adequate supply in time when they ran out of stock	89
Got less supply	22
Could not collect supply in time	22
Some times it costs more	11
Clients went to other place when they had no supply	11
Base: Who faced problem regarding supply	9

About 33% of the NGMPs, who had problem of getting supply, had to send away average number of two clients due to shortage of stock.

## 2.12. Record card:

The response to the question, whether they provide their clients with record card, was positive in case of all of the NGMPs(100%).

They fill up following parts of the record card when their clients come to them after 1<sup>st</sup> dose of injection.

Keeps record of:	All%
Date of next / second dose	98
Date of first dose	42
Blood pressure	9
Name of the user	10
Name of the user's husband	9
Address	9
Weight	10
Age of the client	3
Signature	15
Fills up overleaf of the card	6
No. Of children	4
Age of last child	1
Registration no.	3
Could not give card due to shortage	1
Base: Total no. of NGMPs	102

Their maintenance of record card is at a satisfactory level.

### 2.13 Need for training on other subjects:

The NGMPs were asked whether they need any training on other subjects or other area. More than three-quarter of them (85%) has expressed their interest in training on other subjects.

Their areas of interest for training are shown under:

Area of interest:	All%
Diabetes	3
Jaundice	2
More about DMPA	18
MR	2
Norplant	8
About anatomy	2
Diarrhea	11
Curing Gynecological problem	13
Other birth control method	22
Medicine	10
Veterinary	5
TB	3
Pathology	2
Surgery	23
Curing new diseases	8
Modern technology used in treatment	10
Ligation	5
Asthma	1
About arsenic	1
Any SMC training	1
DNC	1
Encourage people to conceive	1
Lever	1
Vasectomy	2
Heart diseases	3
LMP	1
Dental / nose / throat/ ear treatment	2
Mother & child care	1
Physiology	1
Pharmacology	1
Gastric	1
Typhoid	2
Pneumonia	2
Pediatrics	1
Fever	1
Malaria	1
AIDS	1
Base: No. of NGMPs want to have training on other subject	87

They have shown their interest in getting training in various area of medical science. Highest mentioned subject of training is other birth control method and also DMPA, surgery and gynecological problem.



## **2.14 Suggestion for increasing no. of clients:**

In order for large-scale expansion, the NGMPs were asked to suggest about what should be done to increase number of clients. Their suggestions regarding that are as under:

<b>Suggestions to increase number of clients:</b>	<b>All%</b>
Providing fridge to store more injection	1
Disseminating information through Radio / TV / Newspaper etc.	86
Providing more facilities to NGMPs to attract more clients	10
Appointing more injection providers	2
Maintaining separate place for injection users / maintaining privacy	1
Providing free injection / reducing price	6
Disseminating information by knocking door to door	1
Miking / distributing leaflet	8
"Bioscope" / Mobile film	37
Signboard / poster / advertising by painting on the wall	26
Disseminating information via satisfied clients / volunteers	5
With the help of doctors / union office	4
Arranging conferences / training programs	5
Increasing duration of the effectiveness of DMPA	2
Ensuring regular supply	2
Do not know	1
Base: Total no. of NGMPs	102

For large-scale expansion of the program, the NGMPs mostly suggested disseminating information through different media like TV, radio, newspaper, mobile film etc. Some also suggested facilities to NGMPs.

## **2.15 About Blue Star program:**

The program has positive impact on NGMPs mind, which is reflected in their responses when they were asked whether they have any comment on Blue Star program.

<b>Suggestions / comments about Blue Star:</b>	<b>All%</b>
It is a good / beneficial program / directed to noble objective	62
Good effort of SMC in providing birth control method	16
Provides effective method / privacy can be maintained	14
Helping to spread family planning program	4
Helping the country to reduce population growth rate	16
Needs more publicity	25
Provides cheaper method of birth control	7
Provides good opportunity for doctors	3
Base: Total no. of NGMPs	102

About a quarter of NGMPs have suggested that Blue Star program needs more publicity in order to let more people know about it.

### 3.0 Client:

The current users of DMPA along with the lapsed users who used to take the injection before but currently using other method or not using any method were covered only in follow-up phase.

#### 3.1 Demographic profile:

The demographic profiles of the user of injectable DMPA are as follows:

	All %
<b>Age of the users:</b>	
Below 20 years	3
20 – 30	58
30 – 44	35
40 – 50	4
Mean age (yrs.)	29.3
<b>Educational Background:</b>	
Illiterate	27
Literate but has no formal education	18
Studied upto or below IV	9
Class V – IX	28
S.S.C. / H.S.C.	14
Been to college but not graduate	1
Graduate / Graduate+	2
<b>Occupation:</b>	
Home maker	98
Others	2
<b>Duration of married life:</b>	
Average (yrs.)	13.15
<b>Children:</b>	
Average no. of children (No.)	3.0
Average age of last children (yrs.)	4.5
<b>Family Income:</b>	
Average disposable income (TK.) excluding house rent	4,505
House owner	86
Base: Total number of respondents	423

Majority of the clients are relatively younger as per their reported age.

However, they are married for over 13 years, have on an average 3 children the youngest of them are about 4.5 years old. Hence they are deserving clients of DMPA. They are mainly housewives and nearly 3/4<sup>th</sup> of them are at least literate.



### 3.2 Birth Control Method used:

In order to understand about the methods that generally used for birth control and reason for switching to other method, few questions were covered. Data obtained from there are as below:

#### **Method used so far:**

The clients were asked what are the kinds of methods they have used upto now. Their response is shown below:

Methods used up to now:	All %
Pill	75
Injection (DMPA)	100
Condom	8
IUCD	2
Norplant	1
Others	2
Base: Total no. of injection users	423

Excluding DMPA, the mostly used method is pill.

