

Final Report

MINICON ORAL CONTRACEPTIVE PILL POST LAUNCH SURVEY

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CONTENTS

Executive Summary

i-v

Chapter-1: BACKGROUND AND OBJECTIVE

1.1 Introduction	1
1.2 Background of SMC	1
1.3 Information on MINICON	1
1.3.1 Introduction of Minicon	1
1.3.2 Content of the Pill and Registration	1
1.3.3 Target Group	1
1.3.4 Product Positioning	2
1.3.5 Packaging	2
1.3.6 Pricing	2
1.3.7 Sales & Distributions Strategy	2
1.3.8 Market Scenario	2
1.4 Objectives of the study	3
1.5 Information Coverage	3
1.5.1 From Current and Lapsed Users and Husbands	3
1.5.2 From Providers	3

Chapter-2 METHODOLOGY AND IMPLEMENTATION

2.1 Sampling Design	4
2.2 Study Coverage and Sample Spots	4
2.3 Study Respondents	4
2.4 Sample Size	5
2.5 Selection of Respondents for Interview	5
2.6 Data Collection Instruments	6
2.7 Study Management	6
2.8 Data Editing and Coding	7
2.9 Data Entry and Processing	7
2.10 About the Report	7

Chapter-3 PRESENTATION OF FINDINGS

Part-A: Findings from the Users Interview

3.1 Profile of Minicon Users	8
3.2 Specific Knowledge on the Use of Minicon	9
3.3 Use Status and Experience	9
3.4 Side Effect, Perception and Satisfaction	10
3.5 Ever Use of Methods and Brands	10
3.6 Exposure to Media and Minicon	10
3.7 A Segmented Analysis	11

Part-B: Findings from Doctor Interview

3.8 Knowledge on Minicon and Related Issues	12
3.9 Perception and Opinion on Minicon	13
3.10 Sources of Knowledge on Minicon	13
3.11 Suggestions from the Doctors	13
3.12 Additional Findings	14

Chapter-4: DISCUSSION AND CONCLUSION

4.1 Minicon – A different Pill	15
4.2 Knowledge about Minicon	15
4.3 Acceptability of Minicon	16
4.4 Conclusion	16

Appendices

<i>Appendix 1- Primary Set of Tables for Current user, Lapsed user and Husbands</i>	<i>(16 pages)</i>
<i>Appendix 2 – Doctor Tables with Code Reference</i>	<i>(6 pages)</i>
<i>Appendix 3 – Code Reference for Current Minicon users</i>	<i>(8 pages)</i>
<i>Appendix 4 – Code Reference for Husband of Current users</i>	<i>(5 pages)</i>
<i>Appendix 5 – Code Reference for Lapsed users</i>	<i>(4 pages)</i>



EXECUTIVE SUMMARY

1. Background and Objective

Minicon is the only brand of progestin only oral pill in the market introduced by Social Marketing Company (SMC) during February-March 2000. Its key advantage is that it does not suppress mothers' milk production and is therefore an ideal choice for the lactating mothers. After about 6-7 months in the field this study was initiated by SMC with the objective of getting the profile of its acceptors, determine the acceptability of the brand among its users and providers, and identify their knowledge with regard to correct use of the brand.

2. Study Design and Implementation

Considering the fact that the target women of Minicon have been the breastfeeding women of all socio-economic groups and also the marketing information, promotion and price of the brand, it was decided to draw sample respondents randomly from all over the country from city down to the thana level. The high selling spots and outlets were chosen considering the slow movement of the product. For a reasonable geographic coverage 25 sample spots were covered consisting of 5 cities, 10 district towns and 10 thanas.

From each city 20 and from each district and thana towns 10 currently Minicon using women were targeted for interview at the household level. The target for husband and lapsed user samples were one half of the current users in each spot. Doctor/ Providers were interviewed as per the convenience and at least two from each sample location. A random sampling methodology was followed in selection of sample respondents. The category of respondents and total completed field interviews under the survey were as under:

Category of Respondents	Number of respondents			Total
	City	District	Thana	
Minicon Using women	93	91	96	280
Husbands of the women	57	51	52	160
Lapsed Users of Minicon	53	45	28	126
Qualified Doctors	21	22	23	66
Total	224	209	199	632

Separate semi-structured questionnaires were developed for interviewing the respondents. Female field investigators were engaged to conduct household level interviews. The Minicon buyers were intercepted at selected high selling pharmacies and the Minicon using women were interviewed at the time and place agreed upon. The lapsed users were obtained from among those addresses recalled by the pharmacy salesmen or through information received from the already interviewed respondents. The field team received excellent cooperation from the Pharmacies, Area Managers, Zone Executives and the SPOs in the process of collecting data during the month of September-October 2000. The respondents also spoke freely to the interviewers.

3.1 FINDINGS FROM THE USERS AND HUSBAND INTERVIEWS

Profile of Minicon Users: The Socio-economic and Demographic (SED) profile of the Minicon users did not seem much differ with the other pill users found in other studies. They are mostly housewives, average age of around 24 years, mother of average two children,

and education, household amenities & income were above national average. They were stable as more than 70% of them living in their own houses (Appendix-1, Table-1). The Lapsed users were found relatively older, better educated and most importantly their youngest child were significantly older than that of current users.

Specific Knowledge on the Use of Minicon: Knowledge of primary target for the pill (i.e., exclusively breastfeeding women) was largely missing among the users and husbands. However, more than 80% of the users and husbands could relate Minicon with very young child and lactation status of mother. The secondary target (i.e., Estrogen contraindicated women) was known/ mentioned to

be the target of Minicon by only 3-4 percent of the users and their husbands.

Many of the current users of Minicon and their husbands were lacking specific knowledge on the pill particularly the time to start and the period of continuation. 18% of the users told that Minicon could be continued as long as the user does not want a child and another 21% admitted that they did not know. As regards missing of one/ two pills the responses were very much like other pill brands. Extra two days of supplementary method use as recommended for missing of one pill did not come at all.

Use Status and Experience:

- ◆ Around 30% of the users, both current and lapsed, got advice from the doctors, Field Worker or pharmacy salesmen for choosing the pill. More than a quarter of the users made the selection by themselves.
- ◆ The current users on an average had been in their 2.6 cycle and the Lapsed users used average 1.9 cycles before they left Minicon.
- ◆ About 50% of the current users and 63% of lapsed users started Minicon after 6 months of child's age. 15% of the current users and about one-fourth of lapsed users started the pill after 2 years age of their youngest child.
- ◆ Only 18% of the current users were under exclusive breastfeeding and 12% not breastfeeding at all as the child had grown up.
- ◆ Consistent to the knowledge, more than 40% of the Current users of Minicon had other considerations than breastfeeding in continuing the pill.
- ◆ About 19% of the current Minicon users did not use any method in the past.

Side Effect, Perception and Satisfaction:

- ◆ Around one-third (36%) of the Current users faced any kind of side-effect while 73% of the Lapsed users discontinued the brand due to side effect. The major side effects mentioned were related to menstrual irregularities.
- ◆ The Current users had a good perception about the brand and 93% of them expressed their satisfaction with the brand. Only 4% thought the pill was not good.
- ◆ 38% of the sample current users reportedly advocated this pill to others and another 50% were willingness to do so.

Ever Use of Methods and Brands:

- ◆ Two-thirds of the current users ever used pills other than Minicon. On an average they used 1.6 brands and the prominent brands in order of frequency were Femicon, Shukhi, Nordette 28, Ovostat, Ovacon and Marvelon.



- ♦ The other methods used by the current Minicon users were Condom (34%), Injectable (13%), and other (3%).
- ♦ The latest used methods by the current users were Pill (51%), Condom (23%), Injectables (6%), Other (1%) and No method (19%).
- ♦ The immediate past methods of Minicon used by the Lapsed users were: Pill (56%), Condom (12%), Injectables (2%), Other (2%) and No method (29%). It is interesting to observe that the distribution of the lapsed users by the current use method (i.e., after leaving Minicon) was almost the same as that of immediate past used methods.

Exposure to Media on Minicon:

- ♦ Such information were collected from the current users and their husbands. 12% of the current Minicon users and 46% of the husbands told that they read newspaper or magazine regularly.
- ♦ About three-fourth of the respondents told that they had ever seen or heard any message on any media. Among those who seen/heard, TV was found to be the single major mass media (around 90% for both the respondent groups). Radio was mentioned by around one-fourth.
- ♦ Around one half of the respondents could not recall any messages that they had heard from any source. The two main messages recalled were: 1) Child gets breast milk/ milk is not suppressed; and 2) Good/ ideal pill for lactating mothers.

3.2 FINDINGS FROM DOCTOR INTERVIEW

A total of 66 doctors were interviewed under the study. Two third of them were male, 68% describing themselves as General practitioner (GP) and 21 percent full time private practitioners

Spontaneous Knowledge on Minicon: On specific asking majority (74%) of the doctors could tell that the pill was targeted to the lactating mothers and another 6% mentioning exclusively breast feeding women. Other responses mentioned correctly were: Minicon has no Estrogen/ has progesterone hormone only (47%), To start using the pill after 40 to 45 days of child-birth (45%) and Flow and constituents of breast milk remain as usual (9%). However, the doctors less frequently mentioned these when they were initially asked to say what they knew about Minicon.

