

**REPORT
ON
KAPP STUDY ON OCP AMONG MWRA**

Submitted to:

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PREFACE

SMC has undertaken a nationwide study on "Knowledge Attitude Perception and Practice (KAPP) Study on Oral Contraceptive Pills (OCP) among the Married Women of Reproductive Age (MWRA)". The prime objective of the study is to assess the knowledge, attitude, perception and practice of MWRA thoroughly as well as to explore whether there is any gap/issues in the knowledge, attitude and practice relating to OCP, which need to be addressed for the benefit of the program. However the specific objectives of the study were:

- Prepare a demographic Profile of MWRA
- To capture the data on the awareness and Knowledge of MWRA on contraception
- To capture the data on attitude of MWRA on OCP
- To know about the perception of MWRA about OCP
- To know about the practices of MWRA with regard to OCP
- To identify whether there is any gap in KAPP relating to OCP which need to be addressed
- To get insight regarding the reasons for wider variation of contraception in general and OCP in particular.

In compliance to a solicitation from Social Marketing Company (SMC), Research and Computing Services Private Limited (RCS) has carried out this nationwide study on 'Knowledge Attitude Perception and Practice (KAPP) Study on Oral Contraceptive Pills (OCP) among MWRA'

CONTENTS

Acknowledgement	
PREFACE	
ACKNOWLEDGEMENT.....	1
PREFACE.....	2
CONTENTS	iii
CONTENTS OF TABLES.....	vi
CONTENTS OF GRAPHS.....	viii
CONTENTS OF GRAPHS.....	viii
ABBREVIATIONS	ix
EXECUTIVE SUMMARY	1
CHAPTER ONE	8
1.1 Introduction.....	8
1.2 Objectives of the study.....	8
1.3 Scope of the study.....	8
1.4 Methodology of the study	9
1.5 Data Collection Instrument.....	10
1.6 Enumeration and data analysis.....	11
1.7 Quality control measures	11
CHAPTER TWO	12
2.1 Age of respondents.....	12
2.2 Educational attainment	12
2.3 Employment status	12
2.4 Income status	14
2.5 Demographic and family information.....	14
CHAPTER THREE.....	16
3.1 Knowledge of family planning methods.....	16
3.2 Knowledge of sources of information on family planning method	18
3.3 Knowledge on availability of OCP brand.....	18
3.4 Knowledge of sources of OCP brands	19
3.5 Knowledge on how to take OCP	19
3.6 Knowledge on which woman can take OCP.....	20
3.7 Knowledge on ineligibility criteria to use OCP	21
3.8 Knowledge on side effects and its management of OCP	21
3.9 Media exposure on OCP.....	22

3.10 Knowledge on the name of OCP brands of SMC.....	23
CHAPTER FOUR.....	25
4.1 Ever use of contraception.....	25
4.2 Reported brands of OCP by the ever user of OCP.....	26
4.3 Reasons for not using OCP ever.....	26
4.4 Current use of contraception.....	27
4.5 Reasons for not using any contraceptive currently.....	28
4.6 FP method used right after marriage.....	28
4.7 Contraceptive use after marriage and before giving first birth.....	29
4.8 Reasons for preferring the current methods.....	30
4.9 Reasons for stopping the earlier (immediate) methods.....	30
4.10 Discussion about family planning method.....	31
CHAPTER FIVE.....	32
5.1 Attitude towards the necessity of taking advice from experts before using OCP.....	32
5.2 Attitude towards the effectiveness of OCP.....	32
5.3 Satisfaction on currently used brand of Pill.....	33
5.4 Intention of respondents if currently used pill brand is unavailable.....	33
5.5 Attitude regarding the quality and effectiveness of SMC brands.....	33
5.6 Attitude towards willingness to pay for increased price of OCP.....	34
CHAPTER SIX.....	36
6.1 Overall impression on OCP.....	36
6.2 Overall impression about side effects on OCP.....	36
6.3 Overall impression on the quality of OCP of SMC.....	37
6.4 Perception on correct use of OCP.....	37
6.5 Perception on newly married woman can take OCP.....	38
6.6 Perception on longer continuation of OCP can make woman sterile.....	38
6.7 Perception on the degree of intention to use pill in future.....	39
CHAPTER SEVEN.....	40
7.1 Age of OCP users and their husband.....	40
7.2 Educational attainment.....	40
7.3 Employment status.....	40
7.4 Income status.....	42
7.5 Demographic and family information.....	42
CHAPTER EIGHT.....	44
8.1 Background profile of women by nature of OCP use (ever, current and never).....	44

8.2 Knowledge on OCP	44
8.3 Media exposure of non-user of OCP	46
8.4 Attitudes on OCP	46
8.5 Perception on OCP	47
8.6 Reasons for discontinuation of OCP by ever user	48
8.7 Background profile of women by their perception on OCP	49
8.8 Perception on OCP by ever user of OCP brands	50
CHAPTER NINE	51
Conclusions and Recommendations	51

CONTENTS OF TABLES

Table 1: Proportional distribution of respondents.....	9
Table 2: Proportional distribution of sites (PSU).....	9
Table 3: Background characteristics of respondents.....	13
Table 4: Monthly income distribution.....	14
Table 5: Distribution of demographic and family characteristics	15
Table 6: Knowledge of contraceptive methods.....	16
Table 7: Knowledge of oral contraceptive pills.....	17
Table 8: Knowledge of sources of information on family planning methods	18
Table 9: Knowledge on availability of OCP	18
Table 10: Knowledge of sources of OCP brands	19
Table 11: Knowledge on how to take OCP	20
Table 12: Knowledge on which woman can use OCP.....	20
Table 13: Knowledge on ineligibility criteria to use OCP	21
Table 14: Knowledge on side effects and its management of OCP.....	22
Table 14a: Percent distribution of ever user OCP brands according to side effects	22
Table 15: Media exposure on OCP.....	23
Table 16: Media exposure on OCP brands	23
Table 17: Ever use of contraception.....	25
Table 18: Reported brands of OCP by the ever user of OCP	26
Table 19: Reasons for not using OCP ever.....	27
Table 20: Current use of contraception.....	27
Table 21: Reasons for not using any contraceptive currently.....	28
Table 22: Reasons for preferring current method.....	30
Table 23: Reasons for stopping the earlier (immediate) methods.....	30
Table 24: Discussion about family planning method.....	31
Table 25: Attitude towards the necessity of taking advice from experts before using OCP	32
Table 26: Attitude towards the effectiveness of OCP	32
Table 27: Attitude towards the satisfaction on currently used brand of Pill	33
Table 28: Attitude towards the intention of women if currently used pill brand is unavailable.....	33
Table 29: Attitude regarding the quality of SMC brands	34
Table 30: Attitude regarding the effectiveness of SMC brands	34
Table 31: Attitude towards willingness to pay for increased price of OCP	35
Table 32: Overall impression on OCP	36
Table 33: Overall impression about side effects on OCP	37
Table 34: Overall impression on the quality of OCP of SMC	37
Table 35: Perception on correct use of OCP	38
Table 36: Perception on newly married woman can take OCP.....	38
Table 37: Perception on longer use of OCP make women sterile	39
Table 38: Perception on the degree of intention to use OCP in future	39
Table 39: Background profile of OCP users of SMC brands	41
Table 40: Income status of OCP users of SMC brands	42

Table 41: Demographic and family information of OCP users of SMC brands	43
Table 42: Background profile of women by nature of OCP use	44
Table 43: Knowledge on OCP by the nature of OCP user (ever, current and never)	45
Table 44: Media exposure of non-user of OCP by area	46
Table 45: Attitude on OCP by the nature of OCP user (ever, current and never)	47
Table 46: Perception on OCP by the nature of OCP user (ever, current and never)	48
Table 47: Reasons for discontinuation of OCP by ever user according to brands	49
Table 48: Background profile of women who perceive longer continuation of OCP can make woman sterile by area	49
Table 49: Percent distribution of ever use of OCP brands who perceive longer continuation of OCP can make woman sterile and newly married woman can take OCP	50

CONTENTS OF GRAPHS

Figure 01: Name of OCP brands of SMC	24
Figure 02: Method used right after marriage	28
Figure 03: Number of women used contraceptive after marriage	29
Figure 04: Method used by women right after marriage	29
Figure 05: Willingness to continue with increased price of OCP	35

ABBREVIATIONS

BBS	Bangladesh Bureau of Statistics
CPI	Co-Principle Investigator
DA	Data Analyst
DE	Data Editor
DO	Data Entry Operator
FE	Field Enumerator
FM	Field Manager
FP	Family Planning
FPM	Family Planning Method
FS	Field Supervisor
GOB	Government of Bangladesh
HBP	High Blood Pressure
KAPP	Knowledge Attitude Perception and Practice
LS	Lister
LS	Listing Supervisor
MO	Moderator
MWRA	Married Women of Reproductive Age
NGO	Non-Government Organization
O/NT	Organizer/Note Taker
OCP	Oral Contraceptive Pill
PI	Principle Investigator
PSU	Primary Sampling Unit
QC	Quality Controller
RCS	Research and Computing Services Private Limited
RFP	Request for Proposal
SMC	Social Marketing Company
SQCO	Special Quality Control Officer
ToR	Terms of Reference

EXECUTIVE SUMMARY

INTRODUCTION

Oral Contraceptive Pills (OCPs) have found the most popular method of the modern contraception, with over a quarter of currently married women using the method. It now accounts for 45 percent of all contraceptives use and 55 percent of modern method use in the country. Between 1999-2000 and the 2004, overall contraceptive use increased by 4 percent points, from 54 to 58 percent of currently married women. This increase has been almost entirely due to the highest use of modern methods, namely, the pill and injectable. OCP has increase from 23 to 26.2 percent while injectable increased from 7.2 to 9.7 percent.

It is also noted that over the years, there has been a substantial increase of users obtaining methods from SMC source. The percentage of pill users using SMC brand has constantly increased, from 14% in 93-94 to 40% in 2004. SMC brands of OCP hold more than 92% retail market share of the country.

Objectives of the study

The prime objective of the study was to know the knowledge, attitude, perception and practice of MWRA thoroughly as well as to explore whether there is any gap/issues in the knowledge, attitude and practice relating to OCP, which need to be addressed for the benefit of the program.

Methodology of the study

The study has been conducted at national level covering urban and rural respondents of all six divisions in the country. The married women of reproductive age (MWRA) were the respondents who have been selected through a community level listing process. Quantitative methodology has been applied for the study.

By using the standard statistical formula, a total of 3505 married women aged within 15 to 49 years have been interviewed at six divisions (approximately 585 from each division). Using the national rural-urban proportion (70:30), 2404 rural and 1101 urban respondents have been interviewed in the survey.

Face-to-face interview technique has been applied for quantitative data collection. A semi structured questionnaire has been used for data collection. Data has been collected at the household level interview.

BACKGROUND CHARACTERISTICS OF RESPONDENTS

Age of respondents

Background information of the respondents is essential for the interpretation of findings presented later in the report. The study interviewed 3505 ever-married women of reproductive age. The mean age of the respondents was 29 years. The study also collected age of husbands. The mean age of husband was 37 years.

Educational attainment

Concerning educational attainment of the respondents, it can be observed that about one in five women were illiterate, only 9 percent could read and write, 11 percent had at least some primary education, 41 percent had at least some secondary education, 41 percent had completed at least some secondary education, while another 19 percent had at least SSC or higher education. Educational attainment of women was poor in Sylhet and Chittagong as compared to other division. Almost similar findings were observed regarding the educational attainment of husband.

Employment status

Survey findings show that majority (93%) of the women reported that they were housewife and rest were salaried employee and skilled worker. On the other hand, about 30 percent of the husband's profession was business followed by salaried employee (24%) and unskilled worker (17%). Other reported professions were rickshaw puller (8%), farmer (8%) skilled worker (6%) and salaried employee (6%).

Income status

Unanimously respondents reported that they do not have any earnings. However, the average family income of the urban respondents was tk. 9060 and tk. 5580 was for rural respondents per month.

Demographic and family information

The average number of children was 2 both in urban and rural area. But the average number of children was higher in Sylhet and Chittagong division. One out of four women reported that they desire for another child and this proportion was quite higher both in Sylhet (34%) and Chittagong (33%) division. The average duration of marriage life of the respondents was 12 years. Regarding type of respondent's family, 28 percent of women reside in a single family whereas 72 percent of women reside in a joint family. Average family members of the study sample were 5. The average duration of limit between marriage and first birth is 2 years.

MAJOR FINDINGS OF THE STUDY

SMC has undertaken a nationwide study on "Knowledge, Attitude, Perception and Practice (KAPP) Study on Oral Contraceptive Pills (OCP) among the Married Women of Reproductive Age (MWRA)". The prime objective of the study is to assess the knowledge, attitude, perception and practice of MWRA thoroughly as well as to explore whether there is any gap/issues in the knowledge, attitude and practice relating to OCP, which need to be addressed for the benefit of the program.

Awareness and knowledge of MWRA on contraception

In general, the married women of reproductive age are universally aware about family planning methods and on average they were aware about 3 family planning methods. The awareness on family planning method was poor among the women of Sylhet division. However, mostly they received information on FPM from health worker, neighbor and television. Concerning the duration of taking OCP at a stretch, about 70 percent of respondents reported that woman can use OCP as long as she wish/till menopause. Half of the total women reported that the women who gave birth a baby, can start OCP immediately when menses start. One-fourth of the women mentioned Minicon can be used during breastfeeding.

Knowledge on availability and sources of OCP brands

The women who named OCP as a method of contraception, among them 83 percent reported Shukhi as a brand of OCP followed by Femicon (77%). Other mostly cited brands were Nordette-28 (44%), Minicon (31%) and Ovastat Gold (23%). Findings show that Nordette-28 and Ovastat Gold is reported more by the urban women. Regarding the sources of OCP, most of the women reported that Shukhi can be obtained from government health center/government or NGO health worker. The reported main sources of other brands of OCP were pharmacy, followed by grocery shop.

Knowledge on side effects and its management of OCP

To assess the knowledge on side effects and its management two questions were asked simultaneously. The respondents mostly reported about nausea and vertigo. The other cited responses were stopping menses, spotting, high blood pressure and breast tenderness. However, the women also reported the management of these side effects. Mostly they mentioned that women should visit doctor/physician if she face any side effects. The respondents who identified 'menses stops' as the side effects of OCP among them 11 percent reported that if a woman take OCP regular and timely this problem will be managed automatically. For the management of nausea some women advised to drink more water. Again some women reported that if pill is continue for 2/3 months it removes spotting and nausea.

Practices of MWRA with regard to OCP

More than 80 percent of women ever used any method of contraception. More than one-third used any modern method and 8 percent used any traditional method. The

most ever used method was pill (68%), followed by injectable (23%) and condom (20%). The contraceptive prevalence rate is 63 and Oral Contraceptive Pill was found to be the main family planning methods for current user (36%), followed by injectable (9%) and condom (8%). OCP now accounts for 57 percent of all contraceptives use and 63 percent of modern method use in the country. Between 2004 and the 2007, overall contraceptive use increased by 5 percent points, from 58 to 63 percent of currently married women. This increase has been almost entirely due to the highest use of modern methods, namely, the pill, injectable and condom. OCP has increased from 26 to 36 percent while condom increased from 4 to 8 percent. The main reason for not using OCP ever was couple wanted child (28%), followed by husband disapproves (22%), physical illness (18%) and do not like (16%). Similarly women are currently not using OCP due to couple wants child (28%), currently pregnant (24%) and physical illness (21%).

Among the ever OCP users, about half of the women used both Shukhi and Femicon. Other reported brands were Nordette-28 (21%), Ovastat Gold (10%) and Minicon (10%). One-fifth of the women reported that they were using contraception right after marriage. The women who were using family planning method right after marriage among them mostly mentioned about OCP (69%) followed by Condom (25%) and injectable (4%). Less than 2 percent reported about Implant, IUD and traditional methods together. Duration of OCP and condom use was around one year for both urban and rural women. About half of the respondents reported that they have sought advice from doctor/health worker before starting this particular method. Suitability with body was the main criteria for selecting current family planning method. On the other hand, the main reason for switching the earlier FPM was it did not adjust with body/physical problems. Twenty eight percent of condom user switched due to disapproval of husband.

Discussion between husband and wife about family planning is an important intermediate step towards eventual adoption and sustained use of contraception. About three-fourth of the respondents reported that they decide jointly followed by self (15%) and husband (10%). Others response include doctor, health worker, NGO worker, mother/mother-in-law and sister-in-law.

Media exposure on OCP

Overall, 65 percent of women have had exposure to OCP messages disseminated through media. Television, radio and signboard/billboard are the major sources of exposure to OCP messages. Among women those have heard or seen a message about OCP, nine out of ten reported hearing or seeing an OCP message on television, one-fifth reported hearing a message on the radio, and another one-fifth reported seeing a message on the signboard/billboard. According to the women, most of them exposed to Femicon, Nordette-28 and Minicon through media. The respondents were asked to inform about the brands of OCP which social marketing company currently distributing in the market. Most of the respondents mentioned about Femicon followed by Nordette-28. Social marketing company is also marketing another brand of OCP, Minicon, but only 8 percent of women reported its name as social marketing company's brand of OCP.

Attitude of MWRA on OCP

The respondents were asked a set of questions to have their attitude on different issues of the family planning methods, especially on OCP. Five scales have used to define extent of attitudes. Most of the women opined the necessity of taking advice from experts before using OCP. Concerning the attitude towards the effectiveness of OCP, all divisional women mostly showed positive response except Sylhet. Satisfaction on OCP brands is one of the most critical components for the users and company. Generally, women showed a strong impression towards the satisfaction of the currently used brand of OCP. About 7 out of 10 women opined that they would continue another brand of OCP if the current brand becomes unavailable and one-fifth claimed that they like to switch another method. Around 85 percent of the Femicon users reported that they will continue Femicon if the price is increased by tk. 2. Similarly 79 percent agreed to continue if price is increased by tk. 4 and 76 percent agreed to continue if price is increased by tk. 6. Similar trend of intention was observed among the users for Nordette-28 and Minicon.

Perception of MWRA on OCP

Overall impression on OCP use is quite supportive. Common impression about side effects of OCP revealed that OCP cause rarely/occasionally side effects. Regarding the perception on the quality of OCP of SMC is good. Most of the women reported that correct use of OCP can be ensured through following the rules of taking OCP. About half of the women claimed that newly married couple should not use OCP. The response on perception varies regarding longer continuation of OCP make women sterile. Most of the women were interested to use OCP in future, especially who are currently using OCP.

BACKGROUND PROFILES OF THE OCP USERS OF SMC BRANDS

The average age of Femicon users was 27 years, whereas 28 years for Nordette-28 and 24 years for Minicon. On the other hand, the average age of husband for Minicon users was 30 years, while 34 years was for Femicon and 36 years for Nordette-28. So it can be conclude that Minicon is mostly used by the younger and Nordette-28 and Femicon is used most by the mid-aged women.

User of Minicon and Nordette-28 are slightly higher educated than the user of Femicon. Similarly the analysis shows the educational level of husband of Nordette-28 and Minicon users were slightly higher than the educational level of husband of Minicon users.

Survey findings show that majority of the Femicon, Nordette-28 and Minicon users reported that they were housewife (Femicon: 95%, Nordette-28: 93% & Minicon: 88%). Unanimously respondents reported that they do not have any earnings. However, those who earn money among them, the monthly average family income is higher among the Nordette-28 users (tk. 8246) than Minicon (tk. 6645) and Femicon (tk. 5791) users.

The average children are 2 for Femicon and Nordette-28 users whereas average children of Minicon users are less than 2. The women who desire for children they mostly use Minicon. The average duration of marriage life of the OCP users was 10, 11 and 7 years for Femicon, Nordette-28 and Minicon respectively. So Minicon is used mostly by the couple at the early stages of marriage.

Regarding type of respondent's family, most of the Femicon and Nordette-28 users reside in a joint family (Femicon: 69% & Nordette-28: 68%) whereas this difference is quite low for the Minicon (57%) users. The average family members for these three brands were almost same. Similarly the findings show that average years of limit between marriage and first birth was 2 for all of these brands.

Conclusions

In general, the married women of reproductive age are widely aware about different family planning methods and on average they could name 3 types of family planning methods. The contraceptive prevalence rate is 63 and Oral Contraceptive Pill was found to be the main family planning methods for current user (36%), followed by injectable (9%). It now accounts for 57 percent of all contraceptives use and 63 percent of modern method use in the country. About 8 percent of MWRA reported using condom currently which has increased 4 percent points, from 4 to 8 percent during 2004 to 2007.

Between 2004 and the 2007, overall contraceptive use increased by 5 percent points, from 58 to 63 percent of currently married women. This increase has been almost entirely due to the highest use of modern methods, namely, the pill, injectable and condom. OCP has increased from 26.2 to 35.8 percent while condom increased from 4.2 to 7.5 percent. Findings also reveal that the current use rate of contraceptive is quite poor in Sylhet division as compared to other divisions.