#### **Method currently using:**

Currently the methods they are using:

Currently using:	All %
Pill	4
Injection (DMPA)	94
Condom	1
IUCD	-
Norplant	-
Do not use anything	1
Base: Total no. of injection users	423

The table shows that a minority of them has switched to other method or not using any method.

#### **Method used just before using DMPA:**

The users of injection were questioned whether they were using any other method just before starting the injection. A little less than three fourth of them (73%) have mentioned that they were using other methods before injection.



The methods they were using were as follows:

Methods used:	All %
Pill	93
Condom	4
IUCD	2
Norplant	1
Other methods	1
Base: Those who used other methods prior to DMPA	309

Pill is found to be widely used method among them before switching to DMPA.

The reasons they gave for taking the injection instead of the previous method are as under:

Reasons :	All %
Heavy / prolong bleeding	5
Had to take pill every day	12
Dizziness / Blurred vision	49
Weakness	16
Vomiting tendency	3
Loss of weight	17
Headache	1
Burning sensation in limbs	2
Heart burn	2
Injectable is a safe method / can not be pregnant for 3 months	14
Had problem with previous method / does not suit the body	9
White discharge	1
Reduced production of breast milk	2
Pain in waist / limbs / stomach	3
Had fever	2
Menstruation stopped after taking pills	1
The injection is a new method	3
Pill is a harmful method	3
Loss of appetite	3
Husband / Doctor suggested	3
Gastric problem	4
Irregular menstruation	3
Put on weight	3
Influenced by other injection users	1
Base: Those who used other methods prior to DMPA	309

The reason for not using previous method was mostly mentioned the side effects of previous method. Though few of them have mentioned about convenience of DMPA over previous method.

### 3.3 Over all knowledge about DMPA:

The overall knowledge that the clients have about DMPA is shown below:

Knowledge about DMPA :	All %
Gives assurance of not getting pregnant for 3 months	48
Helps not to conceive very frequently	7
Helps to keep family small	2
Does not have bad effect on health / has less side effect	9
Effective method	6
Temporary method	17
Effectiveness lasts for three months	2
Cheap	1
Stops menstruation	2
Easy to apply	2
Does not suit every one	1
Need not to take regularly	2
Had fever for 3 months	1
Do not know	18
Base: Total no. of DMPA users	423



The most salient knowledge about DMPA is that it gives protection for 3 months.

### 3.4 Decision Maker / Influencer:

#### **In case of choosing DMPA:**

Of all the users of DMPA, most of them (74%) either took the decision of taking DMPA on their own or it was a family decision. Less than a quarter of clients (22%) were suggested by their doctors to take it.

The table below shows who in the families took decision in case of own/ family decision.

Decision maker or Influencer:	All %
Self	41
Husband	68
Mother in law	2
Other relatives	4
Others:	1
Base: Those who choose DMPA on their own / family	312

Husbands of the respondents are the main decision-maker in case of choosing the method. Respondents also in many cases took the decision of choosing DMPA as birth control method themselves.



### In case of choosing doctor- Male or Female:

We have checked with all of the DMPA users, to whom they mostly go to apply the injection. Interestingly, it was found that a high majority of them (92%) prefer to go to female doctor.

The decision to choose male or female doctor was taken by :

Decision to choose doctor :	All %
Self	36
Husband	63
Mother in law	1
Doctor	5
Did not think anything before taking it / other	9
Base: Total no. of DMPA users	423

Predominantly the husband is the decision-maker on choosing male or female.

### 3.5. Necessary check up & information provided to clients:

The users were asked what information they were provided with regarding DMPA by the NGMPs. The advantage and disadvantage of DMPA that was recalled to have been told by their 'doctor' are as under

Merits:	All %
Effective method	3
Not expensive	4
Can remain safe for three months	48
Will become healthier	11
Has less side effect	18
Helps to keep family small	2
Increased milk production	1
Incase of heavy bleeding stops menstruation	2
No need to take it everyday like pill	16
Will have regular menstruation	1
Can conceive whenever they want to	1
Do not know	27
Demerits:	
Causes weakness / dizziness	3
Stops menstruation	25
Obesity	3
Spotting	6
Nausea	1
Pain in waist	1
Burning sensation in eyes	1
Heavy menstruation	4
Irregular menstruation	1
Blood pressure / diabetes/ Jaundice problem worsen	2
Do not know / can not remember	62
Base: Total no. of DMPA users	423



Before administering DMPA, the doctor mostly inform the convenience of taking injection is that they can remain safe for three months. In case of demerits of DMPA, they are mostly informed about Amenorrhea. Spotting as a side effect of DMPA was hardly mentioned

### **3.6 Administering DMPA:**

The users were asked questions related to administering of DMPA.

#### **When taken / administered by doctor:**

They were asked at which time of menstrual cycle were they given the injection. The time mentioned by them are as follows:

<b>Time of administering DMPA:</b>	<b>All %</b>
Any time / not in any particular time	2
Within 3 /5/7 days of menstruation	88
At the beginning of menstrual cycle	1
Just after menstruation stops	6
Do not know / others	3
Base: Total no. of DMPA users	423

The injection was applied right after the menstruation stopped or within a few days.

#### **Where applied:**

The injection applied, as mentioned by the users was:

<b>Applied in:</b>	<b>All %</b>
The waist	35
Deep muscle in the biceps	64
Deep muscle in the legs	1
Thigh muscle	-
Base: Total no. of DMPA users	423

Given that most of the NGMPs covered were male, injection was mainly pushed in the biceps.