How to start and How long to continue: About one half of the respondent doctors mentioned that Minicon should be started from 40-45 days after child-birth. Others either did not know about the right time to start Minicon (18%) or knew that the pill was to be started from the date of first menstruation after child birth (42%). As regards continuation about 60 percent of the doctors had correct knowledge that it should be continued up to 6 months age of child. The remaining 40 percent either did not know (16%) or knew something that is not recommended. A popular notion of the doctors was that Minicon should be continued as long as the child is breastfed (not exclusive only).



Side-effect: About one-third of the doctors expressed their ignorance about side effects of Minicon. Kind of side-effects the Minicon user could face were described by the remaining were: Irregular menstruation/ Spotting (44%), Nausea/ dizziness/ headache (30%), and Stoppage of menstruation, Risk of being pregnant & Weakness 6% each.

Perception and Opinion on Minicon: A large majority (71%) of the respondent doctors felt that Minicon was an important addition to contraceptive options for the couples and 53% told that it was safe at least like any other pill in the market. However, around 20 percent admitted that they knew little about the pill.

Sources of Knowledge on Minicon: TV/ Radio (45%) and Leaflet/ Insert (30%) were mentioned to be the two major sources of knowledge on Minicon for the respondent doctors. Only one-fifth (21%) of the respondents reportedly knew about the pill brand from SMC representatives although majority (55%) of the respondents recalled that SMC representatives had visited them.

Among the doctors reporting visit by SMC representatives (36 out of 66), about two-third of them told that they received Minicon sample, 56% received any promotional materials (Leaflet or Sticker) and 19% received any gift item on Minicon (Pen, Paper weight or Mug).

Suggestions from the Doctors: Sixty percent of the doctors put at least one suggestion for SMC on Minicon. According to frequency they are:

- ◆ SMC representatives should visit them
- ◆ Increase promotional activities
- ◆ To control the side effect
- ◆ Pharmacists should also be trained/ involved
- ◆ All related to health & FP should be integrated
- ◆ Availability of the product should be ensured

3.3 Additional Findings

In line with the recommendations of the doctors, the pharmacy salesmen also felt that they should be reached with the messages on Minicon. The husband and user interview also confirmed this. There were also concerns received from some of the pharmacy salesmen. They told that Minicon buyers returned with more complains of side-effect than the buyers of other pill brands and at times they had complained of becoming pregnant. Short supply of Minicon was also mentioned as one of the problems of getting a good market.

4.1 DISCUSSIONS ON THE FINDINGS

It appears that due to the very construction of the TV and radio advertisement, all the lactating mothers in general got attracted to Minicon. Those who wanted a suitable method or were looking for a change also got attracted. Thus it is found that in a fairly random sample of Minicon current users about a half of the users started Minicon at a time when their youngest child was more than 6 months old. 12% of the current users and 18% of the lapsed users were not breastfeeding while they started Minicon.



However, it has been found that those who started Minicon within 6 month of their child's age were relatively young, less duration of marriage, less number of child and better educated than rest of the users. The former group was also economically better off reflected in terms housing condition, income and household possessions. Media exposure and regular readership of Newspaper/ Magazine was also quite high among this group.

The survey data and the Field Investigators' report also confirm that Minicon was fairly established in the market as a good pill for the lactating mothers. But the knowledge, intention or practice to switch to a combination pill after the age of the child exceeded 6 month (or lactation status) was relatively absent. Moreover a significant proportion of the users accepted Minicon as an additional brand of low dose pill. Pharmacy salesmen also at times pushed the pill like Femicon. The same price of Minicon and Femicon and similar name might have confused illiterate clients and/ or their husbands.

It appears that the acceptors faced more side-effects in Minicon compared to other pills. 36 percent of the current users reportedly faced any side-effect and so did 73 percent of the sample lapsed users. The Field Investigators also got good number of lapsed users within only 6-7 months of introducing the brand. Although this survey was not designed to estimate the proportion of lapsed users among the acceptors of the brand, the higher intensity of side-effects, mainly related to menstruation, seem to be the prime factor of discontinuing of the brand. A large proportion of dissatisfied discontinued users are likely to diminish the acceptability of the brand among its potential users if this trend continues. On top of it the field teams reported incidents of pregnancy from almost all survey spots.

4.2 CONCLUSIONS

As the only brand of pill suitable for the lactating mothers, Minicon has received a general acceptance among the Bangladeshi women belonging to all sections including NGO and government FP providers. The current users were also found satisfied with the product. Some of the NGOs were known to have been supplying Minicon to their clients. Estrogen intolerant women from the vast combined pill users/ triers are also a large market for Minicon.

At the same time the field survey identified quite a significant number of lapsed users and the users were found discontinuing using, on an average, less than two cycles of the pill and due to side effects that is different from the combined pills. It was also found from other responses that the respondents looked at Minicon more or less like other pills in the market.

As a long term strategy, the researchers feel, Minicon would do better as a Stop-gap pill in the real sense of the term, and in combination with Femicon or Nordette-28 it can better serve the birth spacing needs of all including breastfed women in a more efficient way. The two major weaknesses of the pill (e.g., higher menstruation related side effect and greater chance of method failure for the secondary targets) can only be overcome through giving the users an informed choice. This is likely to reduce the dissatisfied discontinued users of Minicon and the good image of the brand restored. It is also necessary to discourage using Minicon by women who are eligible for combined pills and encourage to switch to combined pills after exclusive lactation period.

SMC should find an appropriate way of doing it through a combination of mass media advertisement and personal counseling.

Main Report



Chapter-1

BACKGROUND AND OBJECTIVE

1.1 Introduction

Social Marketing Company (SMC) initiated this study with a set of defined objectives and selected this agency through competitive bids. The contract was signed on September 24, 2000 to complete the task within a period of 12 weeks. The progestin only pill Minicon, the only brand in the market of its kind, was introduced in the market only six months back and by the period SMC distributed about one million cycles of the brand.

1.2 Background of SMC

Social Marketing Company (SMC) is a private not for profit company engaged in the marketing and distribution of non-clinical contraceptives and Oral Rehydration Salts (ORS). SMC is in the market for more than 25 years and its current product line include three condom brands (Raja, Panther & Sensation Dotted), three oral contraceptive pills (Nordette 28, Femicon & Minicon) and a packaged ORS called ORSaline. Other than ORSaline, all SMC products are manufactured abroad and provided by donors to SMC at no cost. In addition, from July 1998, SMC has been conducting a pilot test to market Injectable contraceptive through private commercial health providers.

1.3 Information on MINICON

1.3.1 Introduction of Minicon:

Minicon is a Progestin only oral contraceptive pill launched in the market by SMC in February 2000. Unlike combined pills, which contains both estrogen and progestin hormones, Minicon contains only one (progestin) hormone. Its key advantage is that it does not suppress mothers' milk production and is therefore the ideal oral contraceptive choice for the lactating mothers. Although progestin only brands have not been sold in great numbers world wide, in a few countries they are among the 10 best sellers. Most notably in Chile in 1987 sales of progestin only pills accounted for 16 percent. Among developed countries progestin only pill purchases are the greatest in New Zealand and Finland.

1.3.2 Content of the Pill and Registration:

It has been told that Minicon is a progestin only contraceptive pill and contains no estrogen. Each yellow color round shaped Minicon pill contains 0.075 mg Norgestrel, a totally synthetic progestin, as a single active ingredient. The product is manufactured by Wyeth Laboratories Inc., USA & registered in Bangladesh with the Drug Administration in the name of Ovrette. SMC received permission from the Drug Administration Authority for over branding and market it as the brand name "Minicon".

1.3.3 Target Group:

Primary Target: Non-contracepting or Combined OC using lactating mothers whose child is less than 6 months of age and is exclusively breast-fed.

Secondary Target: Estrogen contraindicated women.



1.3.4 Product Positioning:

Minicon is positioned for the lactating mothers immediately after 6 weeks of childbirth preferably till 6 months of age when the child is exclusively breast-fed. Women breast feeding a child of over 6 months may also use Minicon with special care. Basically, Minicon will work as stopgap pill. As soon as exclusive breastfeeding period is over, the choice of method would be wider including combined OCs. Unlike Injectables, Minicon is positioned among the lactating mothers who are younger and interested in oral contraception.

1.3.5 Packaging

For Consumers : A blister containing 28 hormone pills (1 cycle) within a color pack
There are no iron supplements with Minicon.

For Traders : A dispenser of 20 packets (cycles).

1.3.6 Pricing:

The following is the pricing structure:

Maximum Retail Price (MRP)	Tk. 5.00 per cycle
Trade Price	Tk. 4.00 per cycle (Tk. 80.00 per dispenser)

Minicon is sold at a highly subsidized price to make it affordable to all income groups.

1.3.7 Sales & Distributions Strategy

- Minicon is distributed through pharmacy outlets only.
- Minicon is sold through retail outlets only.
- The brand is extensively detailed to doctors and pharmacy outlets to generate prescription and referrals.
- Extensive mailing has been done to provide the pharmacists with adequate knowledge so that it is given to the right target group.
- Advertised in radio and TV besides pharmacy and doctor level promotion through the Sales Promotion Officers (SPO).