Finally, after reviewing knowledge, attitude, perception and practice of married women of reproductive age on oral contraceptive pills as well as the background profiles of SMC brand OCP users, the following conclusions and recommendations can be made;

- The married women of reproductive age are universally aware about different family planning methods
- The contraceptive prevalence rate has increased from 58 (BDHS, 2004) to 63 (2007)
- OCP use has increased from 26 (BDHS, 2004) to 36 (2007)
- To increase the knowledge and practice of family planning methods in Sylhet division, program planners need to focus more educational program on family planning methods through electronic and print media especially using the local dialect. In addition local magazine, billboard and poster can be channel to increase the awareness among the women in Sylhet division
- One-fourth of the women are aware about Minicon (progestin only pill) that can be used during breastfeeding. So there is an opportunity to increase the intention to use of Minicon through BCC activities using mass media

- Survey data reveals that about half of the respondents have perception that "newly married woman can not take OCP". About 50% of the respondents perceived that "longer continuation of OCP can make woman sterile". SMC can address these issues through extensive BCC activities to change the present perception.
- Television, health worker and neighbor are most dominant channel to receive information on OCP. Therefore, for designing the future communication of OCP campaign SMC should address these three major channels
- Television is the most popular source of information for non-users. So SMC can explore this opportunity to grow interest in OCP among non-users using television
- It is observed that generally SMC pill customers are not price sensitive. If the current price is increased by tk. 2-6, only one-fourth customer reported that they will switch to other method/lower cost pill. It is evident that most of the respondents are loyal to SMC brands.
- Around two-third of the women have good impression about the quality of SMC OCP. SMC can take an advantage of this impression in launching new OCP brand in future.

CHAPTER ONE

1.1 Introduction

Oral Contraceptive Pills (OCPs) have found the most popular method of the modern contraception, with over a quarter of currently married women using the method. It now accounts for 45 percent of all contraceptives use and 55 percent of modern method use in the country.

Between 1999-2000 and the 2004, overall contraceptive use increased by 4 percent points, from 54 to 58 percent of currently married women. This increase has been almost entirely due to the highest use of modern methods, namely, the pill and injectable. OCP has increase from 23 to 26.2 percent while injectable increased from 7.2 to 9.7 percent.

It is also noted that over the years, there has been a substantial increase of users obtaining methods from SMC source. The percentage of pill users using SMC brand has constantly increased, from 14% in 93-94 to 40% in 2004. SMC brands of OCP hold more than 92% retail market share of the country.

1.2 Objectives of the study

The prime objective of the study was to know the knowledge, attitude, perception and practice of MWRA thoroughly as well as to explore whether there is any gap/issues in the knowledge, attitude and practice relating to OCP, which need to be addressed for the benefit of the program. More detail objectives of the study are:

- Prepare a demographic Profile MWRA
- To capture the data on the awareness and knowledge of MWRA on contraception
- To capture the data on attitude of MWRA on OCP
- To know about the perception of MWRA about OCP
- To know about the practices of MWRA with regard to OCP
- To identify whether there is any gap in KAP relating to OCP which need to be addressed
- To get insight regarding the reasons for wider variation of contraception in general and OCP in particular.

1.3 Scope of the study

The study has been conducted at national level covering urban and rural respondents of all six divisions in the country. The married women of reproductive age (MWRA) were the respondents who have been selected through a community level listing process.

1.4 Methodology of the study

Since the study objective is to know the knowledge, attitude, perception and practice of MWRA thoroughly as well as to explore whether there is any gap/issues in the knowledge, attitude and practice relating to OCP, which need to be addressed for the benefit of the program, the main thrust of the study was the quantitative information. Therefore, quantitative methodology has been applied for the study. Face-to-face interview technique has been applied for quantitative data collection. Data has been collected at the household level interview.

By using the standard statistical formula, a total of 3505 married women aged within 15 to 49 years have been interviewed at six divisions (approximately 585 from each division). Using the national rural-urban proportion (70:30), 2404 rural and 1101 urban respondents have been interviewed in the survey. The distribution of the respondents in different districts in six divisions is shown in the following table:

Table 1: Proportional distribution of respondents

Divisions	Respondents Distribution		
	Rural	Urban	Total
Khulna	406	173	579
Dhaka	406	174	580
Barisal	407	174	581
Sylhet	405	174	579
Chittagong	374	232	606
Rajshahi	406	174	580
Total	2436	1044	3505

Respondents have been selected from 101 PSU for wide geographical coverage to ensure the national representation of collected data. PSUs have been selected based on the distribution of the population within the six divisions and the proportion of the population living in urban and rural areas. Again, using the national rural-urban proportion, i.e., 70:30, 71 rural and 30 urban PSUs were included in the survey. The distribution of PSUs included for each division is as follows:

Table 2: Proportional distribution of sites (PSU)

Divisions	Respondents Distribution		
	Rural	Urban	Total
Khulna	5	2	7
Dhaka	14	6	20
Barisal	22	9	31
Sylhet	9	4	12
Chittagong	17	7	24
Rajshahi	5	2	7
Total	71	30	101

PSUs for rural and urban for each division have been selected randomly from the list of mouzas/mohallas of each division, prepared by BBS. A sampling frame has been

prepared from the entire selected PSU by listing work and sample respondents were drawn from the sampling frame using systematic random sampling method.

Fieldwork has been conducted in the two phases. In the first phase our listing team visited the selected PSU and completed the listing process using a listing format. They had also drawn household map for each PSU to facilitate the field data collection team to identify the selected HH easily during the actual interviews. After having the sample frame, eligible respondents (MWRA) have been selected using systematic random sampling method at head quarter to avoid any biasness in respondent's selection process.

After selecting the target respondents from sample frame, our field data collection team has visited the *household* of the respondents and conducted *Face-to-Face interviews*.

To address the non-response from respondents and non-availability of respondents at households at given time at least two revisits were made to interview the sample respondents which minimizes non-successful interviews.

1.5 Data Collection Instrument

For face to face interview a semi structured questionnaire has been used. In developing the questionnaire, we considered the information that we need to examine the issues relevant to the study objectives. Inputs have also been taken from SMC officials in the questionnaire development process. Draft questionnaire has been pre-tested and based on the findings of pre-testing questionnaire has been finalized. Questionnaire development process is presented below:

Questionnaire has been developed in accordance with the information required for the study to interview the target audiences Development process is shown in the following Box-1:

Box -1: Questionnaire development process

- ✓ Preparing draft questionnaire incorporating all issues discussed in information coverage section
- ✓ Consultation with SMC official for their input
- ✓ Prepare second draft questionnaire based on the advice made by SMC
- ✓ Conduct the pre-testing of draft questionnaire
- ✓ Analyze the findings of pre-testing and revise the draft questionnaire
- ✓ Again consultation with SMC official on the pre-testing findings
- ✓ Finalize the questionnaire after addressing the advice of SMC officials.

1.6 Enumeration and data analysis

Fieldwork has been conducted in two phases: listing phase and actual data collection phase. Six teams were deployed to conduct the listing job at the first phase and each team was comprised of 4 Listers and 1 listing Supervisor.

In the for face-to-face interviews phase, 6 team were deployed and one team for each division. Each team was comprised of 6 field investigators and one supervisor. In summary we deployed 6 Listing Supervisor, 6 Supervisors, 36 Field Investigators and 24 Listers. Three Quality Controllers and one special Quality Control Officers have also been deployed to ensure the quality of fieldwork. In total 103 persons have been deployed for the study.

Total 22 days were required to complete the fieldwork. Fieldwork has been conducted from July 23, 2007 to August 13, 2007.

A comprehensive scheme of data edit verification was undertaken to ensure that the submitted questionnaires contain valid and accurate data. Five Data Editors carried out 100 percent check of all questionnaires.

For computerization of data, detailed code plans were developed for each questionnaire. Data entry modules were prepared and five well experience and trained data entry operators deployed to enter the data in database. Proprietary software was developed for data entry. After completion of data entry all have been checked again and cleaned the database when required. After completion of satisfactory checking of entered data, SPSS has been used for data processing using live data. The output obtained from the system was subsequently translated into query tables for use in the report. Mainly descriptive statistical tools (percentages /proportions) and graphics were used to present and analyze data. MS-Word was used for report writing. The DA was responsible for overall supervision of the team of operators and ensuring reliability and accuracy of entered data.

1.7 Quality control measures

Special attention was given to field planning and survey execution to ensure validity, accuracy and reliability of collected data. Measures that had been taken are: close supervision of field force by PI, CPI, QC, SQCO and FS; 100% scrutiny of questionnaires by the field supervisors at end of each data gathering session; Spot checking of 50% questionnaires by field supervisor at random intervals; 30% random spot checking and questionnaire scrutiny by quality controller at random intervals; and 20% spot check and scrutiny of questionnaires by executive level.

CHAPTER TWO

BACKGROUND CHARACTERISTICS OF RESPONDENTS

2.1 Age of respondents

Background information of the respondents is essential for the interpretation of findings presented later in the report. The study interviewed 3505 ever-married women of reproductive age. Table 1 shows the distribution of ever-married women by various background characteristics. Data shows that one-fourth of the women were aged between 25-29 years followed by 22 percent of 20-24 years and one-third of 30-39 years. There is no divisional and urban rural variation regarding the age distribution of respondents. The mean age of the respondents was 29 years. The study also collected age of husbands. Around one-fifth of the respondent's husband age was 30-34 and 35-39 years each followed by nearly 16 percent both in the age group 25-29 and 40-44 years. The mean age of husband was 37 years.

2.2 Educational attainment

Concerning educational attainment of the respondents, it can be observed that about one in five women were illiterate, only 9 percent could read and write, 11 percent had at least some primary education, 41 percent had at least some secondary education, 41 percent had completed at least some secondary education, while another 19 percent had at least SSC or higher education. Educational attainment of women was poor in Sylhet and Chittagong as compared to other division. Almost similar findings were observed regarding the educational attainment of husband where 20 percent never attended school, 9 percent can read and write, 11 percent had completed at least some primary education, 29 percent had completed at least some secondary education and rest of the husband had completed at least SSC or higher education. Among the divisions, Sylhet, Chittagong and Barisal division had the higher illiteracy rate as compared to other divisions.

2.3 Employment status

Survey findings show that majority (93%) of the women reported that they were housewife and rest were salaried employee and skilled worker. On the other hand, about 30 percent of the husband's profession was business followed by salaried employee (24%) and unskilled worker (17%). Other reported professions were rickshaw puller (8%), farmer (8%) skilled worker (6%) and salaried employee (6%).

Table 3: Background characteristics of respondents

(In %)

Background characteristics	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Age of respondents									
15-19	7.8	7.8	6.2	6.6	5.9	8.3	4.9	8.1	7.1
20-24	22.1	23.3	19.1	23.3	24.8	21.0	18.5	24.0	22.3
25-29	24.0	22.8	26.2	24.7	26.9	25.9	25.0	25.1	25.1
30-34	19.9	15.3	17.2	18.3	14.7	17.9	18.7	16.5	17.2
35-39	17.3	17.6	18.8	13.3	14.5	15.2	18.7	14.9	16.1
40-44	7.6	8.1	9.1	7.6	8.7	7.2	9.7	7.3	8.1
45-49	1.4	5.2	3.4	6.2	4.5	4.5	4.5	4.1	4.2
Average	29	29	30	29	29	29	30	29	29
Age of husband									
Below 25 yrs.	4.1	4.3	4.0	3.5	3.5	4.7	2.6	4.7	4.0
25-29	16.1	16.0	13.9	16.2	15.2	15.7	11.8	17.2	15.5
30-34	20.9	18.8	19.8	19.9	23.6	17.2	18.3	20.8	20.1
35-39	19.7	19.8	21.9	19.0	20.3	24.5	22.4	20.1	20.9
40-44	19.2	13.8	18.8	16.8	12.9	15.9	17.9	15.4	16.2
45-49	11.9	15.2	15.7	12.1	11.9	12.1	15.2	12.2	13.1
50 or above	8.1	12.1	6.0	12.6	12.8	10.0	9.6	11.7	10.3
Average	36	37	36	37	37	37	38	36	37
Education of respondents									
Illiterate	11.4	20.7	7.2	30.1	24.1	22.8	11.4	23.0	19.4
Can read and write	6.0	11.2	4.5	16.8	9.2	5.2	5.1	10.5	8.8
Class 1 to 4	10.7	10.5	10.5	11.6	13.0	12.2	10.2	12.0	11.4
Class 5 to 9	51.5	39.8	44.9	29.2	37.3	41.9	37.9	42.1	40.7
SSC/Dhakhil	11.4	9.8	16.5	6.2	9.4	8.3	16.2	7.6	10.3
HSC	6.0	5.5	10.5	3.6	4.6	4.8	11.6	3.2	5.8
Bachelor and above	3.0	2.4	5.8	2.6	2.3	4.8	1.6	7.6	3.5
Education of husband									
Illiterate	16.6	17.1	8.1	32.3	22.1	24.1	10.4	24.5	20.1
Can read and write	7.1	13.1	6.4	12.4	8.7	6.0	3.8	11.3	9.0
Class 1 to 4	10.0	11.0	12.7	10.7	9.9	11.0	6.7	12.8	10.9
Class 5 to 9	32.8	30.3	26.2	25.6	31.7	28.1	26.8	30.2	29.1
SSC /Dhakhil	13.6	11.6	15.3	6.7	11.1	10.3	15.4	9.6	11.4
HSC	10.9	7.9	11.5	4.7	8.4	7.2	13.4	6.2	8.4
Bachelor and above	9.0	9.0	19.8	7.6	8.1	13.1	5.4	23.5	11.1
Occupation of respondents									
Housewife	91.7	91.2	93.1	95.5	94.2	92.9	90.1	94.5	93.1
Professionals	1.9	4.2	4.3	2.7	1.8	2.7	4.1	2.4	2.9
Skilled worker	3.1	1.4	-	1.0	1.3	2.9	1.7	1.6	1.6
Business	1.6	1.4	0.7	0.2	0.7	0.7	1.3	0.7	0.9
Unskilled worker	0.5	1.5	0.8	0.6	1.9	0.6	1.8	0.5	1.0
Student	0.9	0.2	1.0	-	-	0.2	0.9	0.1	0.4
Others	0.3	0.2	-	-	0.2	-	0.2	0.1	0.1
Occupation of husband									
Business	29.7	33.9	25.3	31.6	26.9	29.8	34.0	27.4	29.5
Salaried employee	27.1	26.0	34.9	17.6	20.5	20.5	37.7	18.3	24.4
Farmer	12.6	7.1	4.6	7.1	6.6	12.6	1.4	11.6	8.4
Skilled worker	3.5	6.2	4.0	9.0	6.4	9.5	4.5	7.3	6.4
Unskilled worker	15.3	12.7	20.3	20.0	20.9	12.7	8.3	20.8	17.0
Rickshaw/van /boat	8.3	10.9	4.8	4.1	11.7	10.5	7.2	9.0	8.4
Professionals	2.8	2.2	4.0	5.7	5.3	3.3	5.0	3.4	3.9
Others	0.9	1.2	2.1	4.8	1.7	1.2	2.0	2.0	2.0
N	579	580	581	579	606	580	1101	2404	3505

2.4 Income status

Unanimously respondents reported that they do not have any earnings. However, the monthly income distribution of the family is between 3000 to 5000 tk. for 28 percent of the family followed by 20 percent of the respondents family income were within tk. 2000 to 3000, 16 percent within tk. 5000 to 7500, 11 percent had income up to tk. 2000 and another 22 percent of the respondents family income was above tk. 10000 per month. The average family income of the urban respondents was tk. 9060 and tk. 5580 was for rural respondents per month.

Table 4: Monthly income distribution

	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Monthly income of respondents									
No earnings	95.9	96.7	96.7	97.1	97.2	96.2	95.2	97.3	96.6
Tk. 1 - 1000	3.5	1.9	0.5	1.9	2.0	2.4	2.0	2.0	2.0
Tk. 3001 - 5000	-	0.9	1.5	0.5	0.3	0.7	1.3	0.4	0.7
Tk. 5001 - 10000	0.7	0.5	1.2	0.5	0.5	0.7	1.5	0.3	0.7
Monthly income of the family									
Tk. 1 - 2000	13.3	9.3	10.3	8.8	8.3	19.1	7.3	13.4	11.5
Tk.2001 - 3000	28.8	14.7	18.2	13.6	19.0	25.0	11.2	23.9	19.9
Tk. 3001 - 5000	24.9	32.2	30.8	23.5	28.1	27.9	22.1	30.6	27.9
Tk. 5001 - 7500	13.5	16.6	17.4	20.4	16.7	9.0	18.7	14.1	15.6
Tk.7501-10000	14.9	15.5	14.3	12.6	13.2	10.9	20.1	10.6	13.6
More than 10000	4.7	11.8	9	21.1	14.9	8.1	20.7	7.4	11.7
Average	5214	6845	6045	8825	7398	5684	9060	5580	6673
N	579	580	581	579	606	580	1101	2404	3505

2.5 Demographic and family information

About one-fourth of the respondents had only one child, 30 percent had two children, about one-fifth had 3 children, 9 percent had four children and other 9 percent had at least 5 or more children. The average number of children was 2 both in urban and rural area. But the average number of children was higher in Sylhet and Chittagong division. The respondents were asked to know their desired number of children. Nationally one out of four women reported that they desire for another child and this proportion was quite higher both in Sylhet (34%) and Chittagong (33%) division.

When we see the duration of marriage life of the respondents, it can be seen that most of the women's marriage life was 6 or more years. The average duration of marriage life of the respondents was 12 years.

Regarding type of respondent's family, 28 percent of women reside in a single family whereas 72 percent of women reside in a joint family. Only 4 percent of the family had 2 members, 16 percent had 3 members and nearly 5 percent had more than 10 members. However, most of the family had 4-10 members. Average family members of the study sample were 5.

Though the national family planning program put emphasis on delay first birth, yet the present study shows that 6 out of 10 couple becomes parents within two years of their marriage and 3 of 4 women give birth within three years of marriage. The average duration of limit between marriage and first birth is 2 years.

Table 5: Distribution of demographic and family characteristics

Characteristics	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
No. of children									
0	8.3	7.2	13.3	12.1	7.9	11.2	9.3	10.3	10.0
1	32.5	25.9	23.1	18.8	19.6	25.0	25.7	23.4	24.1
2	32.8	31.2	29.8	23.7	26.9	35.5	34.7	27.8	30.0
3	18.5	19.8	20.1	17.1	21.5	15.3	18.9	18.7	18.7
4	4.1	9.1	7.7	10.7	11.7	8.6	7.5	9.2	8.7
5+	3.7	6.7	6.1	17.6	12.4	4.4	3.9	10.6	8.6
Average	2	2	2	3	3	2	2	2	2
Desire for children									
Yes	25.4	26.8	17.5	33.8	33.3	23.9	20.9	29.6	26.9
No	67.0	61.3	57.5	52.3	52.9	60.6	66.0	55.2	58.6
Didn't decide	6.6	10.2	23.2	9.8	11.8	13.2	11.7	12.7	12.4
DK	0.9	1.7	1.8	4.1	2.0	2.3	1.4	2.5	2.1
Duration of marriage life (yrs.)									
1-3	11.3	10.6	13.1	12.2	13.5	11.1	11.1	12.4	12.0
4-5	7.1	13.2	8.9	9.7	10.0	10.7	9.6	10.2	10.0
6-10	26.0	21.0	25.7	24.7	25.4	26.5	21.9	26.3	24.9
10-15	19.9	20.8	20.7	20.9	20.0	19.0	23.3	18.8	20.2
15+	35.5	34.4	31.6	32.5	31.1	32.6	34.0	32.4	32.9
Average	13	13	12	12	12	13	13	12	12
Family type									
Single	28.3	27.3	25.2	31.2	34.9	23.3	26.5	29.3	28.4
Joint	71.7	72.7	74.8	68.8	65.1	76.7	73.5	70.7	71.6
No. of family members									
2.00	2.4	3.5	5.9	3.4	2.8	5.7	3.8	4.0	3.9
3.00	21.2	19.6	15.4	11.0	11.9	15.9	17.0	15.3	15.9
4.00	30.8	27.4	27.3	21.1	21.5	34.9	30.4	25.7	27.2
5.00	20.8	22.4	25.0	20.2	22.7	20.1	23.4	21.2	21.9
6-10	22.0	24.8	23.2	34.6	34.7	20.6	21.5	29.1	26.7
10+	2.8	2.3	3.2	9.7	6.3	2.7	3.9	4.7	4.5
Average	5	5	5	6	6	5	5	5	5
Limit between marriage and first birth (months)									
09-12	21.2	30.4	23.6	46.7	34.2	22.0	27.7	30.5	29.6
13-24	34.8	29.9	28.4	29.5	36.1	38.2	33.7	32.5	32.8
25-36	15.0	13.4	20.6	6.9	12.5	13.1	13.7	13.6	13.6
37-48	7.7	9.5	5.9	3.0	4.8	6.5	6.7	6.1	6.3
49 or more	13.5	9.6	9.4	4.6	4.7	9.6	9.3	8.3	8.6
No child	7.9	7.3	12.2	9.2	7.7	10.6	9.0	9.2	9.1
Average	29	27	26	20	22	27	26	25	25
N	579	580	581	579	606	580	1101	2404	3505

CHAPTER THREE

KNOWLEDGE ON CONTRACEPTION

3.1 Knowledge of family planning methods

Information on knowledge of family planning methods was collected by asking respondents to name ways or methods which a couple could delay or avoid pregnancy. The respondent mentioned a particular method spontaneously. The respondents reported about the knowledge on seven modern methods of family planning (the pill, IUD, Injectables, Norplant, Condoms, Female Sterilization, and Male Sterilization) and two traditional methods of family planning (Periodic Abstinence and Withdrawal).