### How applied:

The respondents mentioned how the injection was applied at their body.

How:	All %
Vertically	41
Slantingly	14
Using syringe / in the biceps	27
Do not know	18
Base: Total no. of DMPA users	423

The time when doctors administer DMPA mentioned by most of the respondents is at satisfactory level. Most of them have mentioned that it was administered in the biceps and was applied mostly vertically.

### 3.7 Usage of injection:

All of the respondents were asked about when they have first used the injection. They have used it first time an average of 9.9 months ago. Last time they have taken the injection was 2.9 months back.

Upto now they have used an average of 3.2 injections.

The frequency of taking injection is mentioned to be every three months by almost all of the respondents (99%). The other 1% have either mentioned 2 months or 4 months.

### Discontinuation of injection:

Following information are gathered from interviewing who are not using DMPA currently.

#### **Non-users of any method:**

Of all the respondents, only 2% of them are not using any method for birth control. The reason for discontinuation of using the method are given below:

Reason for not using anymore:	%
Want to have children	33
Spotting	56
Irregular menstruation	11
Prolonged menstruation	11
Weakness	11
Due to pregnancy	11
Base: Those who are not using any method	9

Main reason for discontinuation is to become pregnant and spotting. Prolonged or irregular menstruation are also other reasons.



Before discontinuing the injection, 78% of non-users have discussed their problem with their doctors. The doctors' suggestion to them is given as under:

<b>Suggestions:</b>	<b>%</b>
Problems can be cured after taking another dose	71
Suggested not to take any injection	29
Base: Those who took doctors suggestion	7

#### **Users who has switched to other method:**

About 5% of total clients were using other method instead of taking DMPA.

They have mentioned some reasons for quitting injection. The reasons are provided below:

<b>Reasons for quitting :</b>	<b>%</b>
Was unable to go to clinic / Govt. Hospital due to some reason	10
Less menstruation	5
Menstruation stopped	35
Dizziness	35
Headache	10
Prolonged / heavy bleeding	30
Field worker do not apply it properly	10
Had fever for three months	5
Milk production reduced	5
The doctor charged more for injection	5
Is afraid of injection	5
Used to vomit	5
Base: Users of other method	20

The reasons as mentioned were mostly due to menstrual related problem that they have faced after taking DMPA.

Before switching to other method 45% of them consulted with their doctor. The doctor's suggestion in that case are given below:

<b>Suggestion of doctor:</b>	<b>All %</b>
Suggested to take pill before taking injection /Femicon pill	60
Assurance given of recovering soon, but did not recover	10
Diagnosed as Gastric problem	10
Suggested to discontinue taking DMPA	10
Base: Users of other method who took doctors suggestion	10



When they were further inquired what method they are currently using, it was found that about 80% of them are using pill and others are using condom. The reasons for choosing other methods are given below :

<b>Reasons choosing the other method:</b>	<b>All %</b>
Have been recovered from problem that I had before	35
Having regular menstruation	15
Better than injection	5
Heavy bleeding stopped	25
Pill was available	10
Doctor suggested pill	10
In order to conceive again	15
Condom is better than pill or injection	5
Base: Users of other method	20

Again, recovering of physical problem was mostly mentioned as reason for choosing other method than DMPA.

#### **Incremental benefit of other methods over DMPA:**

The respondents using other methods were also asked the additional advantages they getting from using other method than DMPA. Their responses are given below:

<b>Benefit of other methods:</b>	<b>All %</b>
Menstrual cycle is getting regular	10
There is no disadvantage of taking pill	30
Getting more advantage than DMPA	10
Not suffering from heavy bleeding	15
Do not feel dizzy anymore	5
Do not have the physical problems that I used to have	5
Do not know	30
Base: Users of other method	20

Most of them have claimed that after using other method, i.e. pill and condom their physical problems that they were having after taking DMPA were cured.

### 3.8 Maintenance of record card:

About 89% of all the DMPA users have mentioned that they have record card that the doctor has provided them. Of them 83% could actually show the card. The other respondents either could not show the card or said that they have lost it.

Later they were asked whether they used to visit doctor to take next dose of injection according to the date mentioned on the record card. Their responses are given below:

Responses :	All %
Visits doctor according to the date mentioned in the card	86
Does not visit doctor according to the date mentioned in the card	10
Do not know	1
Other: Doctor comes home to apply it/ Took it once	3
Base: Total no. of DMPA users	423

### 3.9 Physical problem before & after taking DMPA:

The users had following physical problem before and after taking DMPA:

Physical problem :	Before	After
	ALL%	ALL%
High blood pressure	3	2
Gynecological problem	1	1
Heart diseases	-	1
Spotting	3	11
Diabetes	-	-
Jaundice	-	1
Heavy bleeding	5	9
Amenorhea	4	46
Other problem: Pain in limbs Lump in abdomen Weakness Dizziness Burning sensation in body Nausea	10	12
Do not have any problem	78	31
Base: Total no. of DMPA users	423	423

From the table it is evident that after taking the injection most of them has suffered from Amenorhea. Very few proportions of users mentioned spotting as an after effect of taking DMPA. They also have the perception that other problems they have like heart disease, pain in body, weakness etc. is due to side effects of this method.



### 3.10 Side effect & measures taken:

#### Side effect:

In response to the question whether they had any physical problem after taking DMPA, about 39% of them have mentioned that they are suffering from side effect of it.