1.3.8 Market Scenario:

Minicon was introduced in the market during February 2000 and up to the survey period (late September 2000) total sales of the brand to the retail outlets were about one million cycles. According to the Syndicated Retail Audit, Minicon accounted for almost 8 percent of the market share of retail pills sales before the survey. Taking total market size of retail pills as 22.0 million cycles per year, which means the current market size of Minicon is approx. 1.8 million cycles. According to the Audit, the retail pill market is growing by 1.7 percent a month.



1.4 Objectives of the study

The main objectives of the study were to generate a profile of Current Minicon users and Lapsed users, determine the acceptability among users and providers with reasons and identify knowledge with regard to correct use of the brand.

1.5 Information Coverage

1.5.1 From Current and Lapsed Users and Husbands:

Demographic & Socio-economic Profile

Age, No. of years married, No. of living children, Household members, Age of youngest child, Education of respondent/ spouse, Employment status, Ownership of household, Possession of selected household assets, Income of the household members, Age of youngest child, Lactation status of the child presently and/or at the time of starting Minicon.

Knowledge and Information:

Knowledge regarding the product and its key benefits, Who can use Minicon, When Minicon should be started, How long to continue, Pill regimen, What to do if missed pills, Source of knowledge.

Contraceptive Behaviour:

Ever use of different methods, Latest or Immediate past method/ brand used, Source of first awareness of Minicon, How long Minicon used, Age of child when first started, Problems in use (if any), Satisfaction, How long intend to continue.

Media Exposure:

Subscriber and readership of Newspaper and Magazine, Exposure to advertisement, leaflet or product insert of Minicon, Recall of messages.

1.5.2 From Providers

Knowledge regarding the product and its key benefits, Who can use Minicon, When Minicon should be started, How long to continue. Pill regimen, Possible side effects/ remedy, Source of knowledge, Visitation by the SMC representatives, Opinion about its usefulness, Type of questions faced on Minicon, if any, Whether prescribed/ referred to use Minicon, If so, when prescribed/ referred, How many.

Chapter-2

METHODOLOGY AND IMPLEMENTATION

2.1 Sampling Design

The objectives of the study called for interviewing of a representative group of Minicon users who once chose the brand and either continuing or discontinued. As a special type of pill having no competitive brand in the market, the target of Minicon have been the breastfeeding women of all socio-economic groups. The price is also affordable to all segments. The promotion strategy and media selection also seems that it is targeted to reach both urban and rural areas. The SMC sales MIS data also confirmed that the sales of the brand were geographically dispersed with a little skewed towards urban. There was also short supply of the brand in the later months. Thus, it was decided to draw sample respondents randomly from all over the country and particularly from the high selling spots from city down to the thana level.

2.2 Study Coverage and Sample Spots

For a reasonable geographic coverage 25 sample spots were covered consisting of 5 cities, 10 district towns and 10 thanas. The high selling 25 spots were selected as shown in Table-1

Table-1: Sample spots

Sample cities	Sample districts	Sample thanas
1. Dhaka	1. Munshigonj 2. Jamalpur	1. Sonargaon 2. Dewangonj
2. Chittagong	3. Comilla 4. Coxes Bazar	3. Laksam 4. Ramu
3. Rajshahi	5. Bogra 6. Dinajpur	5. Sherpur 6. Fulbari
4. Khulna	7. Jessore 8. Faridpur	7. Abhoynagar 8. Modhukhali
5. Barisal	9. Patuakhali 10. Bhola	9. Bakergonj 10. Daulatkhan

2.3 Study Respondents

The following four categories of respondents were interviewed under the study:

- 1) Minicon using women
- 2) Husbands (part) of the Minicon using women
- 3) Lapsed users of Minicon
- 4) Qualified Private General Practitioners or Gynaecologist



2.4 Sample Size

The survey objectives called for a reasonably large sample of Minicon using women particularly in getting their actual profile and estimating the reach of the information disseminated on the brand and their retention and compliance. At the same time it could be sensed that getting current users would be difficult particularly those who are using Minicon for more than one month. As a compromise 300 sample was targeted. Due to non-availability of adequate number of Minicon users particularly in Khulna and Rajshahi divisions the target number of them could not be interviewed. Even with longer stay in the field, 280 Minicon using women could be interviewed. Targeting 50 percent of the husbands of the sample Minicon using women (i.e., 150), total number of Husband interview was 160.

Equal number of lapsed users as of the current Minicon users would be ideal for comparing the results with those of current users. But SMC decided to keep it within 150 for an indicative result and also because this category of respondent was included in the middle of fieldwork while the field data collection was completed in about one-third of the sample spots. Finally, total number of successful interviews in lapsed user category was 126.

Doctor/ Provider sample was targeted as 60 with a mix up of General Practitioner (GP) and Gynae and also male and female. Finally 66 interviews were done with only one-third Gynae and 35 percent female doctors.

Following are the total completed field interviews under the survey.

Table-2: Total sample size

Category of Respondents	Number of respondents			Total
	City	District	Thana	
Minicon Using women	93	91	96	280
Husbands of the women	57	51	52	160
Lapsed Users of Minicon	53	45	28	126
Qualified Doctors	21	22	23	66
Total	224	209	199	632

From each city 20 and from each district and thana towns 10 currently Minicon using women were targeted for interview at the household level. The target for husband and lapsed user samples were one half of the current users in each spot. Doctor/ Providers were interviewed as per the convenience and at least two from each sample location.

2.5 Selection of Respondents for Interview

A random sampling methodology was followed in all selection of samples although at times some compromise had to make due to practical reasons. However, the adjustments were made with prior notice to SMC. The adjustments were made in two ways: 1) In allowing alternative ways of getting current users as customer intercept from the pharmacies alone was not producing result, and 2) Interview the lapsed users of Minicon as they were being found quite frequently. The following steps were taken in each sample spot in the selection the sample respondents:

- ◆ Target number of interviews of different category of respondents in a spot was given. For each district and thana the number was the same and for a city it was twice as many in a



district or thana. However, if there was a shortfall in one spot the Team tried to cover up from the subsequent spot.

- ◆ Identified some Minicon high selling retail pharmacies in the town/ city preferably in cooperation of SMC field personnel. They were explained the purpose of the survey and sought their cooperation
- ◆ Minicon buyers were intercepted at selected high selling pharmacies to get their consent to interview the user as per their desire.
- ◆ Copies of a printed letter with the same appeal were distributed to several other pharmacies of the town to collect addresses of Minicon users. These pharmacies were followed up at some intervals.
- ◆ The pharmacy salesmen and at times the doctors were asked whether they could name any regular user of Minicon.
- ◆ Having received an address from any source, female field investigators (FI) were sent to the address to complete the interview.
- ◆ For safety reasons two female FIs moved together.
- ◆ Male or the female FIs as per the convenience conducted husband interviews.
- ◆ The lapsed users were obtained from among those addresses recalled by the pharmacy salesmen or through information received from the already interviewed respondents.
- ◆ Doctor/ Provider samples were drawn from those practicing in or around the selected pharmacies in each spot

2.6 Data Collection Instruments

Four categories of respondents, Current Minicon users, A part of their husbands, Lapsed Minicon Users and the Qualified private practitioners were interviewed using four types of Questioners. The questionnaires were developed to address the objectives and information needs of the study. The questionnaires were drafted in Bangla and submitted to SMC for review and comments. The questionnaires were finalized incorporating the comments of SMC and after pre-testing them in the actual situation in Dhaka city, Munshigonj district and Sonargaon thana.

2.7 Study Management

The study was implemented under the leadership and guidance of the Principal Investigator and the author of this report. He was assisted by a host of in-house professionals and skilled field investigators. Five field teams each consisting of four members (Team In-charge, Male Intercept Workers and two Female Field Investigators) conducted the fieldwork. Two Quality Control Officers and the senior study personnel followed up the teams constantly in the field and ensured the quality of the collected data. Before sending to the field the study implementation team was thoroughly trained for more than a week. SMC research and marketing personnel took special interest in the study and extended full cooperation in all respects. At the field level the field team received excellent cooperation from the Area Managers, Zone Executives and the SPOs.



2.8 Data Editing and Coding

Although the filled-in schedules were hundred percent edited in the field, final editing was done at Dhaka as soon as the schedules arrived. Experienced persons, who received special training for doing the task did the editing and coding works. For each open-ended question of each set of questionnaire responses were listed first and then they were rearranged to prepare Code Plan to give appropriate codes to the responses. The coding works were verified by a separate group of scrutinizers. The Code Reference of each questionnaire in the way they came have been submitted to SMC separately along with the Key Tables.

2.9 Data Entry and Processing

All the four schedules were computerized to be able to process by any parameter. The questionnaires were also designed in a way that the data from could be entered directly from the questionnaires after checking, verification and coding of open-ended questions. Trained data entry operators were engaged to do the data entry. The task of editing, coding and data entry were done under close supervision of the study management team. Data processing and analysis were done to meet the research requirements of SMC personnel.

2.10 About the Report

The Key Tables of the study were submitted to SMC during early November 2000 that is within a fortnight of completing data collection. Another report named "Complete Discussion Draft" containing all tables and Code References was submitted during end of November 2000. This report is produced after receiving the comments of SMC on the submitted reports and also addressing the study objectives. The analysis of the data mainly consist of putting together similar questions asked to different respondents groups on a particular issue, comparing them with similarities and dissimilarities, and indicating the key finding about the issues. Comparison of the data of the current users and the lapsed users of Minicon was of special importance. This required getting the straight tables first as per the questionnaire. Further, the data were analyzed to see how the profile of the current users and their knowledge on the product determined the correct usage of the product.