Knowledge of family planning methods is widespread in Bangladesh. Almost all of the respondents know of at least one modern method of family planning and only one out of ten respondents know of at least one traditional method. On average, a woman has heard of 3 methods of family planning. There is virtually no difference in knowledge among the respondents by different divisions except Sylhet.

Almost all of the respondents heard about pills. More than 7 out of 10 heard about injectables and more than 6 out of 10 heard about condoms. Knowledge of other modern methods is also widespread; many of the respondents have heard of Implant/Norplant (26%), Copper T (32%) and Female Sterilization (30%). Knowledge of Male Sterilization and traditional methods were lower than other modern methods. The data shows similar levels of knowledge of specific methods for all the divisions except Sylhet.

Table 6: Knowledge of contraceptive methods

Knowledge of contraceptive method	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Any method	99.8	100.0	97.8	96.2	100.0	96.9	99.5	98.0	98.5
Any modern method	99.7	99.8	97.2	94.3	99.7	96.7	99.2	97.3	97.9
Pill	98.6	99.1	95.5	88.8	98.2	95.7	97.1	95.5	96.0
Condom	87.7	73.8	66.3	34.4	68.3	63.1	75.6	61.1	65.6
Injectables	85.5	82.4	72.5	46.1	75.4	75.2	71.2	73.6	72.9
Implant/Norplant	33.0	28.6	33.6	16.6	17.8	26.7	24.8	26.5	26.0
IUD/Copper T	40.6	39.3	28.4	16.2	36.5	31.0	33.1	31.6	32.0
Female sterilization	31.8	29.1	27.9	13.3	46.0	31.2	33.2	28.6	30.0
Male sterilization	11.7	9.3	4.1	4.0	11.7	19.8	14.1	8.3	10.1
Any traditional method	3.1	8.6	11.9	6.9	7.6	10.3	10.2	7.1	8.1
Periodic abstinence	3.4	8.3	14.6	12.2	8.1	13.2	10.2	7.6	8.4
Withdrawal	1.0	1.4	0.9	0.9	1.0	5.2	2.3	1.5	1.7
Mean no. of methods	4	4	3	2	4	4	4	3	3
No. of women	579	580	581	579	606	580	1101	2404	3505

The respondents were asked to know their knowledge on the duration of OCP use continuously (how long a woman can use OCP at a stretch). Four out of ten respondents (41%) reported that a woman can use OCP as long as she wish followed

by 20 percent reported OCP can be used until menopause. However, one in five respondents mentioned that they do not know the duration of OCP use at a stretch. So it can be seen that 6 out of 10 women have correct knowledge on the duration of OCP use at a stretch.

The respondents were requested to inform about when a woman can start OCP after delivery. Half of the respondents reported that OCP can be started immediate when menses start followed by within 40-90 days after delivery (28%). On the other hand, more than one woman out of ten mentioned that they do not know when to start OCP after delivery.

To know the knowledge of the name of OCP that can be used during breastfeeding, the respondents were requested to mention the name of OCP. Majority of the respondents could not name of the pill (59%). Only one in four respondents mentioned the name of Minicon. Few of the respondents also reported about other OCP such as Femicon and Shukhi. It can be seen that knowledge of pill that can be used during breastfeeding was lower in Sylhet as compared to other divisions.

Table 7: Knowledge of oral contraceptive pills

Table 7: Knowledge of oral contraceptive pills (In %)

Knowledge of OCP	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
How long a couple can use OCP									
As long as wish	33.2	39.6	42.4	38.5	60.9	29.7	37.0	42.8	41.0
1 - 3 yrs.	4.9	3.5	8.2	2.8	3.3	2.5	5.8	3.4	4.2
4 -5 yrs.	4.0	4.9	8.7	3.9	2.5	5.7	6.9	4.0	4.9
6 -10 yrs.	4.2	4.3	4.3	3.6	0.7	3.9	3.5	3.4	3.5
Above 10 yrs.	13.6	5.7	2.0	2.1	3.2	4.3	6.4	4.6	5.2
Until menopause	25.9	23.4	14.4	20.0	12.7	22.9	18.1	20.6	19.8
DK	14.2	18.6	20.2	29.2	16.7	30.8	22.2	21.1	21.4
N	572	576	564	535	599	558	1081	2323	3404
When a woman can start OCP after delivery									
Before 40 days	6.6	3.1	1.6	5.0	2.2	1.6	3.8	3.1	3.3
After 40 and before 90 days	25.9	24.0	28.9	30.3	33.9	25.1	33.0	25.7	28.0
After 90 days	12.6	4.2	2.3	2.1	3.5	7.5	6.9	4.6	5.4
Immediate when menses start	47.6	60.9	51.1	44.3	47.1	48.7	41.4	54.0	50.0
DK/Can't Say	7.3	7.8	16.1	18.3	13.4	17.0	14.9	12.5	13.2
N	572	576	564	535	599	558	1081	2323	3404
Which pill can be used during breastfeeding									
Minicon	21.2	32.1	30.1	14.0	25.2	28.1	26.0	24.9	25.2
Femicon	8.2	16.7	5.9	2.8	10.0	14.5	12.0	8.7	9.8
Shukhi	4.9	2.4	1.4	0.9	7.2	3.2	3.2	3.5	3.4
Others	3.6	2.1	0.5	1.0	5.0	3.7	4.6	1.8	2.7
DK/can't say	62.1	46.7	62.1	81.3	52.6	50.5	54.2	61.1	58.9
N	572	576	564	535	599	558	1081	2323	3404

3.2 Knowledge of sources of information on family planning method

The respondents who named any method of family planning were requested to report the sources from where they have heard about that particular method. Mostly the respondents heard from health worker (38%) followed by neighbor (36%), TV (15%), NGO worker (10%), husband (9%) and mother/mother-in-law (9%). Some of the respondents also reported about sister/sister-in-law (9%) and friend (7%). So it can be mention that appropriate channel of family planning information is health/NGO worker and neighbor.

Table 8: Knowledge of sources of information on family planning methods

Sources of Information on FPM	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Mother/Mother-in-law/Aunt	8.8	15.0	6.2	8.4	6.0	10.2	9.0	9.2	9.0
Sister /sister-in-law	4.0	10.6	9.3	9.5	8.6	9.5	9.4	8.1	8.6
Friend	10.2	5.2	9.2	5.8	2.9	6.3	7.6	6.1	6.6
Husband	14.0	4.7	6.7	8.9	11.8	5.9	9.5	8.3	8.7
Neighbor	31.9	27.0	37.7	48.6	36.6	33.9	27.9	39.4	35.7
GMP	4.9	2.6	3.1	2.3	7.4	4.0	5.7	3.4	4.1
Health Worker	24.5	39.5	30.1	27.6	64.0	41.1	32.2	41.0	38.2
NGO Worker	22.1	8.3	5.8	8.0	4.0	10.8	11.1	9.2	9.8
Radio	5.3	2.3	3.1	1.0	2.7	1.4	3.0	2.5	2.6
TV	20.7	12.0	4.5	11.1	25.4	15.5	22.3	11.7	15.0
N	572	576	564	535	599	558	1081	2323	3404

3.3 Knowledge on availability of OCP brand

The respondents who reported about OCP as a method of contraception were requested to mention the name of the brands of OCP whatever they know. Most of the women reported about Shukhi (83%), followed by Femicon (77%), Nordette-28 (44%), Minicon (31%), Ovastat Gold (23%) and Maya (13%). In addition, they also mentioned about Marvelon (8%) and Ovacon (7%). There are no noticeable variations according to the divisions regarding the knowledge on availability of OCP brand. Yet, Nordette-28 and Ovastat Gold was reported more by urban women as compared to rural.

Table 9: Knowledge on availability of OCP

Name of contraception	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Shukhi	85.5	86.8	84.6	79.1	80.0	80.5	75.8	86.0	82.8
Femicon	82.3	81.8	86.5	63.2	72.6	76.2	79.4	76.2	77.2
Nordett-28	49.5	48.6	49.1	27.7	39.1	46.2	58.6	36.4	43.5
Minicon	34.4	33.3	40.4	14.6	27.0	33.3	30.2	30.8	30.6
Ovastat Gold	25.5	24.1	23.4	14.6	22.5	24.2	31.7	18.2	22.5
Marvelon	8.2	6.1	11.5	6.5	6.5	6.6	12.8	5.2	7.6
Ovacon	8.2	10.2	5.0	7.1	3.2	7.2	9.0	5.8	6.8
Maya	16.6	13.2	3.9	11.6	24.0	9.9	14.8	12.7	13.3
Others	1.9	1	5.7	3.5	1.7	1.5	2.7	2.4	2.5
N	572	576	564	535	599	558	1081	2323	3404

3.4 Knowledge of sources of OCP brands

To ascertain the coverage of different sources of family planning methods in Bangladesh, women who report name of any OCP brands at the time of the survey were asked where these brands can be obtained. Since women often do not know into which category the source they mention falls (Hospital, Upazila Health Complex, Family Welfare Center, or Private Clinics), interviewers were instructed to identify the correct name of the source in the questionnaire. Team supervisors were instructed to verify that the name and the type of source coded were consistent.

In Table 10, sources of OCP brands are classified into five major categories; government hospital, private hospital/clinic, health/NGO worker, pharmacy and grocery shop. The government source is the predominant source for Shukhi. Nearly six out of ten respondents reported source as government hospital and health worker for Shukhi. On the other hand pharmacy is the predominant source of other brands of OCP such as Femicon, Nordette-28, Minicon, Marvelon, Ovacon and Maya. Other major reported sources were grocery shop.

Table 10: Knowledge of sources of OCP brands

(In %)

Sources of OCP brands	Name of Brands							
	Shukhi	Femicon	Nordette-28	Minicon	Ovastat G	Marvelon	Ovacon	Maya
Govt. hospital	56.4	0.6	0.5	0.5	1.4	1.6	10.0	6.2
Private hospital/clinic	5.0	2.0	2.4	2.3	2.4	3.5	0.4	3.5
Health/NGO worker	50.6	4.6	3.4	3.4	2.2	2.3	9.5	3.7
Pharmacy	12.7	94.3	94.7	91.6	89.8	91.1	67.5	65.9
Grocery shop	2.4	13.9	12.0	15.7	16.1	6.6	19.9	22.2
Don't know	0.8	0.6	0.4	0.3	0.4	5.1	1.7	0.7
N	2817	2628	1480	1043	765	258	231	454

3.5 Knowledge on how to take OCP

It is important for a woman to know the correct use of OCP. To know the knowledge on correct rules of taking OCP, the respondents were requested to mention the rules of taking OCP. Several responses were reported by the respondents, among the different responses mostly they reported that everyday pill should be taken at a fixed time preferably after dinner or before going to bed (66%) followed by first day of starting menstruation with the marked pill at the strip (23%). Other responses were every day take one pill from 21 pills (15%), take every day one red pill for other 7 days (10%), next day of stopping menses (16%) and everyday take one pill after 7 days of menstruation (11%). It can be seen that there is no regional and urban rural differences regarding the knowledge on how to take OCP.

Table 11: Knowledge on how to take OCP

Knowledge on how to take pills	Divisions						Area		(In %)
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	All
Never user or ever user who want to take pill should wait until next menstruation	0.3	1.7	1.8	3.6	2.8	2.3	3.3	1.5	2.1
First day of starting menstruation with the marked one at the strip	17.1	24.3	44.1	17.0	22.4	13.1	29.0	20.3	23.1
User should continue to follow arrow sign	9.8	6.8	3.0	2.2	7.3	5.6	8.3	4.7	5.8
Everyday pill should be taken at a fixed time preferably after dinner or before going to bed	83.9	68.8	41.7	55.0	79.5	63.1	63.7	66.5	65.6
Every day take one pill from 21 pills	7.5	14.9	11.3	14.0	29.5	14.3	15.2	15.5	15.4
Every day one red pill for other 7 days	5.6	5.4	5.5	9.9	29.9	4.7	11.5	9.8	10.3
Iron tablet should continue even menstruation starts	0.9	1.9	2.3	2.2	3.7	2.3	2.4	2.2	2.2
Next day of stopping menses	20.3	18.6	9.6	16.1	8.0	21.9	20.1	13.6	15.7
Everyday take one pill after 7 days of menstruation	4.5	5.7	9.8	19.8	15.5	8.1	8.5	11.5	10.5
Don't know	0.5	0.2	0.7	1.9	0.2	1.1	0.6	0.8	0.7
N	572	576	564	535	599	558	1081	2323	3404

3.6 Knowledge on which woman can take OCP

The study intended to know the knowledge of respondents that which women are eligible to use OCP. Mostly the respondents mentioned that the women who like to use an effective temporary method can take OCP (48%) followed by older women can use OCP (24%). In addition to that some of the respondents also reported the women whose menses is irregular, who desire for child and who are married can use OCP.

Table 12: Knowledge on which woman can use OCP

Which woman can use OCP	Divisions						Area		(In %)
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	All
Who like to use an effective temporary method can take OCP	37.4	36.8	60.5	38.7	50.8	60.8	45.7	48.3	47.5
Those who suffer from anemia due to excessive bleeding during menstruation	-	1.4	7.1	0.2	2.8	0.5	2.3	1.9	2.0
Who suffer from various menstruation problems	0.3	3.8	5.5	0.6	0.2	2.3	1.8	2.3	2.1
Irregular menstruation	3.0	11.5	9.8	3.2	5.8	5.6	8.6	5.5	6.5
Until desire for child	2.6	13.2	1.1	8.8	6.2	7.7	7.9	6.0	6.6
Delay for child	19.8	13.4	7.8	24.3	5.0	7.0	13.1	12.5	12.7
Got married	8.0	23.3	0.4	2.1	4.8	5.2	8.0	7.1	7.4
Suits in body	9.3	4.7	0.9	1.9	3.3	1.8	6.2	2.5	3.7
Have two children	3.8	4.2	-	1.5	-	2.5	2.0	2.0	2.0
Don't have high BP	4.2	0.9	0.5	0.2	0.3	0.5	1.2	1.1	1.1
Not pregnant	0.3	0.2	0.2	-	-	-	0.1	0.1	0.1
Older women	16.6	15.5	21.1	32.3	37.6	23.1	-	25.0	24.4
N	572	576	564	535	599	558	1081	2323	3404

3.7 Knowledge on ineligibility criteria to use OCP

The interviewer asked all of the respondents who were aware about OCP to know their knowledge on the ineligibility criteria to use OCP. Majority of the respondents reported that pregnant women are not eligible to use OCP followed by 23 percent reported that fat women can not use OCP. However, 7 percent of the respondents reported that the women who are aged more than 35 years and smoke, sick women (10%) and older women can not use OCP (8%). Other responses has mentioned in the following table.

Table 13: Knowledge on ineligibility criteria to use OCP

Ineligibility criteria to use OCP	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Pregnant woman	52.3	71.5	64.7	60.6	79.7	55.4	62.9	64.9	64.2
Age more than 35 years and smoke	2.8	1.9	13.8	1.3	15.5	5.2	8.6	6.1	6.9
If plan to be operated within a month	0.5	0.3	2.5	1.3	2.0	0.5	0.9	1.3	1.2
Can not move for long time due to illness	0.7	2.8	6.6	3.2	2.7	4.1	3.0	3.5	3.3
Sick women	13.1	17.5	4.6	6.2	6.2	10.6	13.0	8.2	9.7
Suffering from HBP	2.6	3.0	0.4	0.4	1.7	1.6	2.4	1.2	1.6
Newly married	7.7	4.0	0.7	1.3	1.3	1.8	2.1	3.1	2.8
Have no children	6.6	2.8	1.2	3.4	0.3	3.2	1.8	3.4	2.9
Unmarried	1.2	3.8	0.2	0.9	7.5	5.4	3.4	3.1	3.2
If don't want child	2.4	1.9	0.5	2.1	0.7	0.9	2.5	0.9	1.4
Older women	10.5	13.0	1.4	4.5	8.3	7.9	7.0	8.0	7.7
Fat women	24.8	8.2	30.9	31.0	18.9	28.0	23.9	23.2	23.4
N	572	576	564	535	599	558	1081	2323	3404

3.8 Knowledge on side effects and its management of OCP

To assess the knowledge on side effects and its management two questions were asked simultaneously. The respondents mostly reported nausea and vertigo as the prime side effects of OCP. The other cited responses were stopping menses, spotting, high blood pressure and breast tenderness. However, the women also reported the management of these side effects. Mostly women mentioned that women should visit doctor/physician if she experience any sort of side effects. The respondents who identified menses stops as the side effects of OCP among them 11 percent reported that if a woman take OCP regular and timely this problem will be managed automatically. For the management of nausea some women advised to drink more water. Again some women reported that if pill is continue for 2/3 months it removes spotting and nausea.

Table 14: Knowledge on side effects and its management of OCP

(In %)

Management	Side-effects					
	Menses stops	Spotting	Nausea	High BP	Breast tenderness	Vertigo
Take OCP regularly and timely	11.4	3.5	1.9	2.4	-	0.6
Visit doctor/physician	74.5	84.6	75.7	89.3	92.1	49.3
Drink more water	1.4	0.3	5.7	1.2	-	6.3
Continue for 2/3 months it will remove automatically	1.8	7.8	5.6	1.2	-	2.5
Others	8.6	7.9	10.2	11.5	9.5	21.3
DK	5.7	7.5	7.2	1.8	-	23.1
N	439	345	2159	169	38	1897

Most of the respondents reported nausea and vertigo as the side effects of OCP, so study further tried to see the responses of side effects for ever user brands of OCP. The following table is showing that those who claimed about side effects (nausea and vertigo) mostly they are user of Shukhi, Femicon and Nordette-28. But it does not reveal that Ovastat Gold and Marvelon are better brand of OCP than other brands. This may happen due to lower number of women use these two brands. On the other hand, to get better idea, duration of continuation is essential for the analysis.

Table 14a: Percent distribution of ever user OCP brands according to side effects

(In %)

OCP brands	Side-effects					
	Nausea			Vertigo		
	Rural	Urban	Total	Rural	Urban	Total
Shukhi	54.7	42.9	50.7	53.1	43.3	49.5
Femicon	52.1	45.6	49.9	53.2	41.8	49.0
Nordette-28	17.8	32.0	22.6	17.1	29.6	21.7
Minicon	9.2	9.3	9.2	10.0	10.5	10.2
Ovastat Gold	8.9	15.9	11.3	8.7	18.1	12.2
Marvelon	1.9	7.4	3.8	2.1	7.6	4.1
N	1002	515	1517	701	409	1110

3.9 Media exposure on OCP

Assessing exposure of OCP messages women who knew about OCP were asked whether they had heard or seen a message about OCP on the radio, television, newspaper or magazine, or a billboard or poster in the survey. The following table presents the proportion of women who heard or seen such a message from a media source according to divisions and urban rural.

Overall, 65 percent of women have had exposure to OCP messages disseminated through the media in the survey. Television, radio and signboard/billboard are the major sources of exposure to OCP messages. Among women those have heard or seen a message about OCP, nine out of ten reported hearing or seeing an OCP message on television, one-fifth reported hearing a message on the radio, and another one-fifth reported seeing a message on the signboard/billboard. Exposure to

messages from other media sources, namely, newspaper/magazine (6%), mobile film unit (2%), hospital (2%), poster (1%), field/health worker (3%) and neighbor (1%) is low.