Their spontaneous responses are as given below:

Side effects :	All %
Weakness / Blurred vision	12
Prolonged / heavy bleeding	18
Headache	5
Spotting	12
Amenorhea	16
Pain in body / abdomen/ chest	44
Neausea	2
Numbness of limbs	6
Frequent menstruation	4
Obesity	2
Burning sensation in body	1
Pressure problem	1
Loss of weight	1
Allergy	1
Fever	2
Conceived even after taking the injection	1
Reduced breast milk	1
Loose motion	1
Gastric	1
Do not know	4
Base: Who had suffered from side effect of DMPA	166

They were also shown a list of possible side effects that they might have had after taking first injection. The percentage of side effects they had suffered was reported as under:

List of Side effects :	All %
Obesity	7
Gynecological problem	3
Spotting	22
Heavy bleeding	23
Amenorhea	47
Other:	16
Pain in abdomen	
Weakness	
Loss of weight	
Dizziness	
Base: Who had suffered from side effect of DMPA	166



Menstrual related problems are mostly mentioned side effects.

#### **Measure taken in case of side effects:**

The users who had suffered from side effects of DMPA, to took following measures:

<b>Measures :</b>	<b>All %</b>
Tolerated / did not take any measure	39
Visited doctor but did not take any medicine	29
Visited doctor and took medicine	21
Went to other place for treatment	2
Other:	7
Changed the method	
Took medicine in case of pain	
Took suggestion of family planning doctor	
Base: Who had suffered from side effect of DMPA	166

39% of the respondents did not take any measures while the rest did. The main action they took is visiting doctor.

### **3.11 Level of satisfaction with DMPA:**

All of the users were asked how satisfied they were with DMPA.

#### **Overall satisfaction level:**

The users have expressed their overall satisfaction with DMPA in the following way on a 5 point scale :

<b>Satisfaction level :</b>	<b>All %</b>
Very much satisfied	33
Satisfied	44
Some what satisfied	13
Not satisfied	8
Not satisfied at all	3
Mean score (1-5)	4.0
Base: Total no. of clients	423

On the whole the clients' satisfaction level is highly encouraging.

#### **Satisfaction level by each act of administering DMPA:**

Their level of satisfaction was checked further in every points of administering the injection. The points or subject matters for which their satisfaction level was checked are as below:

- Condition of physical problem after taking the injection
- Suggestion given by doctors / proper counseling
- Administering injection with care
- Behaviour of doctor
- Whether enough time taken to listen to their problems
- Maintenance of privacy

**Condition of physical problem after taking the injection:**

Level of satisfaction :	All %
Feel better than before/ suits very well / did not have any problem	62
Still have the problem that I had before	2
Condition of health worsen / felt sick	5
Limbs got numb	1
Even I feel dizzy, am not suffering from other problem	2
Had prolonged menstruation	4
Menstruation stopped	7
Having less menstruation	3
Does not suiting the body	1
Felt weak	1
Did not suffer from any side effect	1
No need to use everyday / can remain safe for three months	2
It is like any other method	1
Pill does not suit	1
Not suiting the body	1
Put on weight /obesity	1
Had pain in lower abdomen / waist / neck	2
Felt dizzy	3
Burning sensation in limbs	1
Do not know	1
Base: No. of clients	423

A high proportion of the clients is found to be very satisfied regarding physical condition after taking DMPA because it suited them well. Of them those who were not satisfied at all mentioned that they had suffered from prolonged menstruation.



### Appropriate counseling of doctor:

Level of satisfaction :	All %
Advises very well / gives good advice / have been cured after taking suggestion	70
Gives advise in time	2
Suggested an easy method	1
Method that was suggested, suited very well	2
Believes him when he assures	3
Family doctor , so counsels very well	2
Suggests to have healthy food	1
Suggests vitamin / iron tablet	1
Explains any problem that I have	3
Doing his responsibility properly	1
Satisfied with their suggestions	2
Even takes care of other diseases	1
Menstruation problem cured	1
Menstruation stopped	1
Keeps record of their clients	1
Had physical problem listening to his suggestion	1
Gives assurance	1
Advises not to take any child	1
His suggestion was not helpful	2
Did not advice anything	2
Do not know	1
Base: No. of clients	423

Generally, the clients are satisfied with the NGMPs' counseling only a few informed that they had physical problems following the NGMPs' advice.

### Care taken while applying DMPA:

Level of satisfaction :	All %
Takes care when he applies the injection	61
It does not hurt when he applies it	22
It hurts a little bit	2
Another person applies it	1
He is always busy	1
The pain after taking it does not last long	2
Got hurt in the injected area	2
Do not know	1
Base: No. of clients	423

The clients are highly satisfied with the way injections are pushed.



### Behaviour of doctor:

Level of satisfaction :	All %
Well behaved person / behaves very well	80
Listens to problem patiently	6
Speaks politely	2
Always in a hurry when listens to problem	2
Always comes home to apply	4
Do not discuss problem properly	1
Respects me	-
Charges more money	1
Explains problem properly	1
Scold when I come late	2
Does not care properly	-
Base: No. of clients	423

The behaviour of the NGMPs are reported as very good.

### Time given to listen to problem:

Level of satisfaction :	All %
Does not get annoyed / listens to problem patiently	38
He is a known person	2
Can talk to him anytime	36
Explains me giving enough time	6
Can speak to him with any problem	3
Does not get proper time to listen due to rush	2
Does not spend enough time / leaves early	2
Comes late	2
Examines taking enough time	1
Always discuss problem	2
Also explains other problem	2
Does not listen to my problem carefully	3
Does not discuss any problem	2
Do not know	1
Base: No. of clients	423

In case of spending enough time to listen to problem, those who are very satisfied have mentioned that he doctor listen to their problem very patiently and they feel free to take their suggestion anytime. In that case no one has expressed extreme dissatisfaction. But few who are less satisfied have mostly mentioned that the doctor leaves early from that place so he does not give them proper time to listen to their problem. And there was always rush in the doctor's place so the doctor can not give them enough time.