Chapter-3

PRESENTATION OF FINDINGS

As stated earlier, the fieldwork of the study was conducted during September-October 2000 in 5 divisional cities, 10 districts and 20 thanas and the respondents were Current users of Minicon (280), Husbands of current users (160), Lapsed users of Minicon (126) and Privately practicing qualified Doctors (66). The main objectives of the study had been to generate a profile of Current Minicon users and Lapsed users, determine the acceptability among users and providers with reasons and identify knowledge with regard to correct use of the brand. The major findings have only been presented in this chapter under selected heads. The detail tables are annexed.

In order to make the survey data easily readable and actionable, the first set of detail tables (*Appendix-1*) have been presented showing the survey results side by side for Current users of Minicon and Lapsed users of Minicon and also the Husbands of current users. The tables have been logically arranged to show the Profile of the respondents, Knowledge about the brand, Use experience, Side effect, Perception, Satisfaction, Intention to use, Ever use of methods and brands, and Media exposure. The primary tables on doctor interview are presented along with the questionnaire (*Appendix-2*). Part-A of the following write-up relates to the findings from the users and Part-B about doctors.

Part-A: Findings from the Users Interview

3.1 Profile of Minicon Users

The Socio-economic and Demographic (SED) profile of the Minicon users did not seem much differ with the other pill users found in other studies. They are mostly housewives, average age of around 24 years, mother of average two children, and education, household amenities & income were above national average. They were stable as more than 70% of them living in their own houses (*Appendix-1, Table-1*). The Lapsed users were found relatively older, better educated and most importantly their youngest child were significantly older than that of current users. Following are some of the SED indicators:

Table-3: Selected Socio-economic and Demographic Indicators of the Current and Lapsed Users of Minicon

Sl.#	SED Indicators	Current Minicon Users	Lapsed Minicon Users
1	Respondent's age (Average)	24.3 years	24.9 years
2	Length of marriage (Average)	7.7 years	7.7 years
3	Education above primary	51.2%	64.3%
4	Occupation Housewife	92.8%	95.2%
5	Number of living children	2.1 Nos.	2.0 Nos.
6	Age of youngest child (Average)	17.5 months	23.2 months
7	Ownership of TV	50.7%	N.A.
8	Ownership of Radio/ Two-in-one	53.6%	N.A.
9	Readership of Newspaper/ Magazine	12.5%	N.A.
10	HH income up to Tk. 2000 per month	19.3%	16.6%
11	Monthly household income	Tk 5,710	Tk. 5,232



3.2 Specific Knowledge on the Use of Minicon

In interpreting the level of knowledge of the Minicon users, lapsed users and the husbands, we must remember that they were not mere receivers of the messages from the mass media. Rather they chose the method and got further exposed to the information sources like provider counseling and product insert. With this background we do not find the knowledge of the respondents on various aspects of Minicon to be fair.

It may be mentioned that the knowledge questions were asked in detail to the current users and partially to their husbands and the doctors. The detail findings may be seen at Appendix-1, Table:2-8. It may be noticed that the knowledge of primary target for the pill (i.e., exclusively breastfeeding women) was largely missing among the users and husbands. However, more than 80% of the users and husbands could relate Minicon with very young child and lactation status of mother. This was also true for the doctors, a large majority of whom (72%) mentioned lactating mother to be the target users of the pill brand. The secondary target (i.e., Estrogen contraindicated women) was known/ mentioned to be the target of Minicon by only 3-4 percent of the users and their husbands and 2% of the doctors.

Many of the current users of Minicon and their husbands were lacking specific knowledge on the pill particularly the time to start and the period of continuation. 18% of the users told that Minicon could be continued as long as the user does not want a child and another 21% admitted that they did not know. As regards missing of one/ two pills the responses were very much like other pill brands. Extra two days of supplementary method use as recommended for missing of one pill did not come at all.

3.3 Use Status and Experience

- ◆ There was no much of difference as regards source of advice between the Current and Lapsed users for choosing Minicon (Table-13). Around 30% of the users got advice from the doctors, Field Worker or pharmacy salesmen for choosing the pill. More than a quarter of the users made the selection by themselves.
- ◆ The current users on an average had been in their 2.6 cycle and the Lapsed users used average 1.9 cycles before they left Minicon (Table-9).
- ◆ About 50% of the current users and 63% of lapsed users started Minicon after 6 months of child's age. 15% of the current users and about one-fourth of lapsed users started the pill after 2 years age of their child (Table-10).
- ◆ Only 18% of the current users were under exclusive breastfeeding and 12% not breastfeeding at all as the child had grown up (Table-11).
- ◆ Many of the users tended to choose the pill like any other pill. Prominent among the reasons were Low dose pill (12-16%), Husband bought (10-12%), Good pill (4-6%) etc. (Table-12).
- ◆ Consistent to the knowledge, more than 40% of the Current users of Minicon had other considerations than breastfeeding in continuing the pill (Table-15).
- ◆ About 19% of the current Minicon users did not use any method in the past (Table-22)



3.4 Side Effect, Perception and Satisfaction

- ◆ Around one-third (36%) of the Current users faced any kind of side-effect while 73% of the Lapsed users discontinued the brand due to side effect (Appendix-1, Table-16-18). The major side effects mentioned were related to menstrual irregularities. Some estrogenic side effects (Like Nausea, Dizziness etc.) were also reported.
- ◆ The Current users had a good perception about the brand and 93% of them expressed their satisfaction with the brand. Only 4% thought the pill was not good.
- ◆ 38% of the sample current users reportedly advocated this pill to others and another 50% were willingness to do so.

3.5 Ever Use of Methods and Brands

- ◆ Ever use of methods and brands were asked to current users only. 19% of the current Minicon users did not use any method in the past.
- ◆ 67% of the current users ever used pills other than Minicon. On an average they used 1.6 brands and the prominent brands in order of frequency were Femicon, Shukhi, Nordette 28, Ovostat, Ovacon and Marvelon (Appendix-1, Table-22).
- ◆ The other methods used by the current Minicon users were Condom (34%), Injectable (13%), and other (3%).
- ◆ The latest used methods by the current users were Pill (51%), Condom (23%), Injectables (6%), Other (1%) and No method (19%).
- ◆ The immediate past methods before Minicon by the Lapsed users were Pill (56%), Condom (12%), Injectables (2%), Other (2%) and No method (29%). It is interesting to observe that the distribution of the lapsed users by the current use method (i.e., after leaving Minicon) was almost the same as that of immediate past used methods.

3.6 Exposure to Media and Minicon

- ◆ Such information were collected from the current users and their husbands.
- ◆ 12% of the current Minicon users and 46% of the husbands told that they read newspaper or magazine regularly.
- ◆ The highest number of respondents, particularly women, named any locally published newspapers. The national dailies named prominently were Janakantha, Prothom Alo, Ittefaq, Manab Jamin, Jugantar and Bhorer Kagoj. The Magazines were named mostly by women. Priya Jan was the most frequently mentioned name (Table-25).
- ◆ About three-fourth of the respondents told that they had ever seen or heard any message on any media. Among those who seen/heard, TV was found to be the single major mass media (around 90% for both the respondent groups). Radio was mentioned by around one-fourth.
- ◆ Around one half of the respondents could not recall any messages that they had heard from any source. The two main messages recalled were: 1) Child gets breast milk/ milk is not suppressed; and 2) Good/ ideal pill for lactating mothers (Table-25).



3.7 A Segmented Analysis

It appears that due to the very construction of the TV and radio advertisement, all the lactating mothers in general got attracted to Minicon. Those who wanted a suitable method or looking for a change also got attracted. That is why we find that in a fairly random sample of Minicon current users about a half of the users started Minicon at a time when their youngest child was more than 6 months old. 12% of the current users and 18% of the lapsed users were not breastfeeding while they started Minicon. We cannot definitely say that they did mistake by choosing the pill but this at times led to confusion, discontinuation and at times accidental pregnancy.

However, the age of child created opportunity to divide the current users into two broad groups (age of child up to and more than 6 months) and investigate how much they differ in terms of their socio-economic or demographic status or in terms of knowledge of the brand with rest of the users. A complete set of tables of the current Minicon users with the said division has been produced separately. The following are some of the highlights of findings of the investigation:

Socio-economic & Demographic: Those who started Minicon within 6 month of their child's age (Proper group) were relatively young, less duration of marriage, less number of child and better educated than rest of the users (Improper group). The proper group was also economically better off reflected in terms housing condition, income and household possessions (Table-1). Media exposure and regular readership of Newspaper/ Magazine was also quite high among the Proper group (Table- 25)

Knowledge on the Use of Minicon: The so called Proper group of users were found more knowledgeable than the other group (Tables 1-7). To be specific while 72% of the first group knew that Minicon should be started within 2 months of child's age, for the second group it was only 42%. More respondents of the Improper group admitted their ignorance to different knowledge questions than the Proper group.

Side-effect Faced: It has been found that slightly more than one-third of both the groups faced any side-effect in using Minicon and they did not differ much in the nature of side-effect they faced. However satisfaction was higher among the first group.