Table 15: Media exposure on OCP

Media exposure of contraception	Divisions						Area		(In %)
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	All
Heard /seen message	68.0	71.9	60.6	52.5	61.9	71.5	78.1	58.2	64.5
Not heard/seen	32.0	28.1	39.4	47.5	38.1	28.5	21.9	41.8	35.5
N	572	576	564	535	599	558	1081	2323	3404
Media of advertisement									
Radio	8.5	14.7	36.5	10.3	29.1	12.0	13.9	21.2	18.4
TV	98.7	97.8	78.9	90.0	90.8	91.5	97.0	88.4	91.7
News Paper/magazine	3.9	5.8	2.6	6.0	6.5	7.8	9.5	3.0	5.5
Sign board/billboard	11.3	15.7	19.6	12.1	42.3	11.5	21.8	16.9	18.8
Mobile film unit	0.8	2.2	2.6	-	1.9	2.3	1.7	1.7	1.7
Hospital	0.5	0.7	1.2	1.1	3.0	2.8	1.9	1.3	1.5
Field/health workers	-	0.5	6.1	-	5.9	4.3	3.2	2.6	2.8
From Poster	0.5	-	1.5	-	1.9	0.8	0.9	0.7	0.8
From the neighbor	0.3	-	4.1	-	0.3	2.3	0.9	1.3	1.1
N	389	414	342	281	371	399	844	1352	2196

The respondents who reported that they have heard or seen message on OCP through media were requested to name the brand of pills, which they have heard or seen from media. Mostly they mentioned about Shukhi, Femicon, Nordette-28, Minicon, Ovastat Gold and Marvelon. Other reported brands were Ovacon and Maya. It can be seen from the analysis that the rural respondents reported the brand name of Shukhi, Femicon and Minicon, which are slightly higher percentages than the urban. On the contrary, urban respondents named more about Nordette-28 and Ovastat than rural women. There are not noticeable differences about the percentages about the reported name of brands of OCP by divisions.

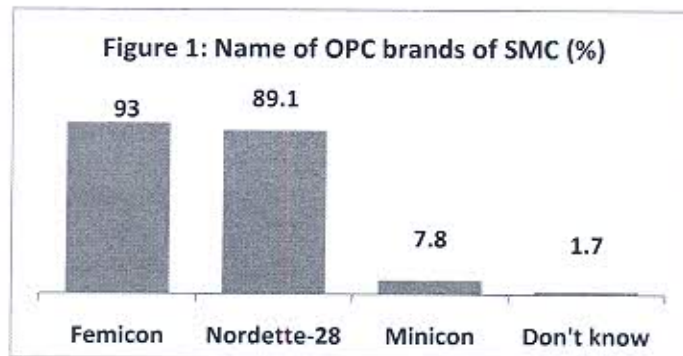
Table 16: Media exposure on OCP brands

Media exposure of contraception	Divisions						Area		(In %)
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	All
Name of pill heard from media									
Shukhi	28.8	17.9	59.4	43.1	55.8	22.6	32.1	39.6	36.7
Femicon	92.3	92.0	93.9	80.4	78.7	88.5	85.3	89.6	88.0
Nordette-28	59.4	55.6	60.2	43.8	55.3	50.4	63.9	48.6	54.5
Minicon	38.6	40.1	45.9	24.6	34.0	42.1	35.0	40.0	38.1
Ovastat Gold	14.4	19.1	22.2	17.4	23.7	14.5	22.7	15.8	18.5
Marvelon	4.1	6.0	7.6	7.1	6.2	3.5	7.5	4.5	5.6
Ovacon	1.8	2.2	0.3	2.8	0.3	2.3	2.3	1.2	1.6
Maya	5.9	2.9	0.9	1.8	4.0	2.3	3.6	2.7	3.1
Can't recall the name	-	0.5	0.6	1.4	6.7	1.0	1.3	1.9	1.7
N	389	414	342	281	371	399	844	1352	2196

3.10 Knowledge on the name of OCP brands of SMC

Bangladesh has an active contraceptive social marketing program that distributes Pills, Condoms, and oral rehydration salts through a network of retail outlets (pharmacies, small shops, and kiosks) spread across the country. The social

marketing company carries several brands of oral contraceptives, namely Maya, Ovacon, Norquest, Nordette-28, Femicon and Minicon. The respondents were asked to inform about the brands of OCP which social marketing company currently distributing in the market. Most of the respondents mentioned about Femicon followed by Nordette-28. Social marketing company is also marketing another brand of OCP, Minicon, but only 8 percent of women reported its name as social marketing company's brand of OCP(N=2196).



CHAPTER FOUR

PRACTICES ON FAMILY PLANNING METHOD

4.1 Ever use of contraception

All of the respondents were asked whether they had ever used any family planning method. Ever use of family planning methods in the survey refers to use of a method at any time, without making a distinction between past and current use. Collection and analysis of ever-use data have special significance for family planning programs. These data indicate the proportion of the population who were exposed to contraceptive use at least once. Therefore, data on ever use reflect the success of programs in promoting use of family planning methods among eligible couples.

Among ever-married women, about four-fifths have used a contraceptive method at some time, three-fourths have used a modern method, and only about 8 percent have used a traditional method. The OCP is by far the most commonly used method; about 7 out of 10 ever-married women say they have used it. The next most commonly used method is injectables (23%) and condoms (20%). Very few women report having ever used male sterilization (less than 1%). Ever use of contraceptive methods varies by urban-rural areas and administrative divisions. The level of contraceptive methods use is higher in urban areas as compared to rural areas. The urban-rural gap has, however, narrowed with contraceptive use rising more rapidly in the rural areas. The urban-rural differences are predominantly due to higher proportions of couples using condoms in urban areas (28%) than in rural areas (16%). There is little variation in use of other methods between the rural and urban areas. Differentials in ever contraceptive use by the six administrative divisions of the country are large. Ever contraceptive use rate is higher in Dhaka (88%), Khulna (89%), Rajshahi (83%) and Barisal (81%), whereas lower in Sylhet (54%) and Chittagong (77%).

Table 17: Ever use of contraception

Ever use of contraception	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Never used any method	8.3	8.4	15.8	44.6	20.5	14.7	13.1	21.3	18.7
Any method	91.7	91.6	84.2	55.4	79.5	85.3	86.9	78.7	81.3
Any modern method	86.9	87.8	77.5	51.3	75.9	82.2	82.8	74.2	76.9
OCP	77.5	82.4	69.0	40.2	66.2	73.3	72.6	66.1	68.1
Condom	26.6	28.6	16.2	10.9	18.0	17.4	27.9	15.8	19.6
Injection	32.6	23.4	16.0	16.6	24.1	27.2	20.4	24.7	23.3
Implant/Norplant	3.1	1.7	1.9	0.7	0.3	1.0	1.0	1.7	1.5
IUD/Copper-T	2.2	4.8	1.9	2.1	3.0	2.2	3.1	2.5	2.7
Female sterilization	1.9	3.3	1.4	0.9	3.6	2.9	2.8	2.1	2.3
Male sterilization	0.3	-	0.2	0.2	0.7	1.0	0.1	0.5	0.4
Any traditional method	9.6	6.3	10.3	5.1	7.8	6.9	9.2	7.5	8.1
Safe period	9.6	6.1	10.5	4.9	7.6	6.2	8.6	7.0	7.5
Withdrawal	0.3	0.9	0.5	0.5	1.0	1.7	1.4	0.6	0.8
N	579	580	581	579	606	580	1101	2404	3505

4.2 Reported brands of OCP by the ever user of OCP

Bangladesh has an active contraceptive social marketing program that distributes Pills, Condoms, and oral rehydration salts through a network of retail outlets (pharmacies, small shops, and kiosks) spread across the country. The social marketing company carries several brands of oral contraceptives, namely Nordette-28, Femicon and Minicon. To obtain information on the name of OCP brand, interviewer asked ever pill users to name the brands of OCP.

As shown in Table 18, half of the OCP users were using the government supplied brand, Shukhi. The government supplied brand is provided free of charge through government field workers and clinics and at a nominal charge from nongovernmental service providers. Femicon is the most widely used social marketing brand of pills, used by about half of the pill users nationally (49%). The next most widely used social marketing brand is Nordette-28, used more by urban pill users (29%) than by rural pill users (17%). Minicon, a new brand of pills introduced by the social marketing company, is used by 10 percent of pill users, with no variation between urban and rural areas.

Table 18: Reported brands of OCP by the ever user of OCP

Name of OCP Brands	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Shukhi	46.1	57.1	45.9	51.5	49.1	49.6	40.7	54.6	49.9
Femicon	51.4	47.7	47.4	49.4	44.1	52.5	44.2	51.1	48.8
Nordette-28	18.3	19.2	24.4	18.9	23.7	20.9	29.4	16.7	20.9
Minicon	8.2	9.0	5.7	9.0	13.2	13.4	9.9	9.8	9.8
Ovastat Gold	10.9	10.3	8.7	8.2	12.5	10.8	16.1	7.5	10.4
Marvelon	3.6	2.1	2.7	6.4	3.7	1.9	6.6	1.4	3.1
Nordet	6.5	6.1	1.2	1.7	5.5	4.0	4.9	4.2	4.4
Others	5.0	4.6	1.2	3.4	1.9	3.0	4.9	2.6	3.2
N	449	478	401	233	401	425	799	1589	2387

4.3 Reasons for not using OCP ever

Table 19 presents the main reasons for not using OCP any time by the respondents and divisions. Most of the respondents (28%) reported that they want child followed by husband does not want (22%) and due to physical illness (18%). Sixteen percent do not like OCP, while 6 percent reported menstruation become irregular was the reason for not using OCP. Other cited reasons were husband lives on abroad, mother-in-law does not allow, having sterilized and child's age below two years.

Table 19: Reasons for not using OCP ever

Reasons	Divisions						Area		(In %)
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	All
To take child	19.8	19.3	22.0	35.6	25.3	33.8	30.6	22.3	28.3
Due to physical illness	17.1	34.9	25.2	11.6	20.0	12.7	16.8	20.8	17.9
Husband does not want	27.9	20.5	20.8	27.0	17.9	10.6	21.2	22.6	21.6
Mother-in-law did not want/Religious restriction	-	-	5.7	2.7	1.6	2.1	2.6	1.8	2.4
Ministration is irregular	4.5	10.8	3.1	3.9	6.3	10.6	5.8	5.7	5.8
Husband live in abroad	0.9	3.6	2.5	4.7	7.4	4.9	5.1	2.5	4.4
Taking sterilization	2.7	3.6	4.4	1.5	4.2	7.0	3.0	4.9	3.5
Don't like	21.6	14.5	15.1	13.4	16.3	20.4	15.7	17.3	16.1
Child age is below 2 years	6.3	-	3.1	1.5	3.7	2.1	1.8	4.9	2.6
N	48	49	92	258	124	85	144	512	655

4.4 Current use of contraception

In the study, current use of contraception is defined as the proportion of currently married women who report that they are currently using a family planning method. Overall, 63 percent of currently married women in Bangladesh are using a contraceptive method, with 57 percent using a modern method and 6 percent relying on traditional methods. Oral contraceptive pill is the most popular method of contraception, with over one-third (36%) of currently married women using this method. It now accounts for 57 percent of all contraceptive use and 63 percent of modern method use in the country. Other commonly used methods are injectables (9%), condoms (8%), periodic abstinence (5%) and female sterilization (3%). Less than 2 percent of married women reported the use of Norplant, the IUD, or male sterilization.

Current use of contraceptive methods varies by urban-rural areas and administrative divisions. The level of contraceptive methods use is higher in urban areas (69%) as compared to rural areas (60%). There is little variation in use of other methods between the rural and urban areas. Injection is more popular in rural areas than urban. Data shows that current contraceptive use rate is higher in all of the divisions except Sylhet (40%).

Table 20: Current use of contraception

Current use of contraception	Divisions						Area		(In %)
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	All
Did not use any method	28.0	31.0	32.1	60.3	38.1	32.5	31.2	39.6	37.0
Using any method	72.0	69.0	67.9	39.7	61.9	67.5	68.8	60.4	63.0
Any modern method	64.7	64.1	59.1	35.4	57.6	62.2	60.3	56.1	57.4
OCP	35.1	43.6	40.4	22.1	36.0	37.6	37.0	35.3	35.8
Condom	11.7	9.5	6.5	4.7	6.3	6.6	11.4	5.7	7.5
Injection	11.9	6.2	7.2	5.9	9.1	11.9	6.6	9.7	8.7
Implant/Norplant	0.9	-	1.7	0.2	0.2	0.7	0.5	0.7	0.6
IUD/Copper-T	1.7	1.7	0.9	1.2	0.5	0.5	0.9	1.2	1.1
Female sterilization	2.6	3.4	1.7	1.0	4.8	3.4	3.5	2.5	2.9
Male sterilization	0.5	0.3	0.5	0.2	0.7	1.4	0.2	0.8	0.6
Any traditional method	7.3	3.9	8.8	4.3	4.3	5.3	8.5	4.3	5.6
Safe period	7.1	3.4	8.3	3.8	3.5	4.3	7.3	4.0	5.0
Withdrawal	0.2	0.5	0.5	0.5	0.8	1.0	1.2	0.3	0.6
N	579	580	581	579	606	580	1101	2404	3505

4.5 Reasons for not using any contraceptive currently

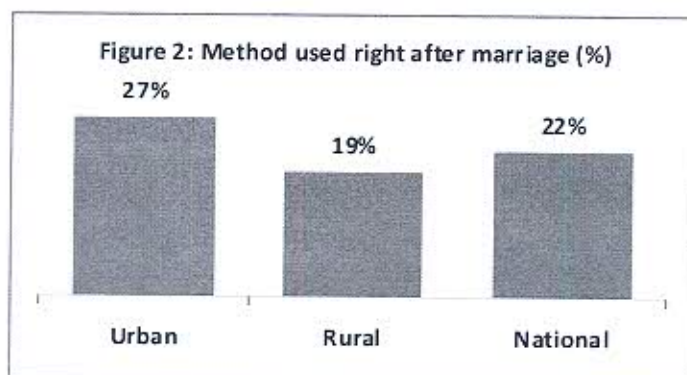
Table 21 presents the main reasons for not using OCP currently by the respondents according to divisions and area. Most of the respondents who were not using OCP among them 28 percent reported that they want child followed by currently pregnant (24%) and physical illness (21%). Other responses include child is too young (6%), husband live abroad (6%), for asthma (9%) and 5 percent reported due to sterilization. Less than 3 percent reported menstruation is irregular and husband does not like any family planning method each. The following table shows that there is no significant difference regarding the responses by divisions and areas.

Table 21: Reasons for not using any contraceptive currently

Reasons for not using contraceptive currently	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
To take child	30.9	29.5	27.0	22.4	30.1	23.6	34.3	24.1	27.5
Due to physical illness	22.7	25.0	16.2	21.2	17.2	20.2	19.3	21.4	20.7
Husband/mother-in-law does not want	3.1	0.9	1.4	7.1	3.2	-	2.2	-	2.6
Pregnant	20.6	19.6	21.6	24.7	24.7	36.0	23.2	24.9	24.4
Ministration is irregular	6.2	1.8	-	2.4	1.1	2.2	2.2	2.4	2.4
Child is too young	5.2	8.0	6.8	2.4	5.4	10.1	2.8	8.1	6.4
Husband live abroad	3.1	8.9	12.2	8.2	2.2	4.5	8.3	5.4	6.4
Don't like to use FPM	1.0	0.9	-	2.4	-	2.2	1.1	1.1	1.1
For sterilization	4.1	6.3	6.8	2.4	4.3	3.4	3.9	4.9	4.5
For Asthma	4.1	4.5	8.1	12.9	16.1	6.7	8.3	8.7	8.5
N	162	180	187	349	231	189	344	952	2208

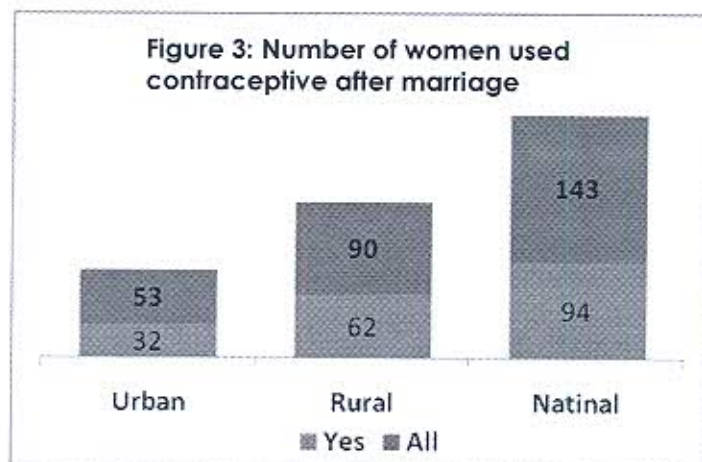
4.6 FP method used right after marriage

Another question was asked to the married women who have at least one child to report either they have used any contraception right after marriage. One-fifth of the women reported that they were using contraception right after marriage. It can be seen from the graph that there is some differences on the use rate of contraception between urban and rural women.

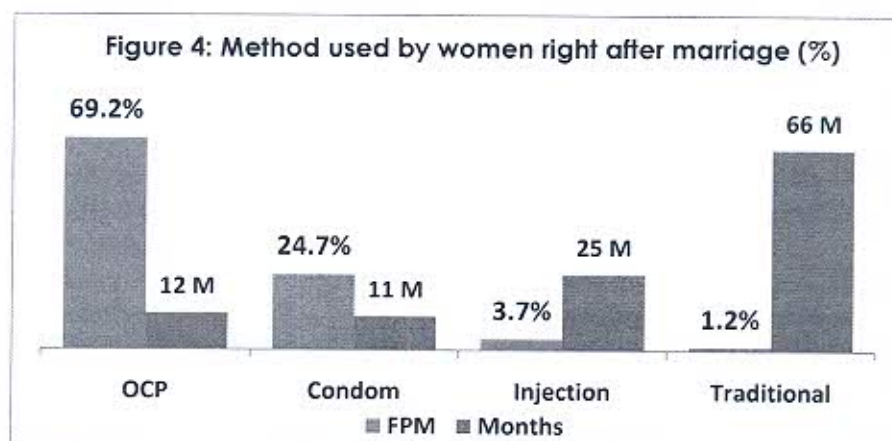


4.7 Contraceptive use after marriage and before giving first birth

The women who don't have child but currently using contraception they were asked either they were using any contraception immediate after marriage. The graph shows that 94 women of 143 were using contraception immediate after marriage. The proportion of contraceptive use immediate after marriage is higher for rural women than urban.



The following figure represents the name of family planning methods that were used first time by married women before giving first birth. They were also requested to report the duration of use of that particular method. Duration has been calculated by months and presented in the following figure. We see that 7 out of 10 women were using OCP (69%) followed by condom (25%) and injection (4%). Duration of OCP and condom use was around one year. But those who used either injection or traditional method they used that method for longer period. In addition, the respondents were also asked to know whether they have sought any advice from doctor/health worker. About half of the respondents reported that they have sought advice from doctor/health worker.



4.8 Reasons for preferring the current methods

The respondents who were currently using family planning method to avoid or delay pregnancy they have reported several reasons for choosing the current method. Regarding the individual family planning method mostly they reported that this method suit/adjust with their body (48%) followed by they don't want child/want to delay for child (29%). Other cited responses were approval of husband, free of cost, lower price, safe and easy to use.

Table 22: Reasons for preferring current method

(In %)

Reasons	Family planning methods						
	OCP	Condom	Injection	Implant	IUD	Safe period	Withdrawal
Suits/adjust with body	53.3	52.3	38.0	42.9	36.8	58.8	47.6
Free of cost	3.1	-	1.3	-	2.6	0.6	-
Lower price	3.3	7.2	1.0	9.5	-	0.6	-
Don't want/delay for child	25.3	15.2	22.3	9.5	21.1	14.1	28.6
Method is safe	5.8	-	-	-	-	-	-
Husband approves	1.3	11.7	0.7	-	-	7.3	14.3
Easy to use	0.6	5.7	2.3	4.8	13.2	10.2	4.8
Others	7.3	8.0	34.4	33.3	26.3	8.5	4.8
N	1255	264	305	21	38	177	21

4.9 Reasons for stopping the earlier (immediate) methods

The study intended to know why some current family planning user has stopped to use the earlier one which they used immediate before the current method. Mostly they have reported earlier method didn't suit body/facing physical problem (56%). For stopping injection more than one-fifth claimed it stopped menses or caused irregular menstruation. Twenty eight percent of condom user stopped due to disapproval of husband. Other reasons for stopping safe period and withdrawal were they wanted baby/become pregnant and husband didn't like.

Table 23: Reasons for stopping the earlier (immediate) methods

(In %)

Reasons	Family planning methods						
	OCP	Condom	Injection	Implant	IUD	Safe period	Withdrawal
Does not suit body/physical problem	74.3	33.2	47.9	84	70	42.9	55.6
Stop/irregular menstruation	0.7	1.0	21.9	-	-	-	-
Wants baby/pregnant	6.4	7.5	3.5	-	2.5	28.6	11.1
Husband does not like	1.7	28.6	1.0	-	2.5	14.3	16.7
Price has increased	2.0	1.5	1.7	4	10	-	-
Others	15.0	28.1	24.0	12	15	14.3	16.7
N	907	199	288	25	40	7	8

4.10 Discussion about family planning method

Discussion between husband and wife about family planning is an important intermediate step towards eventual adoption and sustained use of contraception. Use of family planning methods is facilitated when husbands and wives discuss the issue and share their views. To assess who decides to select family planning method, interviewers asked currently married women who knew any contraceptive method. About three-fourth of the respondents reported that they decide jointly followed by self (15%) and husband (10%). Others response include doctor, health worker, NGO worker, mother/mother-in-law and sister-in-law, which is a quite poor percentage.