### Maintenance of privacy:

Level of satisfaction :	All %
Feel shy telling problem to the doctor	4
Like the arrangement	5
Do not have proper arrangement	2
Do not want to discuss it	4
Have told the doctor that privacy is required	2
Many people gather in that place	1
Applies injection in private place / maintains secrecy	67
Doctor applies it at my home	6
Discusses problem in front of every one	4
Do not have problem even he applies it without maintaining privacy	1
Go to chamber with other lady	1
He does not give much time to maintain privacy	1
Base: No. of clients	423

Those who were very satisfied regarding maintaining privacy have said that the doctor applies the injection in a private place. A few have expressed dissatisfaction regarding privacy. Those who are less satisfied with it have mentioned that the doctor discusses their problem in front of every one in that place.

### 3.12 Future plan:

The non-users of DMPA were asked about their future plan of birth control.

#### **Currently Non-users of any method:**

Those who are neither using DMPA nor using any method currently are asked whether they will use DMPA again. More than half of them (67%) have mentioned that they will go for check up first, if they have any physical problem that they had before, they will never take the injection again.

The other have either mentioned that they would use the method that their husband will choose (11%) or have not decided their future plan yet (22%).

Those who did not mention DMPA as the method they will use in future, 50% of them have said that they will never use it. The others have not yet decided what would they use.



### Users who has switched to other method:

More than half of the pill or condom users (65%) have mentioned that they will not use the injection again for birth control. About 20% of them have expressed their intention that they may use it in future. When they were asked when and under what condition they have possibility of using it in future, they have mentioned following time and condition:

When:	%
Whenever required	25
From next month	25
After 5 days	25
After taking suggestion of doctors	25
Under what condition:	
Only if it does not cause dizziness	50
Reduces vomiting tendency	25
If assurance of safety is given	25
Base: Those who may start using it again	4

Suggestion of doctor and assurance of not suffering from any physical problem is very crucial for them to decide whether they will use the injection in future.

### Intention of current users to continue:

The current users (93%) were asked questions to check their intention to continue taking DMPA in future. Their responses are shown in the following table:

Intention:	All %
Will continue	80
Will change it if suffer from problem	12
Will change the method	3
Do not know	5
Base: Current users of DMPA	394

The intention to continue with DMPA is very high (80%). The intention to change the method in future is among a minority, and mainly influenced by physical problems.

In order to measure demand of DMPA they were asked to imagine if the injection was not available from the place they are obtaining it, what will they do. They responded as below:

If not available at current source:	All %
Purchase it from other place	64
Change the method	18
Will not use any method	5
Do not know / others	11
Base: Current users of DMPA	394



DMPA seems to have had positive impact among users majority of them will continue with it even if not available at current source. However, 5% will stop using FP and another 11% are uncertain.

Those who have mentioned that they will go to other place to get it, were further asked what will they do if DMPA is not available anywhere. They said-

<b>If not available anywhere:</b>	<b>All %</b>
Will choose the method that doctor will suggest	19
Will use the method whichever they will think is the best	35
Will use pill again	35
Will become conscious of not getting pregnant	1
Will not use any method	2
Will use condom	2
Ligation	3
Take suggestion from field worker / husband	1
Try to get DMPA from Govt. Hospital / another place	3
Do not know / can not think of anything right now	3
Base: Those who will go to other place to get DMPA	252

Switching to alternative method of DMPA is mostly found to be pill in this hypothetical situation.

### **3.13 Obtaining DMPA - the Practice:**

The current users of DMPA were questioned regarding their source of getting injection.

#### **Distance of source from where they get injection:**

The average distance recorded from user (current) residence to the source from where they are obtaining DMPA from was little over one and a half kilometer (1.69 km)

#### **Sources:**

More than a quarter of current DMPA users (28%) have mentioned that before taking injection from current sources, they were obtaining injectable DMPA from following sources:

<b>Sources :</b>	<b>All %</b>
Govt. hospitals / clinics	72
NGO	8
From field workers	16
Other sources	4
Base: Total no. of current users of DMPA, who were previously obtaining it from other sources	110

The reason for not taking DMPA from previous source was as follows:

Reasons:	All %
Current source closer to residence	17
Far from residence / so that no one knows about it	25
Doctor comes home to apply it	4
Used to have pain in the body/ felt dizzy / had sore in abdomen	5
Could not obtain it on time	14
Could not go there due to illness	4
Field worker do not come here anymore	5
Current source is convenient to get it	5
Doctor / Field workers / husband suggested	7
Doctor misbehaved	1
Doctor was not available	5
Govt. hospital is closed now	3
Did not know that this doctor applies injection	2
It was not available in hospital	5
Had heavy bleeding after taking it from previous source	3
Expensive in previous source	1
Due to shifting of residence	3
Base: Total no. of current users of DMPA, who was previously obtaining it from other sources	110

Distance, out of stock and poor service quality are the main reasons for switching source.

An average number of doses taken from previous source as 9.4.