Other: The two groups were also found to differ significantly in terms of ever use of methods and brands.

Part-B: Findings from Doctor Interview

A total of 66 doctors were interviewed under the study. Two third of them were male. Majority (68%) of the doctors described themselves as General practitioner (GP) and others were Gynae. Four Non-MBBS doctors were also included in the sample as GP. They were interviewed in special consideration where no MBBS doctor was available during the survey period. For example, in Bakergonj upazila under Barisal district one staff nurse of the upazila Health Complex was interviewed because she did private practice, took high interest about the survey and the product and reportedly she recommended Minicon to many.

Among the doctors only 21 percent belonged to Blue Star, and the same proportion of them were full time private practitioners. About 60 percent of them were practicing privately in the area for more than 2 years and 40 percent for less than 5 years (*Appendix-2*).



3.8 Knowledge on Minicon and Related Issues

Spontaneous Knowledge on Minicon: On specific asking majority (74%) of the doctors could tell that the pill was targeted to the lactating mothers. Other responses mentioned correctly were: Minicon has no Estrogen/ has progesterone hormone only (47%), To start using the pill after 40 to 45 days of child-birth (45%) and Flow and constituents of breast milk remain as usual (9%). However, the doctors less frequently mentioned these when they were initially asked to say what they knew about Minicon. The following table presents the spontaneous knowledge of the doctors about Minicon:

Table-4: Spontaneous knowledge of the doctors about Minicon

Sl. #	Spontaneous knowledge	Percent
1.	Only Progesterone/ No Estrogen	21.1
2.	Flow and constituents of breast milk remain as usual	9.1
3.	Useful for lactating mother	27.3
4.	Low dose birth spacing pill	36.4
5.	The pill is good/ Less side effect	12.1
6.	Can be started after 45 days of child birth even if there is no menstruation	1.5
7.	Need to take the pill strictly at a definite time.	6.1
8.	Minicon is taken by mothers of children aged 6 week/1.5 months to 6 months.	4.5
9.	Every body can use Minicon pill.	1.5
10.	Estrogen pill	3.0
11.	Don't know/ Can't say	10.6
N		66

How to start and How long to continue: The Detailing Card on Minicon prepared for the doctors does not contain the popular information that 'Minicon should be used by the lactating mothers of child 6 weeks to 6 months'. Such information is not also propagated over mass media. Still it is important to note that about one half of the respondent doctors mentioned that Minicon should be started from 40-45 days after child-birth. Others either did not know about the right time to start Minicon (18%) or knew that the pill was to be started from the date of first menstruation after child birth (42%). As regards continuation about 60 percent of the doctors had correct knowledge that it should be continued up to 6 months age of child. The remaining 40 percent either did not know (16%) or knew something that is not recommended. A popular notion of the doctors is that Minicon should be continued as long as the child is breastfed (not exclusive only). Detail responses are shown with the Code Reference at Appendix – 2.

Side-effect: 32 percent of the doctors expressed their ignorance about side effects of Minicon. Kind of side-effects the Minicon user could face were described by the remaining were: Irregular menstruation/ Spotting (44%), Nausea/ dizziness/ headache (30%), and Stoppage of menstruation, Risk of being pregnant & Weakness 6 percent each.



3.9 Perception and Opinion on Minicon

A large majority (71%) of the respondents felt that Minicon was an important addition to contraceptive options for the couples and 53 % told that it was safe at least like any other pill in the market. However, around 20 percent admitted that they knew little about the pill. In another question more than three-fourth of the doctors told that they had by now counseled the couples on Minicon. Some of the doctors got furious to the question and asked how a doctor could suggest a drug by only watching it on TV or any mass media.

The following were suggested by the doctors for getting a good market for Minicon:

♦ Increasing Adv & promotion	39 %
♦ Proper /efficient marketing, Making always available	20 %
♦ Doctor visit by the SMC Reps.	15 %
♦ Health education in Radio/ T.V/ Cinema	14 %
♦ Arranging Workshop/ Seminar/ Conference	11 %

To ensure proper use of Minicon the doctors suggested the following:

♦ More Advertisement and promotion	21 %
♦ Mothers' health education and counseling	21 %
♦ Training of the providers	12 %
♦ Correct advice by the doctors/ providers.	11 %
♦ Training of all pharmacists or salesmen	8 %

3.10 Sources of Knowledge on Minicon

TV/ Radio (45%) and Leaflet/ Insert (30%) were mentioned to be the two major sources of knowledge on Minicon for the respondent doctors. Only one-fifth (21%) of the respondents reportedly knew about the pill brand from SMC representatives although majority (55%) of the respondents recalled that SMC representatives had visited them. Of those who had recalled visit of SMC representatives, only one-fourth of them told that the visits were repeated at least once a month and most of the remaining (72%) could not remember the interval of their visit.

Among the doctors reporting visit by SMC representatives (36 out of 66), about two-third of them told that they received Minicon sample, 56% received any promotional materials (Leaflet or Sticker) and 19% received any gift item on Minicon (Pen, Paper weight or Mug).

3.11 Suggestions from the Doctors

Sixty percent of the doctors put at least one suggestion for SMC on Minicon. According to frequency they are:

- ♦ SMC representatives should visit them
- ♦ Increase promotional activities
- ♦ To control the side effect
- ♦ Pharmacists should also be trained/ involved
- ♦ All related to health & FP should be integrated
- ♦ Availability of the product should be ensured



A few of the doctors also raised question about the quality of the pill and suggested laboratory testing of these pills in this country. Allowing use of the pill beyond 6 months of the age of child was also suggested.

3.12 Additional Findings

In course of the survey the field team had to interact with a large number of pharmacy salesmen. Since the views of these potential groups were not officially recorded, a few lines are added based on the field report submitted by the field teams. As because Minicon is being promoted in the mass media similar to any other pill brand, people are likely to ask question on the brand primarily to the pharmacy salesmen. The husband and user interview also confirmed this. It seems that the pharmacy salesmen are and will continue to be one of the prime providers of this pill. The field teams also reported of such claims from the pharmacy salesmen. There were also concerns received from some of the pharmacy salesmen. They told that Minicon buyers returned with more complains of side-effect than the buyers of other pill brands and at times they had complained of becoming pregnant. The short duration and strict timing also posed problem and increased the risk of failure of the method. One pharmacy salesman in Jamalpur told that he had stopped promoting and selling Minicon because it was difficult to promote such a short duration pill and its strict compliance, and there was so much of complain including pregnancy that it had gone against his reputation.



Chapter-4

DISCUSSION AND CONCLUSION

4.1 Minicon – A Pill with a Difference

This chapter will discuss the salient features of the study findings particularly highlighting those relating to study objectives and where there are some decision elements involved. Starting to discuss about Minicon and the knowledge and perception of the users and providers about the brand we should remember the following:

- 1) Oral Contraceptive Pill (OCP) is the most popular method among all sections of the Bangladeshi users. About 53% of the modern method users rely on pills for their contraception and both the number and proportion of use are growing day by day.
- 2) The pill users are quite knowledgeable on different aspects of the method, and use instructions of pills are more or less the same for all brands marketed so far.
- 3) Minicon is the only pill of its kind (i.e., progestin only) available in the market.
- 4) Apparently Minicon is like any other pill of the market and particularly of SMC as there are 28 pills in one cycle and the regimen is also the same.
- 5) But in reality Minicon is quite different than that of other pill brands. The differences are with respect to Primary target, Side effects, Instructions for missing of pills, Efficacy, Suggested continuation, etc.
- 6) Unlike other pill brands, Minicon is being promoted as prescription pill.

4.2 Knowledge about MINICON

The knowledge questions were asked mainly to the current users and their husbands and also to some extent to the doctors. In interpreting the level of knowledge of the users, we must remember that they were not mere receivers of the messages from the mass media. Rather they chose the method for use and got further exposed to the information sources like provider counseling and product insert. Even then a good proportion of them lacked some basic knowledge about the pill. The fact that about one-third of the current users and their husbands were not aware of the right time for starting Minicon pill (Appendix-1, Table-3) and majority of them knowing that the pill can be continued like any other pill (Appendix-1, Table-4) reflect that all the Minicon users are not being reached with the basic minimum knowledge of the brand.

But if we want to find the reasons behind such gap in knowledge, we see that the knowledge of the users and their husbands are consistent with the popular media messages in TV and radio. Minicon pill was only 6-7 months in the market by the time this field survey was conducted. The TV advertisement of the product was claimed to have been seen by highest 90% of those current users who had any exposure to advertisement on the brand (75%). This TV Ad described Minicon as "the ideal pill for the lactating mothers" and showed the picture of a very young child on the mother's lap. The survey results also show that the respondents in good proportion had received the message and mentioned them while asked (Appendix-1, Table-2). The message that "Minicon should be continued up to 6 months of age of the child" was mentioned only in the product insert (leaflet) in a suggestive tone and not in a highlighted manner. The message is not even included in the Detailing Card for the doctors.



Still this could be mentioned by 20% of the users and 24% of the husbands. Considering short duration of advertisement in a limited media and also not in a focussed manner, the knowledge of the respondents could be considered satisfactory.