Table 24: Discussion about family planning method

Who decides for FP method	Divisions						Area		(In %)
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	All
Self	4.5	22.8	17.0	20.9	10.6	17.2	13.4	16.0	15.1
Husband	4.0	10.0	13.5	13.1	9.3	10.7	11.0	9.3	9.8
Both	91.0	65.5	63.7	62.9	78.4	71.1	72.9	72.8	72.8
Others	0.6	0.6	1.2	2.4	4.8	1	2.7	2	2.2
N	531	531	488	321	482	495	957	1891	2848

CHAPTER FIVE

ATTITUDE ON ORAL CONTRACEPTIVE PILLS

5.1 Attitude towards the necessity of taking advice from experts before using OCP

The respondents were asked a set of questions to have their attitude on different issues of the family planning methods. Five scales have used to define extent of attitudes. Firstly the respondents were requested to know their attitude towards the necessity of taking advice from experts before using pills. About half of the women reported that it is important followed by one-third reported it is very important and 10 percent reported it is reasonably important. Less than 10 percent together reported that it is not so important, not important at all and do not know/can't say. However, the table shows that respondents of Chittagong and Barisal emphasized the necessity of seeking advice from experts before using OCP is very important as compare to other divisions. But there is no significant variation about this attitude by the areas.

Table 25: Attitude towards the necessity of taking advice from experts before using OCP

Response	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Very important	11.7	27.9	46.0	39.6	50.3	24.6	39.6	28.9	32.5
Important	68.0	49.6	37.8	37.4	39.0	47.7	42.9	49.9	47.5
Reasonably important	4.9	9.6	11.3	15.7	6.3	15.3	9.9	10.2	10.1
Not so important	3.6	4.2	1.6	1.0	1.3	3.5	2.0	3.0	2.7
Not at all important	8.9	5.7	0.6	3.8	1.0	5.3	3.9	4.6	4.3
Don't know	2.8	3.0	2.7	2.6	2.1	3.7	1.8	3.4	2.8
N	572	576	564	535	599	558	1081	2323	3404

5.2 Attitude towards the effectiveness of OCP

The respondents were requested to know their attitude towards the effectiveness of pills. About half of the women reported that it is effective followed by about one-third reported it is very much effective and 13 percent reported it is reasonably effective. Less than 8 percent together reported that it is not so effective, not effective at all and do not know/can't say. However, the table shows that respondents of Dhaka, Sylhet and Chittagong emphasized that pill is very much effective as compare to other divisions. But there is no significant variation about the attitude towards the effectiveness of pills by the urban and rural. So it is clear that most of the women rely on the effectiveness of OCP.

Table 26: Attitude towards the effectiveness of OCP

Response	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Very much effective	16.9	45.8	24.2	40.9	38.4	27.9	32.2	31.6	31.8
effective	66.5	42.6	45.2	34.8	43.8	51.7	47.1	49.1	48.4
Reasonably effective	13.4	7.2	22.2	7.0	10.9	13.4	14.1	11.9	12.6
Not so effective	1.1	0.9	1.0	1.0	1.0	1.2	0.5	1.3	1.1
Not at all effective	-	-	0.4	0.3	0.2	0.2	-	0.3	0.2
Don't know	2.1	3.4	7.0	16.0	5.6	5.5	6.1	5.8	5.9
N	572	576	564	535	599	558	1081	2323	3404

5.3 Satisfaction on currently used brand of Pill

The respondents who are currently using pills, they were asked to know their attitude on the satisfaction of the brand of pill they are currently using. About 47 percent of the women reported that they are highly satisfied with the current brand of pill followed by 38 percent reported that they are satisfied and rest of the respondents reported that they are reasonably satisfied with their currently using brand of OCP. However, the table shows that most of the respondents of Dhaka (61%), Sylhet (56%) and Chittagong (55%) mentioned that they are highly satisfied with their current brand of OCP than other divisions. But there is no significant variation about the attitude towards satisfaction of using current brand of OCP by the areas.

Table 27: Attitude towards the satisfaction on currently used brand of Pill

Response	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Highly satisfied	31.0	61.3	40.9	55.5	55.0	38.5	53.6	43.8	46.9
Satisfied	58.6	30.8	32.8	29.7	35.8	40.4	31.2	41.4	38.1
Reasonably satisfied	8.9	7.1	24.3	9.4	8.3	20.2	13.5	13.2	13.3
Not so satisfied	1.5	0.4	0.9	4.7	0.9	0.9	1.5	1.2	1.3
Not at all satisfied	-	0.4	1.3	0.8	-	-	0.2	0.5	0.4
N	203	253	235	128	218	218	407	849	1255

5.4 Intention of respondents if currently used pill brand is unavailable

A question was asked to the women to know their intention if their used brand of pill become unavailable in the market what will they do. It is quite positive response that most of the women (68%) mentioned that they will use another brand of pill. About 22 percent reported that they will switch to another method. One in ten women reported that they do not know what to do in such a situation. It can be seen from the table that there is no significant variation towards the intention of women if the currently using method become unavailable in the market by the divisions and areas.

Table 28: Attitude towards the intention of women if currently used pill brand is unavailable

Response	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Use another method	40.9	29.6	13.2	13.3	15.6	15.1	25.1	20.2	21.8
Use another pill	54.2	66.0	66.8	72.7	78.9	71.6	61.4	71.3	68.1
No need at this age	-	-	0.9	3.1	-	0.9	1.7	0.1	0.6
Husband did not want	-	-	0.4	-	-	-	-	0.1	0.1
What doctor's say	-	-	-	0.8	0.5	-	0.5	-	0.2
Don't know what to do	4.9	4.3	18.7	10.2	5.0	12.4	11.3	8.3	9.2
N	203	253	235	128	218	218	407	849	1255

5.5 Attitude regarding the quality and effectiveness of SMC brands

Currently SMC is marketing three brands of OCP namely Femicon, Nordette-28 and Minicon. The women who knew the brand name of OCP that SMC currently

marketing were asked about the quality and effectiveness of these brands. Regarding the quality of Femicon and Nordette-28 mostly agreed quality is good/very good. On the other hand, 13 percent of Minicon user claimed that the quality of Minicon is not so good or not so bad. Yet, about one-fifth reported that they do not know about the quality of Minicon. It may happen that they didn't use Minicon so that they didn't response positively.

Table 29: Attitude regarding the quality of SMC brands

(In %)

Response	OCP brand of SMC		
	Femicon	Nordette-28	Minicon
Very good	14.8	10.6	30.3
Good	71.3	81.3	36.9
Not so good not so bad	5.4	3.3	12.9
Not good	1.9	0.8	1.0
Not good at all	0.3	-	-
DK	6.4	4.1	18.8
N	2045	1597	287

The following table shows the percentage distribution of women who responded about the effectiveness of the OCP brand of SMC. The findings of effectiveness depict the findings of the attitude towards the quality of SMC brand of OCP.

Table 30: Attitude regarding the effectiveness of SMC brands

(In %)

Response	OCP brand of SMC		
	Femicon	Nordette-28	Minicon
Very effective	14.2	10.5	28.9
Effective	73.8	82.3	41.5
Reasonably effective	3.8	2.4	10.8
Not effective noticeably	1.0	0.5	0.3
Not effective at all	0.1	-	-
DK	7.1	4.3	18.5
N	2045	1597	287

5.6 Attitude towards willingness to pay for increased price of OCP

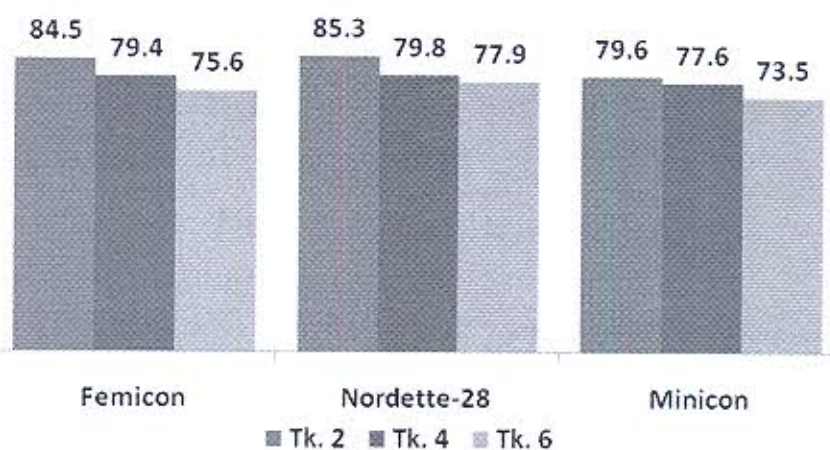
Study intended to know the intention of the OCP users if the price of the currently used OCP has been increased by tk. 2, what will they do. If the respondents replied that they are ready to continue the existing brands then they were requested to mention if the price is increased by tk. 4 what they will do. Similarly if they agreed to continue increased price of tk. 4 then they were asked to tell their opinion if the price is increased by tk. 6. Here this analysis has made only for the SMC brands (Femicon, Nordette-28 & Minicon). Around 85 percent of the Femicon users reported that they will continue Femicon if the price is increased by tk. 2. Similarly 79 percent agree to continue if price is increased by tk. 4 and 76 percent agreed to continue Femicon if price is increased by tk. 6. Similar trend of intention was observed among the users for Nordette-28 and Minicon (Table 33, Graph 5).

Table 31: Attitude towards willingness to pay for increased price of OCP

(In %)

Response	Femicon			Nordette-28			Minicon		
	Tk. 2	Tk. 4	Tk. 6	Tk. 2	Tk. 4	Tk. 6	Tk. 2	Tk. 4	Tk. 6
Continue to use	84.5	79.4	75.6	85.3	79.8	77.9	79.6	77.6	73.5
Use lower cost pill	9.6	3.2	2.4	8.0	4.3	0.6	14.3	4.1	4.1
Switch to other method	1.1	2.4	2.4	2.5	1.2	1.8	-	-	2.0
Others	4.7	-	0.2	4.3	0.6	-	6.1	-	-
Not applicable		15.0	19.5		14.1	19.6		18.4	20.4
N	467			163			49		

Figure 5: Willingness to continue with increased price of OCP (%)



CHAPTER SIX

PERCEPTION ON ORAL CONTRACEPTIVE PILLS

6.1 Overall impression on OCP

The respondents were asked a series of questions to know their perception on different issues of the family planning methods. Five scales have used to define extent of their perception. To explain five Richter scale to the respondent five cards has provided to the interviewer to show the respondents for their better understanding of the value of each scale. Firstly the respondents were asked to know their overall impression on OCP. More than half of the women (55%) reported that overall impression on OCP is good to them. The second highest perception (one-fourth) was very good. About 10 percent of the women reported that their overall impression is not so good not so bad and rest together reported that their overall impression on OCP is not so good/not good at all/do not know. On the other hand, the table shows that most of the respondents of Khulna and Rajshahi opined that their overall impression is good as compare to other divisions. But there is no significant variation about the overall impression on OCP by urban and rural area.

Table 32: Overall impression on OCP

Response	Divisions						Area		(In %)
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	All
Very good	8.1	31.5	27.3	31.9	32.2	17.9	27.4	22.6	24.2
Good	76.1	54.3	42.3	39.3	49.3	61.3	50.9	57.1	55.0
Not so good not so bad	6.1	6.4	17.7	15.0	8.4	7.3	10.7	9.2	9.7
Not so good	4.4	1.9	3.3	5.4	5.6	4.5	4.7	3.7	4.1
Not at all good	0.4	1.1	0.4	0.6	0.4	0.6	0.3	0.7	0.6
Do not know/No idea	4.9	4.7	9.0	7.7	4.2	8.4	5.9	6.6	6.4
N	572	576	564	535	599	558	1081	2323	3404

6.2 Overall impression about side effects on OCP

The women who have heard or were using OCP was asked to know their overall impression about side effects on OCP. Five scales have used to define extent of their perception on side effects of OCP. About 35 percent of the respondents reported that OCP occasionally cause side effects, 19 percent of each reported that OCP cause rarely side effects and simply replied cause side effects. About 18 percent of the women reported that OCP do not cause any side effects. Other 3 percent opined that OCP always cause side effects and 7 percent do not opined about the overall impression of side effects on OCP. The following table shows that there is no significant difference of the responses regarding the overall impression of the side effects of OCP by areas and little difference is observed by divisions.

Table 33: Overall impression about side effects on OCP

Response	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
No side effect	22.2	13.2	12.3	14.4	24.4	19.3	18.4	17.5	17.8
Rarely face side effect	22.9	19.4	6.6	33.2	13.6	20.0	21.1	17.2	18.5
Occasionally face	25.2	37.4	48.5	21.1	44.3	30.1	36.4	34.4	35.1
Most of the time face	21.2	24.0	17.0	21.1	11.7	18.3	15.2	20.7	18.9
Always face	3.2	1.7	4.7	5.1	1.5	2.6	3.0	3.0	3.0
Do not know/ No idea	5.3	4.3	10.9	5.1	4.6	9.6	5.8	7.1	6.7
N	572	576	564	535	599	558	1081	2323	3404

(In %)

6.3 Overall impression on the quality of OCP of SMC

It is important for SMC to know the perception of women regarding the quality of their OCP. So the women were asked to know their perception on the quality of OCP of SMC. Around 4 out of ten respondents reported that the quality of OCP of SMC is good followed by 13 percent reported very good and 7 percent reported not good. However, the table also shows that 36 percent of the respondents claimed that they do not have any idea about the quality of OCP of SMC. The supportive response about the quality of OCP of SMC can be observed in Dhaka and Rajshahi division than other division. There is no significant difference among the response of quality of OCP of SMC by areas.

Table 34: Overall impression on the quality of OCP of SMC

Response	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Very good	4.4	10.4	9.4	20.8	22.5	12.4	14.3	11.8	12.7
Good	46.2	55.7	27.3	32.3	31.7	47.3	37.6	42.6	40.9
Not so good not so bad	4.9	3.8	16.6	4.8	4.8	5.7	6.6	6.9	6.8
Not so good	3.4	4.2	2.5	2.6	2.1	3.3	2.7	3.2	3.0
Not at all good	0.2	0.2	0.4	0.3	0.2	0.4	0.3	0.3	0.3
Do not know/ No idea	40.9	25.8	43.7	39.3	38.6	31.0	38.4	35.2	36.3
N	572	576	564	535	599	558	1081	2323	3404

(In %)

6.4 Perception on correct use of OCP

Different study findings show that many of the women do not use OCP correctly. Also many women do not know that there are some rules of taking OCP. So the study intended to know their perception on correct use of OCP. More than half of the respondents reported supportive statement that OCP user should follow the rules of taking OCP (54%) and four out of ten respondents reported same statement putting emphasis on the word **always**. In general, there is no significant difference on the supportive response about perception of taking OCP correctly by divisions and areas.

Table 35: Perception on correct use of OCP

(In %)

Response	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Always should follow the rules	20.5	49.2	41.1	46.6	54.7	39.1	48.6	37.6	41.3
Should follow the rules	78.0	47.5	50.3	47.6	42.4	53.6	47.9	56.9	53.9
Following rules always is not necessary	0.2	0.4	0.2	2.6	0.6	0.8	0.6	0.7	0.7
No need to follow the rules	-	0.2	0.4	0.6	-	0.4	0.2	0.3	0.2
Rules is not important	-	0.2	1.6	0.3	-	0.2	0.2	0.5	0.4
Don't know	1.3	2.5	6.4	2.2	2.3	5.9	2.4	4.0	3.5
N	572	576	564	535	599	558	1081	2323	3404

6.5 Perception on newly married woman can take OCP

About one-third of the respondents reported that newly married women should not use OCP followed by one-fourth reported contrary of this response. About 17 percent respondents mentioned that it depends on woman (either she can use or not), 16 percent reported that newly married woman should not use pill at all and 7 percent strongly supported that newly married women surely can use OCP. There is no variation on divisions and areas on the responses.

Table 36: Perception on newly married woman can take OCP

(In %)

Response	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
No way to use pill	9.7	7.0	24.0	23.0	14.0	20.2	17.2	14.9	15.7
Should not use pill	36.6	18.7	18.7	41.9	44.5	42.4	31.5	33.8	33.1
Either can use or not	15.0	21.3	22.4	20.4	11.7	9.4	13.6	18.0	16.5
Can use pill	37.1	34.3	20.7	7.7	19.6	21.2	28.3	23.0	24.8
Of course she can	0.4	15.5	10.3	2.9	7.7	1.2	5.0	7.4	6.6
Don't have any idea	1.3	3.2	3.9	4.2	2.5	5.7	4.4	2.9	3.4
N	572	576	564	535	599	558	1081	2323	3404

6.6 Perception on longer continuation of OCP can make woman sterile

It can be seen from different studies that many woman perceive that continuation of OCP for longer period can make woman sterile. Present study emphasizes to know the perception of the woman on this issue. Slightly more than fifty percent of the woman fully or partially agreed that continuation of OCP for longer period can make a woman sterile. Seventeen percent of them are not sure (either can use or not) about this issue. However, other one-third of the respondents do not perceive anything on this issue in their mind.

Table 37: Perception on longer use of OCP make women sterile

(In %)

Response	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Fully agree	11.2	13.4	20.3	33.5	15.7	27.9	20.8	18.5	19.3
Agree	45.6	24.5	25.3	16.0	37.8	37.7	32.2	32.1	32.2
Not agree or disagree	22.2	14.9	19.7	30.0	11.5	10.0	17.5	17.2	17.3
Disagree	12.7	31.7	21.8	11.5	16.1	16.5	19.4	18.7	18.9
Fully disagree	8.3	15.5	12.9	9.3	19.0	7.9	10.0	13.5	12.3
N	572	576	564	535	599	558	1081	2323	3404

6.7 Perception on the degree of intention to use pill in future

The respondents were asked to know the degree of intention of the women to use pill in future. About half of the respondents reported that they are very much interested (13%) and interested (35%). Thirty percent of the respondents mentioned that they are not interested to use pill in future. Sixteen percent reported that they don't know/can't say anything about this issue.

Table 38: Perception on the degree of intention to use OCP in future

(In %)

Response	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Very much interested	0.9	20.2	14.8	13.7	19.8	10.8	14.0	12.9	13.3
Interested	44.3	35.8	28.1	33.9	29.4	36.5	31.1	36.8	34.9
Either interested or not	2.3	3.4	4.5	3.2	2.3	7.1	3.4	4.1	3.8
Not so much interest	0.8	3.8	1.6	1.3	2.3	2.4	1.7	2.3	2.1
Not interest	37.3	27.4	29.2	32.6	20.5	33.2	34.3	27.7	30.0
Don't know	14.4	9.4	21.8	15.3	25.7	10.0	15.5	16.2	16.0
N	572	576	564	535	599	558	1081	2323	3404

CHAPTER SEVEN

BACKGROUND PROFILES OF THE OCP USERS OF SMC BRANDS

7.1 Age of OCP users and their husband

Background information of the OCP users are essential for better understanding about the OCP brands of SMC. The following table shows that irrespective of age women are using OCP of SMC. But mostly women aged 15-34 are the users of Femicon, Nordette-28 and Minicon. However, the average age of Femicon users was 27 years, whereas 28 years for Nordette-28 and 24 years for Minicon.

The age of husband of Femicon users mostly falls within the ages 25-34 years. On the other hand, age of husband of both Femicon and Nordette-28 users mostly falls between ages 30-39 years. The average age of husband for Minicon users was 30 years, while 34 years was for Femicon and 36 years for Nordette-28. So it can be conclude that Minicon is mostly used by the younger and Nordette-28 and Femicon is used most by the mid-aged women.

7.2 Educational attainment

Concerning educational attainment of the OCP users of SMC, it can be observed that most of the users attained class 5 to class 9. However, user of Minicon and Nordette-28 are slightly higher educated than the user of Femicon. Similarly the analysis shows the educational level of husband of Nordette-28 and Minicon users were slightly higher than the educational level of husband of Minicon users.

7.3 Employment status

Survey findings show that majority of the Femicon, Nordette-28 and Minicon users reported that they were housewife (Femicon: 95%, Nordette-28: 93% & Minicon: 88%) and rests were salaried employee and skilled worker. On the other hand, the main profession of husbands of OCP users (SMC brand) was business Femicon: 30%, Nordette-28: 38% & Minicon: 43%) followed by salaried employee Femicon: 22%, Nordette-28: 36% & Minicon: 20%). Other responses were farmer and skilled/unskilled labor.