### **Familiarity of doctor:**

The current users were also asked whether the doctor from whom they are taking injection are familiar to them. About 93% of them have mentioned they know doctor themselves or through their family members. Below the table shows the doctor from whom DMPA is taken is known to:

The doctor is known to :	All %
The client	16
Husband	75
Lives in same village	8
Members of family	4
Relative	1
Teacher of child	1
Neighbor	1
Base: No. Of clients whose doctor is known to her	365



### Reason for choosing the source:

The reason for choosing current source, as mentioned by the current users, is given below:

Reasons :	All %
Field worker / husband suggested	36
Decided on own	11
Have heard from other people that he / she is a good doctor	5
Neighbor / relatives suggested	15
Doctor suggested	21
The doctor is relative	4
Doctor is available anytime	5
Doctor applies injection with care	2
Had physical problem when take from previous place	2
Base: No. of current users of DMPA	394

Husband/ field workers/ neighbours mainly influenced on the current source.

### Willingness to continue obtaining injection from current place:

The current users were also questioned whether they will continue taking the injection from the source they are obtaining it now. About 93% Of them expressed their wish to continue taking the injection from current source.

Those who intend to discontinue obtaining injection from current source mentioned following reasons for their intention:

Reasons mentioned:	All %
Headache	17
Spotting	7
Doctor charges more money	21
It did not suit / had some physical problem	20
Became obese	7
Transport problem	3
Did not like the doctor	7
Do not know	17
Base: Those who intend to discontinue obtaining DMPA from previous source	29

They mostly mentioned physical problem as a reason for not to collect DMPA from previous source.

Service related problem is negligible behind decision to discontinue with current source.



### 3.14 Advantage of taking injection from private doctors:

All the respondents were asked what the advantages they were having in getting injection from private doctors. Their spontaneous response is shown below:

<b>Advantages :</b>	<b>All %</b>
Can pretend , i.e.buying medicine for children	4
Can Visit doctor at any moment / Saves time	12
Cheaper	5
Close to residence	33
Easily available	11
Well known doctor	13
The doctor comes home to apply it	8
Before applying it examines well	5
The place is far from house	1
Likes the environment	1
Get to know better about side effects from that place	4
Gives assurance of safety of method	9
Applies injection with care	2
Have been recovered from dizziness	1
Do not know	10
Base: Total no. of DMPA users	423

Spontaneously, in most of the cases the advantage was mentioned that the place from where they are getting DMPA is closer to their residence another advantage they felt is that the doctor is a well-known person to them.

After showing a list of possible advantages that they might have, their responses recorded suggests that they appreciate all the advantages the program can offer.

<b>Possible advantages :</b>	<b>All %</b>
No need to use everyday	97
No need to go very far	90
Cheap	80
Available any time	81
Long lasting effect / can remain safe for three months	90
Can pretend to buy medicine	55
Has no side effect like other methods	64
Suits body	70
Decision can be taken on own	47
Other	5
Base: Total no. of DMPA users	423

Most of them go to / used to go to doctor to apply DMPA either alone (33%) or with their husband (36%). The other clients go to doctor's place with neighbor, relatives, mother in law etc.

### **3.15 Price of DMPA:**

The questions related to price of each DMPA were asked to all users of the injection.

The average cost per injection was recorded Tk. 23.8, which includes average cost of doctors' fees Tk. 1.8 and average cost for conveyance Tk. 6.5.

Therefore the average price for each DMPA was recorded 16.4 tk.

#### **Opinion on price:**

All of the users commented on price of DMPA, which is shown below:

<b>Comments on price:</b>	<b>All %</b>
Reasonable price	63
Expensive	18
Price should be reduced for poor people	5
Do not know	13
Base: Total no. of DMPA users	423

The price of DMPA is mostly believed to be reasonable.

### **3.16 Possible user of DMPA:**

The respondents gave their opinion about women who will be interested in taking the injection from pharmacy or clinic. Their opinion is shown below:

<b>Possible interested women:</b>	<b>All %</b>
Who are well off / live in luxury	22
Live close to pharmacy / Do not want to spend money on conveyance	9
Any women	20
Do not have much time / working women	3
Middle class women	12
Who do not like pills	12
Want to keep family small	2
Who knows people of pharmacy / clinic / do not want to get it from hospital	2
Want to get it secretly / prostitutes	1
Have better knowledge about injection / want to have sound health	3
Do not want to conceive / has two or three children	10
Do not know	11
Base: Total no. of DMPA users	423

According to most of them, women who are well off, belong to middle class and do not want to take pills will be interested in taking DMPA. Another 20% have mentioned that any women can be interested.

#### **Whether influenced anyone to buy:**

When asked whether they have suggested any one to take the injection, only 34% have said that they have suggested an average number of 3.9 women to take DMPA.



### **3.17 About Blue Star:**

Only 4% of all the users of DMPA have said that they ever heard about it. They have heard that -

<b>About Blue Star:</b>	<b>All %</b>
From field workers or other source that they provide an injection which has no side effect	25
Provides safer method	31
Provides better method of birth control	31
Base: no. of DMPA users who have ever seen / heard any publicity about Blue Star	16

They were also checked whether they have seen any advertisement or publicity on Blue Star. They have mentioned that they have seen-

<b>About Blue Star:</b>	<b>All %</b>
Neon sign / sign board	25
Mobile film	13
Poster	38
Have not seen any thing / can not remember	38
Base: no. of DMPA users who have heard about Blue Star	16

### **3.18 Suggestion for more publicity:**

In order to get more publicity, all of the users suggested following measures:

<b>Suggestions for more publicity:</b>	<b>All %</b>
Bioscope / miking	9
Radio / television / newspaper	59
Poster / signboard	8
Through field workers / volunteers	35
Through doctors / increasing consciousness	14
Distributing it for free/ reducing price	2
Do not know	11
Base: Total no. of DMPA users	423

Like NGMPs suggestion, for expansion of the program dissemination of information through Radio, TV and newspaper is mostly mentioned.