In the absence of propagating definite messages about the target users of Minicon it is difficult to comment on the adequacy of the knowledge of the respondents on the brand. It appears that SMC wanted the pill to use by the lactating mothers and especially those having a child up to 6 months. At the same time it had also kept the pill open for use by all women including those who cannot tolerate combined pills. The survey data and the Field Investigators' report also confirm that Minicon is primarily considered as a good pill for the lactating mothers. The knowledge, intention or practice to switch to a combination pill after the age of the child exceeded 6 month (or lactation status) was relatively absent. Moreover a significant proportion of the users accepted the pill as an additional brand of low dose pill. Pharmacy salesmen also at times pushed the pill like Femicon. The same price of the Minicon and Femicon and similar name were also likely to confuse illiterate clients and/ or their husbands.

4.3 Acceptability of Minicon

The sales statistics of SMC and syndicated audit reports are the primary indicators of the acceptability of Minicon in the market. From the field survey it has been found that it is still a slow item as compared to comparable brands like Femicon. However, it is available in many pharmacies and displayed properly. The non-supply of the brand for about two months in some of the places had also created some confusion, caused price increase and at times discontinuation.

It appears that the acceptors faced more side-effects in Minicon compared to other pills. 36 percent of the current users reportedly faced any side-effect and so did 73 percent of the sample lapsed users. The Field Investigators also got good number of lapsed users within only 6-7 months of introducing the brand. Although this survey was not designed to estimate the proportion of lapsed users among the acceptors of the brand, the higher intensity of side-effects, mainly related to menstruation, seem to be the prime factor of discontinuing of the brand. A large proportion of dissatisfied discontinued users are likely to spread bad words and diminish the acceptability of the brand among its potential users if this trend continues. On top of it the field teams reported incidents of pregnancy from some of the survey spots.

4.4 Conclusion

As the only brand of pill suitable for the lactating mothers, Minicon has received a general acceptance among the Bangladeshi women belonging to all sections including NGO and government FP providers. The current users were also found satisfied with the product. Some of the NGOs were known to have been supplying Minicon to their clients. Estrogen intolerant women from the vast combined pill users/ triers are also a large market for Minicon.

At the same time the field survey identified quite a significant number of lapsed users and the users were found discontinuing using, on an average, less than two cycles of the pill and due



to side effects that is different from the combined pills. It was also found from other responses that the respondents looked at Minicon more or less like other pills in the market.

As long term strategy, the researchers feel, Minicon would do better as a Stop-gap pill in the real sense of the term, and in combination with Femicon or Nordette-28 it can better serve the birth spacing needs of all including breastfed women in a more efficient way. The two major weaknesses of Minicon (e.g., higher menstruation related side effect and greater chance of method failure for the secondary targets) can only be overcome through giving the users an informed choice. This is likely to reduce the dissatisfied discontinued users of Minicon and the good image of the brand restored. It is also necessary to discourage using Minicon by women who are eligible for combined pills and encourage to switch to combined pills after exclusive lactation period.

SMC should find an appropriate way of doing it through a combination of mass media advertisement and personal counseling. The researchers feel that, as a strategy Minicon should be given the identity of a pill that is different from every other brand of pill. This could be done by highlighting the differences between the two types of pills rather than showing similarities. The dissimilarities are: 1) 28 same type of pill; 2) Target users are different; 3) Different nature of side-effect; 4) Missing pill instructions; 5) Recommended period of continuation etc. The Detailing Card for the doctors, product inserts and all media messages would thus need revision and also fresh training for the field representatives.

Appendix-1

Primary Set of Tables **(Current Users of Minicon, Lapsed Users of Minicon and** **Husbands of Current Users)**

LIST OF TABLES:

A. Socio-economic Profile

Table -1: Socio-economic Profile of the Respondents and Exposure to Media by Place of Living	1
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B. Knowledge on the Use of Minicon

Table-2: Knowledge on the Special Target of Minicon pill	4
Table-3: Knowledge on the right time (Child's age) for starting Minicon pill	4
Table-4: Knowledge on how long Minicon pill should be continued	5
Table-5: Knowledge on how many pills are there in one cycle of Minicon pill	5
Table-6: Knowledge on what to do if one Minicon pill is missed	5
Table-7: Knowledge on what to do if consecutive two Minicon pills are missed	6
Table-8: Knowledge on the price of Minicon	6

C. Use Experience of Minicon

Table-9: How long Minicon pill being used (or used before leaving)	7
Table-10: Age of the youngest child while Minicon was started	7
Table-11: Breast feeding status of the youngest child	8
Table-12: Why chose to take Minicon instead of another pill	8
Table-13: Source of advice to take Minicon	9
Table-14: Who usually buy Minicon for the user	9
Table-15: How long willing to continue Minicon (in terms of youngest child's age)	9

D. Side Effect, Perception and Satisfaction

Table-16: Reasons for discontinuing Minicon (Asked only to the Lapsed Users)	10
Table-17: Whether faced/ facing any Side-effect due to Minicon	10
Table-18: Nature of problems or side-effect faced/ facing in taking Minicon	11
Table-19: Perception about the quality of Minicon	11
Table-20: Satisfaction in taking Minicon with reasons	12
Table-21: Whether advocated to anyone for Minicon or intention to do so	12

E. Ever Use of Methods and Brands other than Minicon Pill

Table-22: Methods and brands ever used other than Minicon	13
Table-23: Latest / Immediate Past Method and Brand used other than Minicon	14
Table-24: Current use of methods and brand by the Lapsed Users of Minicon	15

F. Exposure to Information and Media on Minicon

Table-25: Exposure to Advertisement on Minicon	16
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Primary Set of Tables
(Current Users of Minicon, Lapsed Users of Minicon
and Husbands of Current Users)

A. Socio-economic Profile

Table -1: Socio-economic Profile of the Respondents and Exposure to Media by Place of Living

(Figures in %)

Sl. No.	Description	Current User	Lapsed User	Husband of CU
1	Total # of respondents	280	126	160
2	Respondent's Age (Average)	24.3 years	24.9 years	32.3 years
	- Up to 18 years	4.2	2.4	-
	- 18 to 20 years	24.6	24.6	0.6
	- 21 to 25 years	36.4	30.2	11.9
	- 26 to 30 years	23.9	31.0	30.6
	- 31 to 35 years	8.2	7.1	31.3
	- 36 to 40 years	2.1	4.8	18.8
	- More than 40 years	0.3	-	6.9
3	Length of Marriage: (Average)	7.7 years	7.7 years	
	- Up to 2 years	18.2	11.8	N.A.
	- 2+ to 3 years	9.6	8.7	
	- 3+ to 4 years	9.6	9.5	
	- 4+ to 5 years	5.0	11.9	
	- 5+ to 10 years	29.6	36.5	
	- 10+ to 20 years	25.7	19.0	
	- More than 20 years	2.1	2.4	
4	Education (Self)			
	- Illiterate	23.2	19.8	22.5
	- Up to Class V	25.7	15.9	14.4
	- Class VI- SSC	27.9	33.3	18.8
	- HSC & above	23.2	31.0	44.4
5	Occupation (Self):			
	- Housewife	92.8	95.2	See Sl. # 7
	- Service (Part time)	1.1	4.8	
	- Service (Full time)	4.3	-	
	- Business	1.8	-	
6	Education (Husband)			
	- Illiterate	19.6	16.7	N.A.
	- Up to Class V	18.6	11.1	
	- Class VI to SSC	35.0	35.7	
	- HSC & above	26.8	36.5	

N.A. = Not Asked/ Not Applicable

Table -1 (Page-2)

(Figures in %)

Sl. No.	Description	Current User	Lapsed User	Husband of CU
7	Occupation of Husband (%):			
	- Unemployed	1.1	N. A.	1.3
	- Salaried service	31.1		28.8
	- Farming	7.1		8.1
	- Wage earner/ Rickshaw puller	18.2		14.4
	- Petty business	18.2		14.4
	- Business	23.6		31.9
	- Other	0.7		1.3
8	Ownership of dwelling house (%):			
	- Own	70.0	N. A.	65.6
	- Rented	27.5		29.4
	- Other	2.5		5.0
9	Nature of construction of the house (%):			
	- Pucca	15.7	N. A.	N. A.
	- Semi-pucca	32.9		
	- Kutchha	47.1		
	- Hut	4.3		
10	Number of members in the HH (Avg.)	6.0 Nos.		
	- Up to 4	35.0	N. A.	N. A.
	- 5-6	33.9		
	- 7-8	16.8		
	- 9-10	6.8		
	- More	7.5		
11	Number of Living Children (Average)	2.1 Nos.	2.0 Nos.	
	- None	-	2.4	N. A.
	- One	39.6	45.2	
	- Two	31.8	26.2	
	- Three	19.0	13.5	
	- More	9.6	12.7	
12	Age of youngest child (Average)	17.5 Months	23.2 Months	
	- Up to 6 months	31.8	15.1	N. A.
	- 7-12 months	34.6	35.7	
	- 13-24 months	17.8	22.2	
	- 2+ to 5 years	10.0	18.3	
	- More than 5 years	5.7	8.7	

Table -1 (Page-3)

(Figures in %)