Table 39: Background profile of OCP users of SMC brands

(In %)

Background characteristics	Brands		
	Femicon	Nordette-28	Minicon
Age of respondents			
15-19	8.4	5.5	20.4
20-24	27.4	20.9	40.8
25-29	33.0	35.6	24.5
30-34	17.1	20.9	12.2
35-39	10.9	13.5	-
40-44	2.6	3.7	2.0
45-49	0.6	-	-
Average	26.9	27.9	23.5
Age of husband			
Below 25 yrs.	4.7	3.1	14.2
25-29	17.8	12.3	28.6
30-34	28.3	21.5	32.7
35-39	25.3	31.9	16.3
40-44	11.6	16.0	4.1
45-49	9.2	11.0	2.0
50 or above	3.2	4.3	2.0
Average	34.2	35.8	30.3
Education of respondents			
Illiterate	12.8	9.2	6.1
Can read and write	8.4	3.7	-
Class 1 to 4	12.6	10.4	12.2
Class 5 to 9	48.0	43.6	59.2
SSC/Dakhil	11.3	20.2	10.2
HSC	4.3	8.0	8.2
Bachelor and above	2.5	4.9	4.1
Education of husband			
Illiterate	16.7	8.6	10.2
Can read and write	10.1	2.5	2.0
Class 1 to 4	10.5	4.9	8.2
Class 5 to 9	36.2	31.9	38.8
SSC /Dakhil	12.4	15.3	12.2
HSC	6.6	15.3	16.3
Bachelor and above	7.5	21.4	12.3
Occupation of respondents			
Housewife	95.3	92.6	87.8
Salaried employee	1.7	3.1	2.0
Business	1.3	1.9	6.2
Student	0.2	1.2	2.0
Others	1.1	0.6	-
Occupation of husband			
Business	30.4	38.0	42.9
Salaried employee	22.1	36.2	20.4
Farmer	8.8	3.7	2.0
Skilled worker	19.0	7.9	6.1
Unskilled worker	13.3	6.2	12.2
Others	6.4	8.0	16.4
N	467	163	49

7.4 Income status

Unanimously respondents reported that they do not have any earnings. However, the monthly family income distribution of the SMC OCP brand users is mostly lies between tk. 3000 to tk. 7500. The monthly average family income is higher among the Nordette-28 users (tk. 8246) than Minicon (tk. 6645) and Femicon (tk. 5791) users.

Table 40: Income status of OCP users of SMC brands

Background characteristics	Brands		
	Femicon	Nordette-28	Minicon
Monthly Income of respondents			
No earnings	98.5	96.3	93.9
Tk. 1 – 1000	1.1	1.8	-
Tk. 3001 – 5000	0.4	0.6	6.1
Tk. 5001 - 10000	-	1.2	-
Average earnings	1,808	2,800	4,333
Monthly Income of the family			
Tk. 1 - 2000	10.9	4.3	10.2
Tk.2001 - 3000	23.8	9.2	14.3
Tk. 3001 - 5000	30.0	29.4	26.5
Tk. 5001 - 7500	15.6	20.9	18.4
Tk.7501-10000	12.6	18.4	20.4
More than 10000	6.40	16.60	8.10
Average earnings	5,791	8,246	6,645
N	467	163	49

7.5 Demographic and family information

From the following table it can be observed that the women who did not have any child they didn't use Minicon. Similarly those women had five or more children they were also didn't use Minicon. However, those who have used Minicon mostly they had 1- 3 children. On the other hand, almost similar findings are observed in case of Femicon and Nordette-28 users. The average children are 2 for Femicon and Nordette-28 users whereas average children of Minicon users are less than 2. The 37 percent of Minicon, 28 percent of Femicon and 27 percent of Nordette-28 users desired for children. So the women who desire for children they mostly use Minicon.

When we see the duration of marriage life of the users, it can be seen that most of the women's marriage life was within 15 years. The average duration of marriage life of the OCP users was 10, 11 and 7 years for Femicon, Nordette-28 and Minicon respectively. So Minicon is used mostly by the couple at the early stages of marriage.

Regarding type of respondent's family, most of the Femicon and Nordette-28 users reside in a joint family (Femicon: 69% & Nordette-28: 68%) whereas this difference is quite low for the Minicon (57%) users. The average family members for these three brands were almost same. Similarly the findings show that average years of limit between marriage and first birth was 2 for each of these brands.

Table 41: Demographic and family information of OCP users of SMC brands

(In %)

Background characteristics	Brands		
	Femicon	Nordette-28	Minicon
No. of children			
0	5.6	5.5	-
1	33.4	31.9	49.0
2	33.6	33.7	30.6
3	16.5	19.0	12.2
4	7.9	6.1	6.1
5+	8.60	9.20	-
Average	2.0	2.0	1.8
Desire for children			
Yes	28.1	27.0	36.7
No	49.9	55.2	42.9
Didn't decide	19.1	16.6	18.4
DK	3.0	1.2	2.0
Duration of marriage life (yrs.)			
1-3	12.70	12.90	26.50
4-5	13.90	13.40	24.50
6-10	33.8	28.8	34.7
10-15	21.2	21.5	10.2
15+	18.4	23.3	4.1
Average	10.1	10.7	6.6
Family type			
Single	31.3	31.9	42.9
Joint	68.7	68.1	57.1
No. of family members			
2.00	2.8	1.2	-
3.00	18.8	16.6	18.4
4.00	28.3	29.4	24.5
5.00	22.1	19.0	26.5
6-10	23.8	25.8	24.5
10+	4.3	8.0	6.1
Average	5.0	5.4	5.4
Limit between marriage and first birth (months)			
09-12	31.9	28.2	26.5
13-24	36.4	39.3	44.9
25-36	12.6	14.7	18.4
37-48	7.1	4.3	8.2
49 or more	6.4	8.0	2.0
No child	5.6	5.5	-
Average	24.3	25.3	24.4
N	467	163	49

CHAPTER EIGHT

COMPARISON AMONG EVER, CURRENT AND NEVER USER OF OCP

8.1 Background profile of women by nature of OCP use (ever, current and never)

The following table represents the background profile of women by ever and never user of OCP. It can be seen that there is no variation concerning age of women for the ever and never user. Similarly there is no variation regarding the number of children and monthly family income. However, education level is poor in case of never user than the ever user.

Table 42: Background profile of women by nature of OCP use

Background characteristics	OCP user		
	Ever	Never	Total
Age of respondents			
15-19 years	5.2	11.2	7.1
20-24 years	21.5	23.9	22.3
25-29 years	26.8	21.4	25.1
30-34 years	18.5	14.4	17.2
35-39 years	17.7	12.7	16.1
40-44 years	7.2	9.9	8.1
45-49 years	3.1	6.5	4.2
Average age	29.4	29.0	29.3
Education of respondents			
Illiterate	15.8	27.2	19.4
Can read and write	7.7	11.2	8.8
Class 1 to 4	11.4	11.4	11.4
Class 5 to 9	44.1	33.6	40.7
SSC/Dakhl	12.0	6.5	10.3
HSC	6.3	4.9	5.8
Bachelor and above	2.7	5.1	3.5
Average number of children	2.3	2.2	2.2
Monthly family income			
Tk. 1 – 2000	11.3	11.9	11.5
Tk. 2001 – 3000	19.6	20.6	19.9
Tk. 3001 – 5000	28.7	26.1	27.9
Tk. 5001 – 7500	15.5	15.7	15.6
Tk. 7501-10000	13.9	12.9	13.6
More than 10000	10.9	12.8	11.7
Average monthly family income	6482	7080	6673
N	2387	1118	3505

8.2 Knowledge on OCP

The following table represents comparison of knowledge on OCP among ever, current and never user of OCP. It can be seen that the responses regarding knowledge on "which woman can use OCP" almost similar to ever and current user of OCP. On the other hand, knowledge level is quite high among never user of OCP though response level is different as compared to ever and current user. Higher percentages of never user of OCP reported that older women can use OCP than

ever and current user. Almost similar findings are observed for knowledge on ineligibility criteria to use OCP. Misconception of ineligibility criteria to use OCP (fat women can not use OCP) is quite higher among never users of OCP than ever and current users.

Table 43: Knowledge on OCP by the nature of OCP user (ever, current and never)

Knowledge on OCP	OCP user (In %)		
	Ever	Current	Never
Which woman can use OCP			
Who like to use an effective temporary method can take OCP	51.0	51.8	39.3
Irregular menstruation	7.6	7.5	3.8
Until desire for child	6.0	5.4	8.0
Delay for child	12.5	12.2	13.3
Got married	8.9	8.9	3.7
Suits in body	4.1	3.8	2.6
Older women	18.8	19.4	37.4
Ineligibility criteria to use OCP			
Pregnant woman	67.7	68.2	56.0
Age more than 35 years and smoke	7.9	8.6	4.4
Can not move for long time due to illness	3.4	3.7	3.2
Sick women	10.8	9.7	7.2
Newly married	3.1	3.4	2.2
Have no children	3.0	3.0	2.6
Unmarried	3.1	3.0	3.4
Older women	8.9	9.0	4.9
Fat women	18.9	19.7	34.0
Knowledge on side-effects			
Menses stops	13.6	15.7	11.1
Spotting	10.3	11.4	9.7
Nausea	69.5	71.2	49.3
High BP	4.8	4.6	5.3
Vertigo	60.5	52.8	64.3
Knowledge on how long OCP can be used			
As long as wish	41.4	43.7	39.9
Till menopause	21.8	22.9	15.2
1-10 years	20.0	18.6	12.5
Don't know	16.7	14.7	32.5
N	2381	1251	1023

Cross observation between knowledge on side effects of OCP and its user shows that the responses does not vary for the ever and current users of OCP. Mostly they reported about nausea followed by vertigo (Table 42). Similarly never user of OCP also reported about vertigo and nausea. The observation shows that 53 percent of current user reported vertigo as side effect whereas this proportion is slightly higher to ever (61%) and never users (64%). So to address never users for accepting OCP, side effects should be informed properly to remove their misconception. Knowledge regarding "how long OCP can be used at a stretch", there is no variation on the responses among the ever and current user (Table 42). On the other hand, though more than half of the never user have the correct knowledge yet another one-third did not mention any answer.

8.3 Media exposure of non-user of OCP

Since quite a large number of never user of OCP have correct knowledge on OCP, so study further analyzed to found the association between never user and their media exposure. More than half of the never user (52%) reported that they have heard about OCP from some sort of media. Mostly they reported about TV (86%) followed by sign board/billboard (19%) and Radio (17%). So it reveals that TV is the most appropriate channel for the never user of OCP to grow interest in OCP.

Table 44: Media exposure of non-user of OCP by area

Sources of media	Rural	Urban	Total
Radio	21.4	9.5	16.9
TV	81.0	93.5	85.8
News Paper/magazine	3.1	11.5	6.3
Sign board/billboard	19.3	18.5	19.0
Mobile film unit	1.2	1.0	1.1
From Poster	1.8	1.0	1.5
N	327	200	527

(In %)

8.4 Attitudes on OCP

The following table explains the comparison of attitudes towards the "necessity of taking advice from the experts before using OCP" and attitudes towards the "effectiveness of OCP by the nature of OCP user". About three-fourth of both the ever and current users put stretched importance about the necessity of taking advice from the experts before using OCP, however one-fourth of the never user of OCP reported the same. It may be due to that the users realized the necessity due to being a user and the never user do not know the importance may be due to lack of knowledge and experience.

On the other hand, responses regarding attitude towards the "effectiveness of OCP" varies by the nature of users. About 9 out of 10 ever and current user replied OCP is very much effective or effective, whereas this proportion is lower among the never user of OCP (5 out of 10). This may be an opportunity for the stakeholders to expand its market share.

Table 45: Attitude on OCP by the nature of OCP user (ever, current and never)

(In %)

Attitude towards the necessity of taking advice from experts before using OCP	OCP user		
	Ever	Current	Never
Very important	33.6	34.3	25.2
Important	47.2	45.7	45.9
Reasonably important	10.1	9.7	14.2
Not so important	2.8	3.1	1.9
Not at all important	4.8	5.8	2.2
Don't know	1.6	1.4	10.7
Attitude towards the effectiveness of OCP			
Very much effective	36.0	43.2	11.0
Effective	49.6	46.9	38.4
Reasonably effective	11.4	8.0	16.5
Not so effective	1.1	-	0.4
Not at all effective	0.2	0.2	0.1
Don't know	1.7	1.8	33.5
N	2381	1251	1023

8.5 Perception on OCP

The following table shows cross observation of perception of women by the nature of OCP use (Ever, current and never). Less than 2 out of 10 women reported that OCP cause side-effect most of the time or always (Table 45). Other respondents replied that OCP do not cause side effects at all, rarely or occasionally. However, opposite responses are observed for the never users and mostly believe OCP cause side effects. So this is an important aspect that needs to be addressed by the service providers/pharmacist during counseling or selling OCP over the counter.

Regarding the impression on the quality of OCP of SMC, ever and current user mostly supported that the quality of OCP of SMC is very good or good (Table 45). About 10 percent reported that the quality is not good/not good at all and one-third reported that they do not know or do not have any idea. Those who replied that they do not know or do not have idea about quality of SMC OCP; mostly they are non-user of SMC OCP. However, only one-fourth of the never user supported that the quality of SMC OCP is good and others reported that they do not know/do not have idea. Similar kinds of findings are observed among the women regarding the quality of OCP rather than SMC.

Concerning the perception on correct use of OCP, about every ever and current user of OCP reported that user always should follow the rules or should follow the rules (Table 45). However, though most of the never user reported the same, yet 18 percent reported that they do not have any perception on this issue. Response varies on the perception that newly married woman can take OCP, some responded that woman should not use pill followed by should not use at all, either can use or not and can use pill. So this information is also important for the stakeholders to improve the level of perception of the women.

Table 46: Perception on OCP by the nature of OCP user (ever, current and never)

(In %)

Perception on OCP	OCP user		
	Ever	Current	Never
Overall impression about side effects on OCP			
No side effect	20.2	26.5	3.5
Rarely face side effect	19.4	22.1	13.6
Occasionally face	36.7	36.8	25.0
Most of the time face	18.8	11.0	20.4
Always face	2.9	1.4	2.5
Do not know/ No idea	1.9	2.1	34.9
Overall impression on the quality of OCP of SMC			
Very good	14.2	17.3	3.2
Good	44.3	44.6	22.5
Not so good, not so bad	6.8	5.9	8.0
Not so good	3.1	2.6	2.2
Not at all good	0.3	0.3	-
Do not know/ No idea	31.2	29.3	64.1
Overall impression on the quality of OCP rather than SMC			
Very good	6.9	9.1	1.7
Good	42.9	42.2	21.7
Not so good not so bad	9.7	9.0	11.5
Not so good	5.1	4.4	2.2
Not at all good	0.7	0.6	0.7
Do not know/ No idea	34.6	34.8	62.3
Perception on correct use of OCP			
Always should follow the rules	45.1	46.9	21.2
Should follow the rules	52.8	50.9	57.8
Following rules always is not necessary	0.6	0.3	2.2
No need to follow the rules	0.3	0.3	0.3
Rules is not important	0.3	0.6	0.7
Don't know	0.9	1.0	17.9
Perception on newly married woman can take OCP			
Should not use pill at all	15.3	14.5	20.6
Should not use pill	33.9	33.0	28.4
Either can use or not	16.2	16.8	20.0
Can use pill	25.7	25.3	16.2
Of course she can	7.2	8.2	2.9
Don't have any idea	1.8	2.2	11.7
N	2381	1251	1023

8.6 Reasons for discontinuation of OCP by ever user

The following table represents reasons for discontinuation of OCP by ever user brands of OCP. Mostly the users of all brands reported that OCP does not suit body. Other responses were irregular menstruation, want child/become pregnant, husband does not prefer, service provider advised to stop and others. It can be seen that there is no variation regarding responses by brands.

the women who perceive "longer continuation of OCP make woman sterile", they are mostly aged between 20 - 39 years. About one-fifth of them are illiterate and most of them completed below SSC level. Average number of children is 2. Family monthly income is tk. 5000 or less for about 70 percent of the women who perceive longer continuation of OCP make woman sterile.

Table 48: Background profile of women who perceive longer continuation of OCP can make woman sterile by area

Perception on longer continuation of OCP can make woman sterile	Area (In %)		
	Rural	Urban	Total
Age of respondents			
15-19 years	6.5	5.3	6.1
20-24 years	24.3	17.0	21.9
25-29 years	23.9	26.2	24.7
30-34 years	18.2	18.5	18.3
35-39 years	16.1	18.8	17.0
40-44 years	6.9	10.2	8.0
45-49 years	4.1	4.0	4.1
Average age	29.1	30.3	29.5
Education of respondents			
Illiterate	24.7	12.3	20.6
Can read and write	10.1	4.6	8.3
Class 1 to 4	12.5	10.2	11.7
Class 5 to 9	42.5	37.6	40.9
SSC/Dakhil	6.4	16.3	9.7
HSC	2.7	11.2	5.5
Bachelor and above	1.1	7.8	3.3
Average number of children	2.4	2.1	2.3
Monthly family income			
Tk. 1 - 2000	15.6	7.2	12.8
Tk.2001 - 3000	26.6	10.2	21.2
Tk. 3001 - 5000	28.4	22.5	26.5
Tk. 5001 - 7500	12.9	17.8	14.5
Tk.7501-10000	10.0	20.9	13.6
More than 10000	6.5	21.4	11.4
Average monthly family income	5336	9201	6614
N	1151	569	1720

8.8 Perception on OCP by ever user of OCP brands

The women who perceive "longer discontinuation of OCP can make woman sterile", among them 52 percent were ever user of Shukhi followed by Femicon (46%) and Nordette-28 (19%). Similarly, those who perceive "newly married woman can use OCP", among them 50 percent were ever user of Shukhi followed by Femicon (47%) and Nordette-28 (20%). So, extensive BCC activities are required to address these types of misconception.

Table 49: Percent distribution of ever use of OCP brands who perceive longer continuation of OCP can make woman sterile and newly married woman can take OCP

(In %)

Perception	Longer continuation of OCP can make woman sterile	Perception on newly married woman can take OCP
Shukhi	51.8	50.0
Femicon	45.9	47.2
Nordette-28	19.0	19.5
Minicon	10.8	10.8
Ovastat Gold	10.0	10.0
Marvelon	3.2	3.7
N	1171	1217

different family planning methods and on average they could name 3 types of family planning methods. The contraceptive prevalence rate is 63 and Oral Contraceptive Pill was found to be the main family planning methods for current user (36%), followed by injectable (9%). It now accounts for 57 percent of all contraceptives use and 63 percent of modern method use in the country. About 8 percent of MWRA reported using condom currently which has increased 4 percent points, from 4 to 8 percent during 2004 to 2007.

Between 2004 and the 2007, overall contraceptive use increased by 5 percent points, from 58 to 63 percent of currently married women. This increase has been almost entirely due to the highest use of modern methods, namely, the pill, injectable and condom. OCP has increased from 26.2 to 35.8 percent while condom increased from 4.2 to 7.5 percent.

Awareness and knowledge of MWRA on contraception

In general, the married women of reproductive age are universally aware about family planning methods and on average they were aware about 3 family planning methods. The awareness on family planning method was poor among the women of Sylhet division. However, mostly they received information on FPM from health worker, neighbor and television. Concerning the duration of taking OCP at a stretch, about 70 percent of respondents reported that woman can use OCP as long as she wish/till menopause. Half of the total women reported that the women who gave birth a baby, can start OCP immediately when menses start. One-fourth of the women mentioned Minicon can be used during breastfeeding.

Knowledge on availability and sources of OCP brands

The women who named OCP as a method of contraception, among them 83 percent reported Shukhi as a brand of OCP followed by Femicon (77%). Other mostly cited brands were Nordette-28 (44%), Minicon (31%) and Ovastat Gold (23%). Findings show that Nordette-28 and Ovastat Gold is reported more by the urban women. Regarding the sources of OCP, most of the women reported that Shukhi can be obtained from government health center/government or NGO health worker. The

reported main sources of other brands of OCP were pharmacy, followed by grocery shop.

Knowledge on side effects and its management of OCP

To assess the knowledge on side effects and its management two questions were asked simultaneously. The respondents mostly reported about nausea and vertigo. The other cited responses were stopping menses, spotting, high blood pressure and breast tenderness. However, the women also reported the management of these side effects. Mostly they mentioned that women should visit doctor/physician if she faces any side effects. The respondents who identified 'menses stops' as the side effects of OCP among them 11 percent reported that if a woman take OCP regular and timely this problem will be managed automatically. For the management of nausea some women advised to drink more water. Again some women reported that if pill is continue for 2/3 months it removes spotting and nausea. Study further revealed that the women who reported about nausea and vertigo, mostly they were user of Shukhi, Femicon and Nordette-28.