### **3.19 Any comments or suggestion:**



All of the respondents were asked whether they have any comments or suggestion to give. They have given suggestions that are given below:

Suggestions:	All %
Every women should take the injection	4
You should advertise it more	1
We should be given proper treatment for side effect	2
It would be better if field workers apply it at home	4
Can we get it for free	1
If well known doctors encourage our husband every one will be able to know about it	1
Do not know / no comments	83
Base: Total no. of DMPA users	423

They gave some suggestion, though very few of them, but important, regarding expansion of the program like employing field workers to apply DMPA so that no one have to go to other place to get it and encouraging husbands more towards this method of birth control.

#### 4.0 The emerging direction & Conclusion:

- The findings indicate that the performance of the NGMPs and the resulting satisfaction of the clients is very encouraging.

The knowledge level of the NGMPs regarding DMPA, post the training, is at a much developed level than earlier. As far as screening and counseling is concerned their knowledge is at a modest level. Their practice of administering injection and disposing the syringes/ needles is also at a satisfactory level.

Providing record cards is also happening satisfactorily.

As far as the clients are concerned they are satisfied with the service quality. Some, obviously, experienced problems, but those are the side effects of DMPA.

To further strengthen the program and expand nationally the following can be considered.

- **Knowledge about DMPA:**

The NGMPs knowledge about name, ingredients, effectiveness, rate of effectiveness, frequency of taken DMPA is at appreciably high level, except their knowledge about how it works. They can be given clear idea about how DMPA works for birth control.

- **Diagnosing contra indications & relative contra indications:**

The study found that the NGMPs' knowledge about contra indications and relative contra indications have increased than that was found in benchmark study. Still their knowledge is vague. For proper counseling, they can be better trained about contra indications and relative contra indications, so that they can properly explain everything about DMPA to their clients.

- **Side effect management:**

In this study it was found that the main reason of switching from DMPA to other method is its side effect or misconceptions that the client have about side effects of DMPA.

Proper side effect management can reduce drop out.

- **Maintenance of record:**

The NGMPs should be supplied with adequate number of record cards in order to keep proper record of client. And all the clients can get it and keep the card with them in order to keep track of next dose.



- **Supply of injection:**

Though shortage of supply is not acute, adequate supply should be ensured so that they do not have to send away any clients due to shortage.

- **Expansion of Blue Star program:**

- **Airing messages about it through mass media:**

Most effective way of disseminating information about injectable DMPA is airing it in radio or television, as both are mass media. Through this media both rural and urban women will be able to know about the injection.

- **Involvement of more female NGMPs:**

This study has discovered that almost everyone of the user's husband prefer to send their wives to take DMPA to female NGMPs. Therefore if more female NGMPs were encouraged and trained to join the program this may help to attract more clients.

- **Encouraging husbands of the users:**

As it was found that main decision maker incase of choosing birth control method is husbands, they need to be encouraged for adoption of the method.

# **FURTHER ANALYSIS**

**KAP survey on injectable – Follow-up Phase**

**Prepared for:**  
**Social Marketing Company (SMC)**  
Date: 28<sup>th</sup> August 2001



# I. PRICE DISTRIBUTION :

Price awareness of NGMPs	All %
Tk. 08	1
Tk. 10	58
Tk. 15	12
Tk. 20	25
Tk. 25	2
Tk. 30	2
Price awareness (average)	13.8
Base: total no. of NGMPs	102

From the above table we can see that 58% of the NGMP's are aware of the price of DMPA as Tk 10, 12% are aware of the price as Tk. 15 and 25% of them are aware of the price as Tk 20. Thus, we see that 95% of the NGMP's are aware of the Price in the range Tk 10-20.

Price actually charged by NGMPs	All %
Tk. 10	5
Tk. 12	5
Tk. 15	23
Tk. 20	58
Tk. 25	4
Tk. 30	8
Tk. 40	1
Price charged (average)	19.4
Base: total no. of NGMPs	102

From this table, we see that 58% of the NGMP's charge Tk. 20 for the DMPA per injection, and 23% charge Tk 15. Thus we see that 81% of the NGMP's charge Tk.15-20 for the DMPA injections.

## 2. PRICE OF INJECTABLE AS PER CLIENTS' CLAIM:

Price of first injection (average) Tk. 23.8 (including conveyance & doctors' fees)

Price of first injection (average) Tk. 16.4 (excluding conveyance & doctors' fees)

Price of last injection (average) Tk. 23.6 (including conveyance & doctors' fees)

Comments on price:	All %
Reasonable price	63
Expensive	18
Price should be reduced for poor people	5
Do not know	13
<i>Base: Total no. of DMPA users (Clients)</i>	<i>423</i>

Looking at the comments on price, we see that 63% of the respondents mentioned that the price was reasonable.

## 3. PERCENTAGE OF LACTATING MOTHER:

Age of last child (months)	All %
1 – 3 months	1
4 – 6 months	3
7 – 9 months	4
10 – 12 months	7
13 – 15 months	3
16 – 18 months	9
Above 18 months	73
<i>Base: total no. of clients</i>	<i>423</i>

*Note: In the above table, the reportage assumes that lactating mothers are mothers with children in the age group 1-18 months. The reportage in this section therefore pertains to surrogate information gained from the age of the last child.*

Percentage of lactating mother is 27% in the entire sample.