Sl. No.	Description	Current User	Lapsed User	Husband of CU
13	Ownership of selected HH Items: <ul style="list-style-type: none"> - Electricity - Gas - Color TV - B/W TV - Radio/ Two-in-one - Bicycle/ Rickshaw - Motor cycle - Car - None of the above items 	76.8 18.2 19.6 31.1 53.6 37.9 7.5 2.9 9.6	N. A.	N. A.
14	Subscriber of Daily Newspaper (%)	12.9%	N. A.	N. A.
15	Total Monthly Income of the HH (Avg.) Distribution(%) <ul style="list-style-type: none"> - Up to Tk. 1,500/- - Tk. 1,501 to 2,000 - Tk. 2,001 to 3,000 - Tk. 3,001 to 5,000 - Tk. 5,001 to 7,000 - Tk. 7,001 to 10,000 - More than Tk. 10,000 	Tk. 5,710 11.1 8.2 24.6 19.6 15.0 11.4 10.0	Tk. 5,232 10.3 6.3 25.4 27.8 11.1 10.3 8.7	Tk. 6,042 6.3 8.1 25.0 25.0 9.4 11.9 14.4

B. Knowledge on the Use of Minicon

Table-2: Knowledge on the Special Target of Minicon pill

Stated target of Minicon	Current User	Lapsed User	(Figures in %)
			Husband of CU
1. Mothers of child aged 1.5 to 6 months	9.3	N. A.	10.0
2. Mothers of very young child	43.9		32.8
3. Breast feeding mothers	31.4		33.9
4. Women who can not take other pills	4.3		2.8
5. Women who do not want child	11.4		9.4
6. Poor	0.4		-
7. Don't know	9.3		14.4
N	280	-	160

Table-3: Knowledge on the right time (Child's age) for starting Minicon pill

Stated right age of child to start Minicon	Current User	Lapsed User	(Figures in %)
			Husband of CU
1. 6 weeks/ 40 days/ 45 days	49.6	N. A.	40.6
2. 2 months	7.5		8.8
3. Within 2+ to 6 months of child birth	8.2		9.4
4. From first menstruation date after the child birth	1.4		2.5
5. Between 6 month to 2 years	2.5		7.5
6. Between 2+ to 5 years	1.8		-
7. Other (1 months/ 20 days/ 15 days)	1.1		5.0
8. Don't know	27.5		26.3
N	280	-	160

Table-4: Knowledge on how long Minicon pill should be continued

(Figures in %)

No. of cycle	Current User	Lapsed User	Husband of CU
1. Up to the age of 6 months	20.4	N. A.	24.4
2. Up to the period of Exclusive Breast feeding	1.8		-
3. 6+ months to 12 months	6.4		8.1
4. 12+ months to 24 months	9.3		7.5
5. As long as the child is breastfed.	9.6		5.0
6. As long as does not want a child	17.5		6.9
7. 24 months plus	11.4		8.8
8. Up to 5 months	0.7		-
9. As long as one wishes	1.4		6.3
10. Don't know	21.4		32.5
N	280	-	160

Table-5: Knowledge on how many pills are there in one cycle of Minicon pill

(Figures in %)

Stated response	Current User	Lapsed User	Husband of CU
28 pill	78.2	N. A.	N. A.
Don't know	21.8		
N	280	-	-

Table-6: Knowledge on what to do if one Minicon pill is missed

(Figures in %)

Correctness of Knowledge	Current User	Lapsed User	Husband of CU
Correct	94.3	N. A.	N. A.
Incorrect	2.1		
Don't know	3.6		
N	280	-	-

Correct knowledge: Take the missed pill as soon as remembers and take the day's pill as usual.

Table-7: Knowledge on what to do if consecutive two Minicon pills are missed

(Figures in %)

Correctness of Knowledge	Current User	Lapsed User	Husband of CU
Correct	58.6		
Incorrect	6.4	N. A.	N. A.
Don't know	35.0		
N	280	-	-

*Correct knowledge: Discontinue pills and take another method until next menstruation***Table-8: Knowledge on the price of Minicon**

(Figures in %)

Stated price of one pack of Minicon	Current User	Lapsed User	Husband of CU
Tk. 5.00	67.2		81.9
Tk. 6.00	12.1		8.1
Tk. 7.00	3.9	N. A.	2.5
Tk. 8.00	0.7		0.6
Tk. 10.00	0.4		2.5
Don't know	15.7		4.4
N	280	-	160

C. Use Experience of Minicon

Table-9: How long Minicon pill being used (or used before leaving)

(Figures in %)

No. of cycle	Current User	Lapsed User	Husband of CU
Within one cycle	21.1	12.7	N. A.
One cycle plus	22.5	38.9	
Two cycle plus	15.7	19.8	
Three cycle plus	14.3	13.5	
Four cycles plus	11.8	10.3	
Five cycle or More	14.6	4.8	
Average cycle	2.6	1.9	-
N	280	126	-

Table-10: Age of the youngest child while Minicon was started

(Figures in %)

Stated age of child	Current User	Lapsed User	Husband of CU
Up to 2 month	18.9	15.9	N. A.
2+ to 3 months	12.5	4.0	
3+ to 4 months	8.2	6.3	
4+ to 5 months	5.7	5.6	
5+ to 6 months	5.0	4.8	
	-----	-----	
	50.3%	36.6%	
6+ to 9 months	12.5	12.7	
9+ to 12 months	7.9	9.5	
12+ to 24 months	14.6	17.5	
2+ to 5 years	8.9	17.5	
More than 5 years	5.7	6.3	
Average age (in month)	15.0	19.0	-
N	280	126	-

Table-11: Breast feeding status of the youngest child

(Figures in %)

Name of food	Current User (At present)	Lapsed User (When Minicon pill was started)	Husband of CU
Only breast milk	17.5	27.0	N. A.
Breast milk & Other milk	17.1	13.5	
Breast milk & Other food	53.6	38.9	
All type of food	11.8	18.3	
Not applicable (No Child)	-	2.4	
N	280	126	-

Note: Kindly interpret the result of this table along with that of Table-10. Also take note of the reference period for the response.

Table-12: Why chose to take Minicon instead of another pill

(Figures in %)

Stated reasons	Current User	Lapsed User	Husband of CU
1. Child gets breast milk	56.8	54.0	59.4
2. Other pills suppress breast milk	18.2	-	11.9
3. Advised by doctor, pharmacist, FW	11.1	17.5	16.9
4. Husband brought	10.0	11.9	-
5. Low dose pill	12.5	-	16.3
6. Nausea/ Headache in other pills	17.9	7.9	5.6
7. As a new pill	1.4	7.9	1.9
8. Heaving problem with Injectable	1.1	0.8	0.6
9. Comparatively good pill	3.6	-	5.6
10. Did not get the desired pill	0.7	2.4	-
11. Low price	0.4	-	1.3
12. Advised by neighbor	5.4	2.4	7.5
13. Attracted by TV ad.	-	7.1	-
14. Don't know	-	-	4.4
N	280	126	160

Table-13: Source of advice to take Minicon

(Figures in %)

Stated response	Current User	Lapsed User	Husband of CU
1. Self	25.0	28.6	19.4 (Wife)
2. Husband	32.5	33.3	30.6 (Self)
3. Relative/ Neighbor	13.6	10.3	7.5
4. MBBS Doctor	11.1	10.3	13.1
5. Village Doctor/ Field Worker	11.8	6.3	14.4
6. Pharmacy/ Drug seller	8.6	11.1	17.5
7. Other/ Non-response	-	-	3.1
N	280	126	160

Table-14: Who usually buy Minicon for the user

(Figures in %)

Stated response	Current User	Lapsed User	Husband of CU
User herself	9.6		8.8
Husband	88.2	N. A.	88.8
Other	2.1		2.5
N	280	-	160

Table-15: How long willing to continue Minicon (in terms of youngest child's age)

(Figures in %)

Stated response	Current User	Lapsed User	Husband of CU
1. Up to the age of 6 months	13.2		
2. 6+ months to 12 months	6.8		
3. 12+ months to 24 months	15.0	N.A.	N.A.
4. 24 months plus	21.4		
5. As long as the child is breastfed.	14.3		
6. As long as does not want a child	11.1		
7. Husband knows	2.1		
8. As long as feel comfortable	11.1		
9. As far doctor advice's	0.4		
10. Don't know	4.6		
N (All Respondents)	280	-	-

D. Side Effect, Perception and Satisfaction

Table-16: Reasons for discontinuing Minicon (Asked only to the Lapsed Users)

Reported Reasons	Current User	Lapsed User	Husband of CU
1. Due to side effect	N. A.	73.0	N. A.
<u>Distribution (%)</u>			
a) Irregular menstruation		30.2	
b) Missed menses/ Fear of being pregnant		27.0	
c) Excessive menstruation		3.2	
d) Nausea/ dyspepsia		7.1	
e) Dizziness		16.7	
f) Weakness/ Insomnia/ Stomachache		7.9	
g) Got pregnant		0.8	
h) Gained weight		0.8	
i) Other		1.6	
2. Child grew > 6 month		8.7	
3. Doctor advised		0.8	
4. Advised by neighbors		0.8	
5. Husband brought another pill		0.8	
6. Out of market		6.3	
7. Forgot to take pill on two cons. days		4.8	
8. Wanted to take child		1.6	
9. Reduced breast milk		0.8	
10. Change pill brand every month		0.8	
11. Did not suit the pill		0.8	
12. Husband has gone abroad		0.8	
N	-	126	-

Table-17: Whether faced/ facing any Side-effect due to Minicon

(Figures in %)