Media exposure on OCP

Overall, 65 percent of women have had exposure to OCP messages disseminated through media. Television, radio and signboard/billboard are the major sources of exposure to OCP messages. Among women those have heard or seen a message about OCP, nine out of ten reported hearing or seeing an OCP message on television, one-fifth reported hearing a message on the radio, and another one-fifth reported seeing a message on the signboard/billboard. According to the women, most of them exposed to Femicon, Nordette-28 and Minicon through media. The respondents were asked to inform about the brands of OCP which social marketing company currently distributing in the market. Most of the respondents mentioned about Femicon followed by Nordette-28. Social marketing company is also marketing another brand of OCP, Minicon, but only 8 percent of women reported its name as social marketing company's brand of OCP. Again study analyzed among them who never used any OCP but heard about OCP from media, mostly they mentioned television as the channel of information on OCP.

Attitude of MWRA on OCP

The respondents were asked a set of questions to have their attitude on different issues of the family planning methods, especially on OCP. Five scales have used to define extent of attitudes. Most of the women opined the necessity of taking advice from experts before using OCP. Concerning the attitude towards the effectiveness of OCP, all divisional women mostly showed positive response except Sylhet. Satisfaction on OCP brands is one of the most critical components for the users and company. Generally, women showed a strong impression towards the satisfaction of the currently used brand of OCP. About 7 out of 10 women opined that they would continue another brand of OCP if the current brand becomes unavailable and one-fifth claimed that they like to switch another method. Around 85 percent of the Femicon users reported that they will continue Femicon if the price is increased by tk. 2. Similarly 79 percent agreed to continue if price is increased by tk. 4 and 76 percent

traditional methods together. Duration of OCP and condom use was around one year for both urban and rural women. About half of the respondents reported that they have sought advice from doctor/health worker before starting this particular method. Suitability with body was the main criteria for selecting current family planning method. On the other hand, the main reason for switching the earlier FPM

was it did not adjust with body/physical problems. Twenty eight percent of condom user switched due to disapproval of husband.

Discussion between husband and wife about family planning is an important intermediate step towards eventual adoption and sustained use of contraception. About three-fourth of the respondents reported that they decide jointly followed by self (15%) and husband (10%). Others response include doctor, health worker, NGO worker, mother/mother-in-law and sister-in-law.

Background profiles of the OCP users of SMC brands

The average age of Femicon users was lower than the user of Nordette-28 and Minicon. On the other hand, the average age of husband for Minicon users was lower than other SMC brands. User of Minicon and Nordette-28 are slightly higher educated than the user of Femicon. Survey findings show that majority of the Femicon, Nordette-28 and Minicon users reported that they were housewife. Unanimously respondents reported that they do not have any earnings. However, the monthly average family income is higher among the Nordette-28 users than Minicon and Femicon users.

The average children are 2 for Femicon and Nordette-28 users whereas average children of Minicon users are less than 2. The women who desire for children they mostly use Minicon. The average duration of marriage life of the OCP users was 10, 11 and 7 years for Femicon, Nordette-28 and Minicon respectively. So Minicon is used mostly by the couple at the early stages of marriage. Regarding type of respondent's family, most of the Femicon and Nordette-28 users reside in a joint family whereas this difference is quite low for the Minicon users. The average family members for these three brands were almost same. Similarly the findings show that average years of limit between marriage and first birth was 2 for all of these brands.

Background profile of women by their perception on OCP

The women who perceive "longer continuation of OCP make woman sterile", they are mostly aged between 20 - 39 years. About one-fifth of them are illiterate and most of them completed below SSC level. Average number of children is 2. Family monthly income is tk. 5000 or less for about 70 percent of the women who perceive longer continuation of OCP make woman sterile.

Background profile of women by nature of OCP use (ever, current and never)

The study found that there is no variation concerning age of women for the ever and never user. Similarly there is no variation regarding the number of children and monthly family income. However, education level is poor incase of never user than the ever user.

Finally, after reviewing knowledge, attitude, perception and practice of married women of reproductive age on oral contraceptive pills as well as the background profiles of SMC brand OCP users, the following conclusions and recommendations can be made;

- The married women of reproductive age are universally aware about different family planning methods. Yet some of them do not have correct knowledge on OCP and have misconception regarding OCP. On the other hand, many women reported about side effects but do not have sufficient knowledge on side effect management. So this is an important aspect that needs to be addressed by the service providers/pharmacist during counseling or selling OCP over the counter to increase the rate of OCP use
- The contraceptive prevalence rate has increased from 58 in 2004 (BDHS) to 63 in 2007. The study also found that rate of modern contraception has increased and particularly OCP use has increased from 26 in 2004 (BDHS) to 36 in 2007
- To increase the knowledge and practice of family planning methods in Sylhet division, program planners need to focus more educational program on family planning methods through electronic and print media especially using the local dialect. In addition local magazine, billboard and poster can be channel to increase the awareness among the women in Sylhet division
- One-fourth of the women are aware about Minicon (progestin only pill) that can be used during breastfeeding. So there is an opportunity to increase the intention to use of Minicon through BCC activities using mass media
- Survey data reveals that about half of the respondents have perception that "newly married woman can not take OCP". About 50% of the respondents perceived that "longer continuation of OCP can make woman sterile". SMC can address these issues through extensive BCC activities to change the present perception.
- Television, health worker and neighbor are most dominant channel to receive information on OCP. Therefore, for designing the future communication of OCP campaign SMC should address these three major channels
- Television is the most popular source of information for non-users of OCP. So SMC can explore this opportunity to grow interest in OCP among non-users using television
- It is observed that generally SMC pill customers are not price sensitive. If the current price is increased by tk. 2-6, only one-fourth customer reported that they will switch to other method/lower cost pill. It is evident that most of the respondents are loyal to SMC brands.
- Around two-third of the women have good impression about the quality of SMC OCP. SMC can take an advantage of this impression in launching new OCP brand in future.

QUESTIONNAIRE

QUESTIONNAIRE

Questionnaire ID No.

KAPP Study on OCP among the Married Women of Reproductive Age (MWRA)

Name of the Division: Khulna ☐ Dhaka ☐ Barisal ☐ Sylhet ☐ Chittagong ☐ Rajshahi ☐

Name of the District:

Name of the Thana:

Name of the Street/Mohallah/Village/Mouza/PSU:

Name of the interviewer:

Name & address of the respondent:

Date:..... Signature:..... Time:- Start:..... End:.....

Name of FS:..... ☐ ☐ ☐ ☐ ☐

Signature Date

Name of QC:..... ☐ ☐ ☐ ☐ ☐

A/C B/C S/C Signature Date

Name of the Editor: ☐ ☐

Name of the Coder: ☐ ☐

Name of the DEO: ☐ ☐

INTRODUCTION

আসসালামু আলাইকুম। আমি আর সি এস নামক একটি গবেষণা সংস্থা থেকে এসেছি। আমরা বিভিন্ন সময় বিভিন্ন বিষয়ের উপর গবেষণার কাজ করে থাকি। বর্তমানে আমরা জনস্বাস্থ্যকর খাবার বড়ির উপর কয়েকটি গুরুত্বপূর্ণ এলাকার জরীপ কাজ করছি। এই জরীপের উদ্দেশ্য হচ্ছে খাবার বড়ির বিভিন্ন বিষয়ের উপর আপনার মূল্যবান অভিজ্ঞতা, মূল্যায়ন ও মতামত সম্পর্কে জানা। আপনার মূল্যবান মতামত দিয়ে এই গবেষণা কর্মে আমাদের সহযোগীতা করলে আমরা খুবই উপকৃত হই। আমি আপনাকে আশ্বস্ত করছি যে, আপনার দেয়া মূল্যবান তথ্য শুধুমাত্র গবেষণার কাজেই ব্যবহৃত হবে অন্য কেউ জানতে পারবে না।

DEMOGRAPHIC PROFILE

প্রশ্ন -০১ঃ প্রথমে আমি আপনাদের পরিবার সম্পর্কে জানতে চাইব এবং পরে আপনাদের পরিবারের কে কি করেন সে বিষয়ে আপনার বিস্তারিত মতামত জানতে চাইব। দয়া করে বলবেন কি, আপনাদের পরিবারের সবাই কি একসাথে থাকেন না আলাদা থাকেন। মানে আমি বুঝতে চাচ্ছি আপনারা কি যৌথ পরিবার না একক পরিবার। [1] যৌথ পরিবার [2] একক পরিবার

প্রশ্ন -০২ঃ আপনার পরিবারের মোট সদস্য সংখ্যা কত? জন

প্রশ্ন -০৩ঃ আপনার বৈবাহিক জীবন কত বছরের? বৎসর

প্রশ্ন -০৪ঃ বিয়ের কতদিন পর আপনার প্রথম সন্তান জন্ম গ্রহণ করেছেন? মাস (FI: কোন সন্তান না থাকলে ৮মং প্রশ্ন করুন)

প্রশ্ন -০৫ঃ আপনার সন্তান সংখ্যা কতজন? ছেলে মেয়ে মোট

প্রশ্ন -০৬ঃ আপনার সবচেয়ে ছোট এবং সবচেয়ে বড় সন্তানের বয়স কত?

সবচেয়ে ছোট সন্তানের বয়স	-----মাস	সবচেয়ে বড় সন্তানের বয়স	----- বৎসর
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প্রশ্ন -০৭ঃ আপনি/আপনারা কি ভবিষ্যতে আরও সন্তান নেবার কথা চিন্তা করছেন? [1] সন্তান নিব [2] সন্তান নিব না [3] এখনও কিছু ভাবিনি [4] জানি না

প্রশ্ন -০৮ঃ দয়া করে আপনি বলবেন কি, আপনার বর্তমান বয়স কত? আপনার স্বামীর বয়স কত?

উত্তরদায়ীর বয়স	-----বৎসর	স্বামীর বয়স	-----বৎসর
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প্রশ্ন -০৯ঃ দয়া করে আপনি বলবেন কি, আপনি কতটুকু পর্বত লেখাপড়া করেছেন? আপনার স্বামী কতটুকু পড়ালেখা করেছেন?

	উত্তরদায়ীর শিক্ষা	স্বামীর শিক্ষা
কোন শিক্ষা নেই	01	01
লিখতে ও পড়তে পারে তবে প্রাতিষ্ঠানিক শিক্ষা নেই	02	02
১ম - ৪র্থ শ্রেণী	03	03
৫ম - ৯ম শ্রেণী	04	04
এসএসসি/দাখিল	05	05
এইচএসসি	06	06
বিএ/বিকম/বিএসসি/বিএসএস	07	07
এমকম/এমএ/এমএসসি	08	08
অন্যান্য (উল্লেখ করুন)

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

প্রশ্ন -১২ঃ	দয়া করে বলুন পরিবার পরিকল্পনার কোন কোন পদ্ধতি সম্পর্কে আপনি শুনেছেন বা জানেন?	পদ্ধতি	Ques-12	Ques-13
			শুনেছেন বা জানেন?	কার কাছ থেকে / কিভাবে জেনেছেন? (FI: কোড বসান)
প্রশ্ন -১৩ঃ	আপনি পরিবার পরিকল্পনার এই পদ্ধতি সম্পর্কে কার কাছ থেকে / কিভাবে জেনেছেন?	জনাবিরতিকরন ঝাবার বড়ি	01	
		কনডম	02	
		ইনজেকশন	03	
		ইমপ্লান্ট/ নরপ্লাস্ট	04	
		আই ইউ ডি/ কপারটি	05	
		মহিলা বহ্যাকরণ	06	
		পুরুষ বহ্যাকরণ	07	
		নিয়াপদ, কাল	08	
		আজল	09	
		অন্যান্য (উল্লেখ করুন)		
Code for: কার কাছ থেকে / কিভাবে জেনেছেন:[1] মায় কাছ থেকে [2] বোনের কাছ থেকে [3] বাচ্চবীর কাছ থেকে [4]শামীর কাছ থেকে [5] ঝালা/ফুপ/চাটী-র কাছ থেকে [6] শাতড়ী/ননদ/নোনাশ-র কাছ থেকে [7] প্রতিবেশীর কাছ থেকে [8] গ্রাহুরেট ডাক্তারের কাছ থেকে [9] নন গ্রাহুরেট ডাক্তারের কাছ থেকে [10] কার্মেসী থেকে [11] মাঠকমীর কাছ থেকে [12] এনজিও কমীর কাছ থেকে [13] রেডিও থেকে [14] টিভি থেকে [15] পত্রিকা/ম্যালাজিন পড়ে [16] সাইনবোর্ড/হের্ডিং সেথে [17] ভাবীর কাছ থেকে [18] অন্যান্য (লিখুন)				

(FI: উত্তরদাতী যদি জনবিরতিকরন ঝাবার বড়ির কথা না উল্লেখ করে থাকে তা হলে নীচের প্রশ্ন করুন)

প্রশ্ন -১৪ঃ আপনি কি জনবিরতিকরন ঝাবার বড়ির নাম শুনেছেন?
[১] হ্যাঁ [২] না (উত্তর না হলে ২৬নং প্রশ্নে যান এবং নির্দেশিকা অনুসরণ করুন। যদি উত্তর হ্যাঁ হয় তবে সাক্ষাতকার অব্যাহত রাখুন)

প্রশ্ন -১৫ঃ আপনি বলেছেন জনবিরতিকরনের একটি পদ্ধতি হলো জনবিরতিকরন ঝাবার বড়ি, বর্তমানে কি কি জনবিরতিকরন ঝাবার বড়ি পাওয়া যায় আমাকে বলবেন কি?

01	সুখী	06	মায়ভেলন
02	কেমিকন	07	লিনডিয়ল
03	নরডেট-২৮	08	মিনুলেট
04	মিনিকন	09	নরডেট
05	গুভাট্যাট গোস্ত	10	অন্যান্য (উল্লেখ করুন).....

প্রশ্ন -১৬ঃ আপনি বাড়ির নাম বলেছেন, এগুলো কোথায় পাওয়া যায়? (FI: যেখানে পাওয়া যায় সেই কোডটি উক্তের হানে লিখুন এবং কোর্ড-এর বাইরে কোন উত্তর হলে তা লিখে নিয়ে আসুন)

পিলের নাম	কোথায় পাওয়া যায়
01 সুখী	
02 ফেমিকন	
03 নরডেট-২৮	
04 মিনিকন	
05 গুডাট্যাট গোল্ড	
06 মারডেলন	
07 লিনডিয়ল	
08 মিনুলেট	
09 নরডেট	
10 অন্যান্য (উল্লেখ করুন).....	

সাক্ষাতকার গ্রহনকারীর প্রতি নির্দেশিকা - কোড [1] সরকারী হাসপাতাল থেকে, [2] বেসরকারী হাসপাতাল / ক্লিনিক, [3] স্বাস্থ্যকর্মী / এনজিও কর্মীর কাছ থেকে, [4] ফার্মেসী থেকে, [5] মুদি দোকান থেকে [99] জানি না

প্রশ্ন -১৭ঃ আপনি দয়া করে বলুনতো কিভাবে জন্মনিবৃত্তিকরন পিল/ খাবার বড়ি খেতে হয়?

01	জীবনে প্রথম বার অথবা অন্ততঃ একমাস বিরতির পর পিল খেতে মনস্থির করলে পরবর্তী মাসিক না হওয়া পর্যন্ত অপেক্ষা করতে হবে।	06	বাকী ৭টি গাঢ় বাদামী রঙের আয়রণ বড়ি পরবর্তী ৭দিনে প্রতিদিন একটি করে খেতে হবে এভাবে মোট ২৮টি পিলই খেতে হবে।
02	মাসিক আরম্ভ হওয়ার প্রথম দিন থেকে মোটা তীর চিহ্নিত প্রথম পিলটি দিয়ে পিল খাওয়া শুরু করতে হয়।	07	মাসিক আরম্ভ হলেও বাদামী রঙের বড়ি খাওয়া বন্ধ করা যাবে না।
03	পরের দিন থেকে প্রতিদিন পাতলা তীরচিহ্ন নির্দেশিত পথ অনুসরণ করে পিল খেতে হবে।	08	৭টি বাদামী রঙের বড়ি শেষ হওয়ার পরদিন থেকেই উপরের নিয়ম অনুযায়ী নতুন একটি পিলের পাতা থেকে আবার খাওয়া শুরু করতে হবে। একপাতা শেষ করে অন্য পাতা থেকে খাওয়া শুরু করার মাঝে একদিনও বাদ দেয়া যাবে না।
04	প্রতিদিন একই সময়ে পিল খাওয়ার অভ্যাস করা ভাল। রাতের খাবারের পরে বা রাতে শোয়ার আগে পিল খাওয়া সবচেয়ে সুবিধাজনক।	09	প্রতি পাতার ২১টি কার্যকর পিল খাবার পর অথবা আয়রণ বড়ি খাবার সময় যদি কোন মহিলার মাসিক না হয় তাহলে তাঁর ডাক্তারের পরামর্শ নেয়া উচিত।
05	প্রতিদিন একটি করে ২১ দিনে ২১টি একই ধরনের পিল (সাদা, নীল বা হালকা সবুজ) খেতে হবে।	10	অন্যান্য (লিখুন) :----- ----- ----- -----

প্রশ্ন -১৮ঃ আপনার মতে জন্মনিবৃত্তিকরন খাবার বড়ি কোন্ কোন্ মহিলারা খেতে পারে?

01	যারা জন্ম নিয়ন্ত্রণের অত্যন্ত কার্যকরী একটি অস্থায়ী পদ্ধতি নিতে চান।	06	বাদের জরায়ুর বাইরে গর্ভধারণের ইতিহাস আছে।
02	যারা মাসিকের সময় অতিরিক্ত রক্তস্রাবের দরুন রক্তস্রাবের ভোগেন।	07	ডিবাশয়ে ক্যান্সার সৃষ্টিকারী নয় এমন সিস্ট বাদের আছে।
03	বাদের মাসিকের সময় তলপেটে তীব্র মোচড়ানো ব্যথা হয়।	08	ডিবাশয়ে ক্যান্সার হওয়ার জেরাগুলো পারিবারিক ইতিহাস থাকলে।
04	যারা মাসিক প্রাবের সঙ্গে সম্পর্কিত বিভিন্ন অসুবিধা ভোগেন।	09	অন্যান্য (লিখুন) -----
05	বাদের মাসিক চক্র অনিয়মিত	99	জানি না

04	উচ্চ রক্তচাপ		
05	স্তন ভাঙ্গী বোধ হওয়া এবং স্পর্শ বেদনা		
06	ক্রোয়াজমা বা গর্ভবস্থার মতো মুখের ত্বকের রঙের পরিবর্তন		
07	অন্যান্য (উল্লেখ করুন).....

সাক্ষাতকার গ্রহনকারীর প্রতি নির্দেশিকা

- | | |
|---|--|
| [1] নির্দিষ্ট সময়ে নিয়মিত ভাবে বড়ি খেতে হবে | [2] গর্ভবতী হলে বড়ি খেতে নিষেধ করতে হবে |
| [3] চিকিৎসকের কাছে যেতে হবে | [4] রাতের খাবারের সাথে বড়ি খেতে হবে |
| [5] সাইনোসাইটিস থাকলে চিকিৎসকের নিকট যেতে হবে | [6] ধূমপান বা তামাক পাতা সেবন না করা |
| [7] মুখে তেল বা জৈম ব্যবহারে বিরত থাকা | [8] কড়া রোদে না যাওয়া |
| [9] দিনে দুইবার লেবুর রস মিশ্রিত পানি দিয়ে মুখ ধুতে হবে | [10] বেশী করে পানি খেতে বলতে হবে |
| [11] নিয়মিতভাবে হাতের নখ কাটতে পরামর্শ দিতে হবে। | |
| [12] রক্তচাপ ১৬০/১০০ এর উপরে হলে মিশ্র বড়ি না দিয়ে অন্য পদ্ধতি গ্রহন করা | |
| [13] স্তনে হালকা গরম সেক দিতে হবে উপযুক্ত খাদ্য, পুষ্টি এবং ব্যায়াম করতে হবে | |
| [14] ২/৩মাস বড়ি খাওয়া চালিয়ে গেলে, এই অসুবিধা আর থাকে না | |
| [99] জানি না / বলতে পারি না | |

- প্রশ্ন -২১ঃ আপনার মতে একজন সম্প্রতি জীবনে কতদিন অনুবিরতিকরন খাবার বড়ি ব্যবহার করতে পারে?
- [1] যতদিন ইচ্ছা ততদিন [2] বছর [3] মাসিক বদ্ধ না হওয়া পর্যন্ত [99] জানি না / বলতে পারি না
- প্রশ্ন-২১.কঃ বাচ্চা হওয়ার কতদিন পর থেকে একজন মহিলার অনুবিরতিকরন পিল/খাবার বড়ি খেতে পারে?
- [1]দিন পরে [2] মাসিক শুরু হবার সাথে সাথে [3] জানি না / বলতে পারি না
- প্রশ্ন-২১.খঃ কোন অনুবিরতিকরন পিল/খাবার বড়ি খাওয়া যেতে পারে (বেসব মা শিশুকে বুকের দুধ খাওয়াচ্ছে)? (FI: উত্তরসমূহী যদি একাধিক খাবার বড়ির নাম বলে তাহলে জেনে নিন কোনটি ধরোচ্ছ)
- [1] মিনিকন [2] অন্যান্য..... [99] জানি না
- প্রশ্ন -২২ঃ বর্তমানে অনুবিরতিকরন খাবার বড়ির উপর বিভিন্ন বিজ্ঞাপন প্রচার করা হচ্ছে, আপনি এখরনের কোন বিজ্ঞাপন দেখেছেন / শুনেছেন কি?