4. DISTANCE WISE PERCENTAGE OF THE RESPONDENTS (Clients)  
WHOM THE NGMPS ARE FAMILIAR WITH:

Distance from residence to pharmacy (radius of $x$ km)	All %
Within a radius of 1 km	55
Within a radius of 1-2 km	23
Within a radius of 2-4 km	15
Inside a radius of 4-10 km	5
<i>Base: Total no. of clients who are acquainted with the NGMP's</i>	365

55% live within 1 km. of the pharmacy.

## 5. PROFILE OF LAPSED USERS ( THOSE WHO HAVE QUIT DMPA):

About 6% of the total users had discontinued taking DMPA. Below shows the profile of those 29 clients.

Age of the respondents:	All %
Less than or equal to 20 years	14
21 - 30	55
31 - 40	24
41 - 50	7
Mean age (yrs)	28.0

From this table we see that 55% of the Lapsed users of DMPA fall in the age group of 21-55 years.

Married for:	All %
3+ - 5 yrs.	3
5 + - 8 yrs.	14
8 + - 10 yrs.	17
10 + - 15 yrs.	14
15+ yrs.	14
Mean duration of conjugal life (yrs)	12.57

From this table we see that the duration for which the lapsed users have been married is fairly spread across the different durations. The mean duration of married life is 12.57 years, or a little higher than 12 years and 6 months.

Occupation of the head of the house hold:	All %
Unskilled laborer	34
Skilled laborer	10
Small traders	17
Shopkeeper / owner	3
Businessman / industrialist with more than 9 employees	3
Clerk / sales man	3
Farmer	21
Foreign service	3

We see that 34% of the respondents come from households where the household head is an unskilled laborer, 10% where the household head is a skilled laborer and 21% where the household head is a farmer. Thus we see that 65% of the respondents come from households where the household head is involved in a blue-collar occupation.

Monthly disposable family income:		All %
Less than Tk. 3000		34
Tk. 3001 - 4000		28
Tk. 4001 - 5000		17
Tk. 5001 - 6000		14
Tk. 7001 - 8000		4
Tk. 8000+		3
Mean income (Tk.)		3921

From this table we see that 34% of the clients come from households which have a DMFI of less than Tk. 3000, 28 % come from a household with a DMFI of Tk 3001-4000, and so on. Thus, in sum, 93% of the clients come from household with a DMFI of less than Tk.6000.

Educational Background:		
	(Clients) All %	(Husband of client) All %
Illiterate	45	38
Literate but has no formal education	10	10
Upto class-IV	14	7
Class (IV-V)	21	28
SSC/ HSC	10	14
Graduate	-	3

From the table we see that amongst the clients 45% are illiterate and 38% of the husbands of clients are illiterate.

Also, 90% of the clients fall into the broad category whereby the upper ceiling of educational background is primary education. Amongst their husbands also, 83% fall into the broad category whereby the upper ceiling of educational background is primary education.

Additionally relevant to profile of the clients is the average number of children in their households, which is 2.7.



## 6. PROFILE OF NGMPs (ACCORDING TO KINDS OF NGMPs):

Age of the NGMPs:	All %				
	PC / MA	Phar macist	RMP / RMPA	Others	Total
20 – 30	8	22	7	4	12
31 – 40	38	53	27	49	42
41 – 50	36	21	47	43	36
51 – 60	19	5	21	4	12
<i>Base: Total no. of NGMPs</i>	<i>44</i>	<i>19</i>	<i>15</i>	<i>28</i>	<i>102</i>

From the table, that 78% of them are in the age groups ranging from 31-50, and that the profile does not have too many people in the very young or older age groups.

NGMPs by gender:	All %				
	PC / MA	Phar macist	RMP / RMPA	Others	Total
Male	100	100	100	86	96
Female	-	-	-	14	4
<i>Base: Total no. of NGMPs</i>	<i>44</i>	<i>19</i>	<i>15</i>	<i>28</i>	<i>102</i>

From the above table we see that the majority of the NGMP's are male (96%).

Marital Status:	All %				
	PC / MA	Phar macist	RMP / RMPA	Others	Total
Married	100	95	100	96	98
Unmarried	-	5	-	4	2
<i>Base: Total no. of NGMPs</i>	<i>44</i>	<i>19</i>	<i>15</i>	<i>28</i>	<i>102</i>

From the above table we see that the majority of the NGMP's are married (98%).

Educational Background:	All %				
	PC / MA	Phar macist	RMP / RMPA	Others	Total
Passed Fazil	2	-	-	-	1
SSC /HSC	89	84	86	82	85
BA / BSC	7	16	14	18	11
MA	2	-	-	-	1
Base: Total no. of NGMPs	44	19	15	28	102

From the above table we see that 85% of the NGMP's are educated upto the SSC/HSC level and that 11% have completed their graduation. Thus 96% have SSC/HSC education level or more than that.

Occupation:	All %				
	PC / MA	Pharmacist	RMP / RMPA	Others	Total
Private practice	100	100	100	86	96
Service	7	11	13	36	17
Mean duration of practice (Yr.)	16.75	14.42	18.55	14.42	15.88
Average daily time of practice (hrs.)	11.1	11	10.8	9.1	10.5
Average daily patients	43.2	45.7	59.1	41.2	44.3
Have own pharmacy	93	84	67	75	82
Daily average sale from pharmacy (Tk.)	2031.7	5137.5	3800	2676.2	2978.6
Average no. of employee (person)	1.3	1.7	1.0	1.9	1.5
Visits patient	89	89	100	89	90
Base: Total no. of NGMPs	44	19	15	28	102