- 01 হ্যাঁ 02 না (উত্তর না হলে, ২৬নং প্রশ্ন করুন)

প্রশ্ন -২৩ঃ আপনি কোথায় কোথায় বিজ্ঞাপনটি দেখেছেন / শুনেছেন? (উত্তর একাধিক হতে পারে)

- | | |
|-------------------|---------------------------|
| 01 রেডিওতে | 04 সাইনবোর্ড / বিলবোর্ড |
| 02 টিভিতে | 05 সাম্যমান চলচ্চিত্রে |
| 03 পত্র-পত্রিকায় | 06 অন্যান্য (লিখুন) |

প্রশ্ন -২৪ঃ আপনি বলেছেন জন্মবিরতিকরন বাড়ির..... বিজ্ঞাপন দেখেছেন/তনেছেন, বিজ্ঞাপনটি কোন কোন জন্মবিরতিকরন
খাবার বাড়ির বিজ্ঞাপন দেখেছেন / তনেছেন? (উত্তর একাধিক হতে পারে)

01	সুখী	06	মারভেলন
02	ফেমিকন	07	লিনডিয়ল
03	নরডেট-২৮	08	মিনুলেট
04	মিনিকন	09	নরডেট
05	ওভাট্যাট গোল্ড	10	অন্যান্য (উল্লেখ করুন)

প্রশ্ন -২৫ঃ আপনার জানা মতে বর্তমানে সোশ্যাল মার্কেটিং কোম্পানী (এসএমসি) কোন কোন জন্মবিরতিকরন খাবার বাড়ি বাজারজাত করছে?

01	ফেমিকন	04	অন্যান্য (লিখুন)
02	নরডেট-২৮	
03	মিনিকন	99	জানি না / বলতে পারি না

PRACTICE

প্রশ্ন -২৬ঃ এ পর্বত আপনি জন্মনিয়ন্ত্রনের জন্য কি কি পদ্ধতি ব্যবহার করেছেন? (উত্তর কবিরাজ হলে ৩৬নং প্রশ্ন করে ৫২নং প্রশ্নে চলে যান)

01	কোন পদ্ধতি ব্যবহার করি নাই (২৭নং প্রশ্ন করুন)	06	আই ইউ ডি/ কপারটি
02	জন্মবিরতিকরন খাবার বাড়ি (২৮নং প্রশ্ন করুন)	07	মহিলা বধ্যাকরণ
03	কনডম	08	পুরুষ বধ্যাকরণ
04	ইনজেকশন	09	নিরাপদ কাল
05	ইমপ্লান্ট/ নরপ্রান্ট	10	আজল
11	অন্যান্য (লিখুন).....		

(২৬-নং প্রশ্নের উত্তর 1 হলে এবং ১৪নং প্রশ্নের উত্তর 2 হলে ২৭নং প্রশ্ন করে ধন্যবাদ জানিয়ে সাক্ষাতকার শেষ করুন। যদি জন্মবিরতিকরন খাবার
বাড়ি ছাড়া অন্য পদ্ধতি হয় তবে ২৮নং প্রশ্ন করুন)

(১৪-নং প্রশ্নের উত্তর 1 হলে এবং ২৬নং প্রশ্নের উত্তর 1 হলে ২৭নং প্রশ্ন করে ৫২নং প্রশ্নে যান)

প্রশ্ন -২৭ঃ আপনি বলেছেন কখনই আপনি জন্মবিরতিকরন খাবার বাড়ি ব্যবহার করেননি। আমাকে বলবেন কি কেন আপনি জন্মবিরতিকরন খাবার বাড়ি
কখনই ব্যবহার করেননি?

01	সন্তান নিব	04	শাক্তী চান না
02	শারীরিক অসুস্থতার কারণে	05	অন্যান্য (উল্লেখ করুন)
03	স্বামী চান না		

প্রশ্ন -২৮ঃ আপনি বলেছেন যে, আপনি জন্মনিয়ন্ত্রনের পদ্ধতি হিসাবে জন্মবিরতিকরন খাবার বাড়ি ব্যবহার করেছেন, এ পর্বত কোন কোন
জন্মবিরতিকরন খাবার বাড়ি খেয়েছেন/ব্যবহার করেছেন?

01	সুখী	06	মারভেলন
02	ফেমিকন	07	লিনডিয়ল
03	নরডেট-২৮	08	মিনুলেট
04	মিনিকন	09	নরডেট
05	ওভাট্যাট গোল্ড	10	অন্যান্য (উল্লেখ করুন)

প্রশ্ন -২৯ঃ বর্তমানে আপনি জন্ম নিয়ন্ত্রনের জন্য কি পদ্ধতি ব্যবহার করছেন?

কোন পদ্ধতি ব্যবহার করি না (৩০নং প্রশ্ন করে ৩১নং প্রশ্নে যান)	01
জন্মবিরতিকরন খাবার বাড়ি	02
কনডম	03
ইনজেকশন	04
ইমপ্লান্ট/ নরপ্রান্ট	05
আই ইউ ডি/ কপারটি	06
মহিলা বধ্যাকরণ	07
পুরুষ বধ্যাকরণ	08
নিরাপদ কাল	09
আজল	10
অন্যান্য (উল্লেখ করুন)	

প্রশ্ন -৪১ঃ ইতোপূর্বে আপনি কোন কোন ব্রান্ডের জন্মবিরতিকরন খাবার বড়ি ব্যবহার করেছেন এবং তা কতদিন ব্যবহার করেছেন?
(FI: ২৮নং প্রশ্ন দেখে টিক দিন)

জন্মবিরতিকরন খাবার বড়ির নাম	কতদিন / বছর	জন্মবিরতিকরন খাবার বড়ির নাম	কতদিন / বছর
01 সুখী		06 মারভেলন	
02 ফেমিকন		07 লিনডিয়ল	
03 নরভেট-২৮		08 মিনুলেট	
04 মিনিকন		09 নরভেট	
05 ওভাট্যাট গোল্ড		10 অন্যান্য	

প্রশ্ন -৪১.কঃ আপনি কি খাবার বড়ি খেতে কখনও ভুলে যান?

01 মাঝে মাঝে ভুলে যাই

02 কখনওই ভুলে যাই না (৪১.খ নং প্রশ্ন বাদ দিন এবং পরবর্তী নির্দেশিকা অনুসরণ করুন)

প্রশ্ন -৪১.খঃ একদিন খাবার বড়ি খেতে ভুলে গেলে আপনি কি করেন?

01 পরের দিন যখনই মনে পড়ে তখন আগের দিনের পিলটি খেয়ে নেই। ঐ দিনে পিল নির্দিষ্ট সময়ে খেয়ে নেই

02 অন্যান্য (লিখুন)

প্রশ্ন -৪২ঃ (FI: বর্তমানে যদি পিল ব্যবহার করে এবং ঠিক তার পূর্বেও যদি কোন পিল ব্যবহার করে থাকে তবে উক্ত পিল ব্রান্ড ব্যবহার ছেড়ে দেওয়া কারন জানুন) কি কারণে আপনি ব্রান্ডটি ব্যবহার ছেড়ে দিয়েছিলেন?

প্রশ্ন -৪৩ঃ বর্তমানে আপনি যে ব্রান্ডটি ব্যবহার করছেন, এই ব্রান্ডটি কেন আপনি বেছে নিলেন?

প্রশ্ন -৪৪ঃ আপনি বলেছেন জন্মবিরতিকরন খাবার বড়ি ব্যবহার করেন, কে খাবার বড়ি কিনেন / সরবরাহ গ্রহণ করেন?

[1] আমি নিজেই [2] স্বামী [3] স্বাস্থ্যকর্মী দিয়ে বার [4] অন্যান্য (লিখুন)

প্রশ্ন -৪৫ঃ আপনি বললেন বর্তমানে আপনি বড়ি ব্যবহার করছেন এই পিলটি কোথা থেকে সংগ্রহ করে থাকেন / সরবরাহ পেয়ে থাকেন?

01	দোকান থেকে (কার্মেসী ব্যক্তি)	05	বাহ্যিকর্মী
02	কার্মেসী থেকে	06	জানি না
03	সরকারী হাসপাতাল / ক্লিনিক থেকে	07	অন্যান্য (উল্লেখ করুন).....
04	বেসরকারী হাসপাতাল / ক্লিনিক থেকে	

প্রশ্ন -৪৬ঃ আপনি কতদিন পর পর আপনার জন্মবিরতিকরন খাবার বড়ি সংগ্রহ করে থাকেন / সরবরাহ পেয়ে থাকেন? দিন

প্রশ্ন -৪৭ঃ একসাথে কত প্যাকেট জন্মবিরতিকরন খাবার বড়ি সংগ্রহ করে থাকেন / সরবরাহ পেয়ে থাকেন? প্যাকেট

প্রশ্ন -৪৮ঃ জন্মবিরতিকরন খাবার বড়ি ব্যবহার করে আপনি কখনও পার্শ্বপ্রতিক্রিয়ার সম্মুখীন হয়েছেন কি না?

01	হ্যাঁ (৪৯ নং প্রশ্ন করুন)	02	না
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প্রশ্ন -৪৯ঃ কি কি পার্শ্বপ্রতিক্রিয়া / সমস্যার সম্মুখীন হয়েছেন?

01	মাসিক প্রাব বদ্ধ	04	জন্ম ভারী বোধ হওয়া এবং স্পর্শ বেদনা
02	ফোঁটা ফোঁটা রক্তস্রাব	05	উচ্চ রক্তচাপ
03	ক্লোরাজমা বা গর্ভবস্থার মতো মুখের ত্বকের রঙের পরিবর্তন	06	বমি বমি ভাব
		08	অন্যান্য (উল্লেখ করুন).....

প্রশ্ন -৫০ঃ আপনি বলেছেন বর্তমানে আপনি জন্মবিরতিকরন খাবার বড়ি ব্যবহার করেন, প্রতিটি পাতা বড়ির জন্য আপনি কত টাকা ব্যয় করেন? টাকা [99] জানি না

প্রশ্ন -৫১ঃ আপনি বর্তমানে যে জন্মবিরতিকরন খাবার বড়ি ব্যবহার করছেন আপনি কি এই ব্র্যান্ড ব্যবহার অব্যাহত চালিয়ে যেতে ইচ্ছুক? [1] হ্যাঁ [2] না [3] জানি না

ATTITUDE

প্রশ্ন -৫২ঃ আপনার মতে জন্মবিরতিকরন খাবার বড়ি গ্রহণের পূর্বে কোন বিশেষজ্ঞের পরামর্শের প্রয়োজন কতটুকু?

01	খুবই প্রয়োজন	04	তেমন প্রয়োজন নেই
02	প্রয়োজন	05	কোন প্রয়োজন নেই
03	পরামর্শ নিলেও চলে না নিলেও চলে	99	জানি না

প্রশ্ন -৫৩ঃ আপনার মতে জন্মবিরতিকরনের খাবার বড়ি কতখানি কার্যকরী?

01	অত্যন্ত কার্যকরী	04	তেমন কার্যকরী নয়
02	কার্যকরী	05	একদমই কার্যকরী নয়
03	মোটামোট কার্যকরী	99	জানি না

(F1: ২৫নং প্রশ্ন অনুসারে টিক দিন এবং নিম্নের প্রশ্ন জিজ্ঞেস করুন। যদি ২৫নং প্রশ্নের উত্তর জানি না হলে- ৫৪নং প্রশ্ন করার প্রয়োজন নেই। কিন্তু বর্তমানে যদি নিম্নের তিনটির বেকোন একটি ব্র্যান্ড ব্যবহার করে তাহলে ৫৪নং প্রশ্নে শুধুমাত্র ঐ ব্র্যান্ডটির সম্পর্কে জিজ্ঞাসা করুন)

প্রশ্ন -৫৪ঃ ইতিপূর্বে আপনি বলেছেন বর্তমানে এসএমসি ব্র্যান্ডের জন্মবিরতিকরন খাবার বড়ি বাজারজাত করছে, এসএমসি-র এ সকল ব্র্যান্ডের জন্মবিরতিকরন খাবার বড়ির গুণগতমান এবং কার্যকারীতা সম্পর্কে আপনার মতামত কি?

ব্র্যান্ডের নাম	গুণগত মান সম্পর্কে ধারণা					কার্যকারীতা সম্পর্কে ধারণা				
	[1] অত্যন্ত ভালমানের	[2] ভাল মানের	[3] মোটামুটি ভাল	[4] ভাল না	[5] মোটেই ভাল না [99] জানি না	[1] অত্যন্ত কার্যকরী	[2] কার্যকরী	[3] মোটামুটি কার্যকরী	[4] তেমন কার্যকরী নয়	[5] একদমই কার্যকরী নয় [99] জানি না
01	ফেমিকন									
02	নরডেট-২৮									
03	মিনিকন									

		প্রশ্ন করুন)	প্রশ্ন করুন)	
01	ব্যবহার চালিয়ে যাব			
02	কমদামী পিল ব্যবহার করব			
03	অন্য পদ্ধতি ব্যবহার করব			
04	অন্যান্য (লিখুন)			

প্রশ্ন -৬০ঃ (যদি অন্য পদ্ধতি ব্যবহার করে / কোন পদ্ধতি ব্যবহার করে না) আপনার মতে ১ পাতা বড়ির দাম কত টাকা হওয়া উচিত?
..... টাকা প্রতি পাতা

PERCEPTION

জন্মবিরতিকরন ঋবার বড়ির গুণগত মান, এর পার্শ্বপ্রতিক্রিয়া, এসএমসি-র জন্মবিরতিকরন ঋবার বড়ির গুণগত মান, অন্যান্য কোম্পানীর জন্মবিরতিকরন ঋবার বড়ির গুণগত মান, জন্মবিরতিকরন ঋবার বড়ি সঠিকভাবে ঋবার নিয়ম এবং অবস্থাতে জন্মবিরতিকরন ঋবার বড়ি ব্যবহারে আপনার ইচ্ছা ও অনিচ্ছা সম্পর্কে কয়েকটি কার্ড দেখাবো / পড়ে চিনাবো এবং এ বিষয়ে আপনার মতামত জানতে চাইব। আশা করি আপনার মূল্যবান মতামত দিয়ে সহযোগিতা করবেন।

প্রশ্ন -৬১ঃ জন্মবিরতিকরন ঋবার বড়ি সম্পর্কে আপনার সার্বিক ধারণা কি? (FI: কার্ড দেখান)

01	খুবই ভাল	04	তেমন ভাল নয়
02	ভাল	05	একদমই ভাল নয়
03	ভালও না আবার খারাপও না	99	জানি না /কোন ধারণা নেই

প্রশ্ন -৬২ঃ জন্মবিরতিকরন ঋবার বড়ির পার্শ্বপ্রতিক্রিয়া সম্পর্কে আপনার মতামত কি? (FI: কার্ড দেখান)

01	কোন পার্শ্বপ্রতিক্রিয়া নেই	04	সমস্যা হয়
02	কদাচিৎ সমস্যা হয়	05	সব সময়ই সমস্যা হয়
03	মাঝে মাঝে সমস্যা হয়	99	জানি না /কোন ধারণা নেই

প্রশ্ন -৬৩ঃ আমি এখন আপনাকে কার্ড দেখাচ্ছি / পড়ে চিনাচ্ছি - এস.এম.সি-র জন্মবিরতিকরন ঋবার বড়ির গুণগত মান সম্পর্কে আপনার ধারণা কি? (FI: কার্ড দেখান)

01	খুবই ভাল	04	তেমন ভাল নয়
02	ভাল	05	একদমই ভাল নয়
03	ভালও না আবার খারাপও না	99	জানি না /কোন ধারণা নেই

প্রশ্ন -৬৪ঃ অন্যান্য কোম্পানীর জন্মবিরতিকরন ঋবার বড়ি গুণগত মান সম্পর্কে আপনার ধারণা কি? (FI: কার্ড দেখান)

01	খুবই ভাল	04	তেমন ভাল নয়
02	ভাল	05	একদমই ভাল নয়
03	ভালও না আবার খারাপও না	99	জানি না /কোন ধারণা নেই

প্রশ্ন -৬৫ঃ অনুনিয়ন্ত্রণের বড়ি সঠিক পদ্ধতিতে / নিয়ম মেনে খেতে হয় - এ ব্যাপারে আপনি কি মনে করেন? (FI: কার্ড দেখান)

01	সব সময়ই সম্পূর্ণ নিয়ম মানতে হবে	04	নিয়ম মানার প্রয়োজন নেই
02	নিয়ম মানতে হবে	05	নিয়ম না মানলেও চলে
03	অত নিয়ম মানার তেমন প্রয়োজন নেই	99	জানি না / কোন মন্তব্য নেই / ধারণা নেই

প্রশ্ন-৬৫.কঃ নতুন বিবাহিত মহিলারা অনুবিবর্তিকরন পিল/খাবার বড়ি খেতে পারেন- এ সম্পর্কে আপনার মতামত কি?

01	পিল খাওয়া একেবারেই উচিত নয়	04	খেতে পারে
02	উচিত নয়	05	অবশ্যই খেতে পারে
03	খেতে পারে নাও খেতে পারে	99	জানি না / কোন মন্তব্য নেই / ধারণা নেই

প্রশ্ন-৬৫.খঃ কেউ কেউ মনে করে একটানা কয়েক বৎসর অনুবিবর্তিকরন পিল/খাবার বড়ি খেলে পরবর্তী সময় মহিলাদের বাচ্চা নাও হতে পারে - এ ব্যাপারে আমার সাথে আপনি কতটুকু একমত?

01	সম্পূর্ণ একমত	04	বিমত
02	একমত	05	সম্পূর্ণ বিমত
03	একমতও নই বিমতও নই		

প্রশ্ন -৬৬ঃ আপনি কি আগামীতে অনুবিবর্তিকরন খাবার বড়ি ব্যবহার করতে কতটুকু ইচ্ছুক? (FI: কার্ড দেখান)

01	অধিক ভাবে ইচ্ছুক	04	তেমন ইচ্ছুক নই
02	ইচ্ছুক	05	ইচ্ছুক নই
03	মোটামুটি ইচ্ছুক	99	জানি না / কোন মন্তব্য নেই / ধারণা নেই

প্রশ্ন -৬৭ঃ কেন আপনি আগামীতে অনুবিবর্তিকরন খাবার বড়ি ব্যবহার করতে ইচ্ছুক / ব্যবহার না করতে ইচ্ছুক?

প্রশ্ন -৬৮ঃ আপনি কি নিয়মিত রেডিও শুনে থাকেন?

01	হ্যাঁ	02	না
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প্রশ্ন -৬৯ঃ , আপনি কি নিয়মিত টিভি দেখে থাকেন?

01	হ্যাঁ	02	না
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প্রশ্ন -৭০ঃ আপনি কি নিয়মিত পত্র/পত্রিকা পড়েন?

01	হ্যাঁ	02	না
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প্রশ্ন -৭১ঃ গত দুই বৎসরের মধ্যে আপনি পরিবার পরিকল্পনা, মা ও শিশু স্বাস্থ্য উপর কোন প্রামাণ্য চলচ্চিত্র/বারোকেপ/টকি দেখেছেন কি না?

01	হ্যাঁ	02	না (FI: উত্তর না হলে ধন্যবাদ জানিয়ে সাক্ষাতকার শেষ করুন)
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প্রশ্ন -৭২ঃ আপনি বলেছেন যে, আপনি গত দুই বৎসরের মধ্যে প্রামাণ্য চলচ্চিত্র/বারোকেপ/টকি দেখেছেন, দয়া করে বলবেন কি- এই প্রামাণ্য চলচ্চিত্র/বারোকেপ/টকি কোন কোম্পানী / প্রতিষ্ঠান প্রদর্শন করেছেন?

[1] সোশ্যাল মার্কেটিং কোম্পানী (এসএমসি) [2] সরকারী [3] মনে করতে পারছি না [4] অন্যান্য (লিখুন)..... [99] জানি না

সমাপ্ত