Whether faced/ facing	Current User	Lapsed User	Husband of CU
Yes, faced	36.1	N. A.	
No	63.9	(See table 16)	N. A.
N (All Respondents)	280	-	-

Table-18: Nature of problems or side-effect faced/ facing in taking Minicon

(Figures in %)

Problems faced	Current User	Lapsed User	Husband of CU
1. Irregular menstruation	65.3	N. A. (See table 16)	N. A.
2. Excessive menstruation	3.0		
3. Stoppage of menstruation	6.9		
4. Nausea/ Headache/ Weakness	39.6		
5. Menstruation occurred in taking a few pills	2.0		
6. Physical discomfort/ Gastric/ Stomachache	5.0		
7. Gained weight	1.0		
N (Those who faced any Side-effect)	101	-	-

Table-19: Perception about the quality of Minicon

(Figures in %)

Quality perception	Current User	Lapsed User	Husband of CU
Good	78.6	N. A.	N. A.
Medium	17.5		
Bad	3.9		
N (All Respondents)	280	-	-

Table-20: Satisfaction in taking Minicon with reasons

(Figures in %)

Level of satisfaction with Reasons	Current User	Lapsed User	Husband of CU
Satisfied (%)			
1. Child gets breast milk	63.5	N. A.	N. A.
2. Good pill, Suits with body	30.8		
3. Facing little problem	40.4		
4. Less price	0.4		
5. Effective pill	1.2		
9. Don't know	2.7		
N-1 (Satisfied)	260 (92.9%)	-	-
Not satisfied (%)			
10. Problem in menstruation	65	N. A.	N. A.
11. Caused health problem	5		
12. Dizziness/ Weakness	40		
13. Breast milk reduced	5		
14. Excessive menstrual bleeding	5		
15. Price is high	5		
16. Gained weight	5		
N-2 (Not satisfied)	20 (7.1%)	-	-
N = N1+N2	280	-	-

Table-21: Whether advocated to anyone for Minicon or intention to do so

Whether advocated	Current User	Lapsed User	Husband of CU
Yes, already advocated	37.9	N. A.	N. A.
No, but willing to advocate	49.6		
No and not willing	9.3		
Not sure	3.2		
N (All Respondents)	280	-	-

E. Ever Use of Methods and Brands other than Minicon Pill

Table-22: Methods and brands ever used other than Minicon

(Figures in %)

Name of method and Brand	Current User	Lapsed User	Husband of CU
Pill	67.1% (N=188)	N. A.	N. A.
<u>Distribution (%)</u>			
a) Femicon	44.7		
b) Nordette 28	30.3		
c) Ovostat	19.7		
d) Shukhi	43.1		
e) Marvelon	9.6		
f) Ovacon	10.1		
g) Maya	3.7		
h) Norquest	1.1		
Condom	34.3% (N=96)		
Injectable	13.2% (N=37)		
IUD/ Copper-T	1.4%		
Traditional Method	1.1%		
No Method	18.6% (N=52)		
N (All Respondents)	280	-	-

Table-23: Latest / Immediate Past Method and Brand used other than Minicon

(Figures in %)

Name of method and Brand	Current User (Latest method)	Lapsed User (Immediate past)	Husband of CU (Latest method)
Pill (%)	51.1% (N=143)	56.3 (N=71)	60.0 (N=96)
<u>Distribution (%)</u>			
a) Femicon	32.2	52.1	34.4
b) Nordette 28	23.1	22.5	30.2
c) Ovostat	8.4	4.2	5.2
d) Shukhi	25.2	16.9	17.7
e) Marvelon	6.9	4.2	8.3
f) Ovacon	1.4	-	2.1
g) Maya	2.1	-	2.1
h) Norquest	0.7	-	-
Condom (%)	23.2 (N=65)	11.9 (N=15)	14.4 (N=23)
<u>Distribution (%)</u>			
a) Raja	33.8	33.3	39.1
b) Panther	60.0	53.3	47.8
c) Sensation	1.5	13.3	13.0
d) Carex	4.6	-	-
Injectable (%)	6.1	2.3	3.1
IUD/ Copper-T (%)	0.4	-	-
Traditional Method (%)	0.7	1.5	0.6
No Method (%)	18.6	27.8	21.9
N (All Respondents)	280	126	160

Table-24: Current use of methods and brand by the Lapsed Users of Minicon

Current using method and Brand	Current User	Lapsed User	Husband of CU
1. Oral Pill	100%	56.3%	100%
<u>Distribution (%)</u> a) Femicon b) Nordette 28 c) Ovostat d) Shukhi f) Marvelon	Minicon	52.1 22.5 4.2 16.9 4.2	Minicon
2. Condom	-	11.9%	-
<u>Distribution (%)</u> a) Raja b) Panther c) Sensation	-	33.3 53.3 13.3	-
3. Injectable	-	2.4%	-
4. IUD/ Copper-T	-	-	-
5. Traditional Method	-	1.6%	-
6. No Method	-	27.8%	-
N (All respondents)	280	126	160

F. Exposure to Information and Media on Minicon

Table-25: Exposure to Advertisement on Minicon

	Description	Current User	Lapsed User	Husband of CU
1.	Percent of Respondents reading Newspaper or Magazine Regularly	12.5% (N=35)	N. A.	46.3 (N=74)
	Name of the Newspaper or Magazine Reportedly Read (%)			
	- Prothom Alo	20.0		8.1
	- Ittefaq	11.4		12.5
	- Manab Jamin	8.6		2.5
	- Bhorer Kagoj	8.6		1.3
	- Jugantor	5.7		8.8
	- Ajker Kagoj	5.7		3.1
	- Janakantha	22.9		10.0
	- Sangbad	5.7		-
	- Inquilab	2.9		10.6
	- Local Newspapers*	28.6	N. A.	12.5
	- Annya Din	14.3		0.6
	- Priya Jan	5.7		-
	- Shananda	5.7		-
	- Anyana	5.7		0.6
	- Bartaman Dinkal	5.7		0.6
	- Bichitra	2.9		-
	- Purnima	2.9		1.3
	- Madina	2.9		-
	- Jai Jai Din	-		1.9
	- Sangram	-		0.6
	- Banglar Bani	-		1.3
2.	Ever Heard or Seen any Advertisement on Minicon (% yes)	74.3% (N=208)	N. A.	72.5% (N=116)
	Source of Exposure:			
	- Radio	24.5		27.6
	- TV	92.3	N. A.	88.8
	- Newspaper/ Magazine	-		0.9
	- Pharmacy	2.9		12.9
	- Sign Board	1.9		0.9
3.	Ever seen the Leaflet within the Pack (%)	91.8%	N. A.	76.9
4.	Ever read herself or read to her the contents of the Leaflet (%)	56.8%	N. A.	55.6
	N	280	-	160

* Uttar Bangla, Dainik Kortoa, Purbanchal, Azadi, Sonali etc.

Table -25 (Continued)

Description		Current User	Lapsed User	Husband of CU
5.	Recall of messages on Minicon from any source:			
	1. Mothers or child 6 week to 6 months can take	8.6	N. A.	3.8
	2. Start taking pill at child's age 6 week or 2 months	1.8		5.0
	3. Good/ ideal pill for lactating mothers	20.4		19.4
	4. Child gets breast milk/ milk is not suppressed	25.7		24.4
	5. Breast milk increases	2.1		-
	6. Good pill/ Safe pill/ No side effect	8.6		5.6
	7. Seen picture of mother and child on the pack	4.6		-
	8. Low dose pill	1.1		0.6
	9. Don't know/ Can't say	43.9		53.1
N (All respondents)		280	-	160



Doctor Tables with Code Reference

প্রশ্নাবলী

- ১। ডাক্তারের নাম: Male 65% Female 35%
- ২। ডাক্তারী শিক্ষা ও প্রশিক্ষণ: MBBS and above 94%
- ৩। প্রাইভেট প্রাকটিস স্থানের ঠিকানা :.....
- ৪। প্রাইভেট প্রাকটিসের ধরণ :
- | | |
|----------|-----|
| ১- GP | 68% |
| ২- Gynae | 32% |
- ৫। এটি বু-স্টার ফার্মেসী কি না ?:
- | | |
|----------|-----|
| ১- হ্যাঁ | 21% |
| ২- না | 79% |
- ৬। কতদিন যাবৎ এই এলাকায় প্রাইভেট প্রাকটিস করছেন?
- | | |
|----------------------|-----|
| 1- Up to 2 year | 39% |
| 2- 2+ to 5 year | 21% |
| 3- 5+ to 7 year | 11% |
| 4- 7+ to 10 year | 11% |
| 5- More than 10 year | 18% |
- ৭। প্রাইভেট প্রাকটিস ছাড়া কোন চাকুরী করেন কি না ?
- | | |
|----------|-----|
| ১- হ্যাঁ | 79% |
| ২- না | 21% |
- ৮। Minicon পিল সম্বন্ধে আপনি যা জানেন সংক্ষেপে বলুন। (In %)
- | | |
|--|------|
| 1- Low dose birth spacing pill | 36.4 |
| 2- Flow and constituents of breast milk remain as usual | 9.1 |
| 3- Only Progesterone/ No Estrogen | 21.1 |
| 4- Temporary contraceptive having less side effect | 4.5 |
| 5- Every body can use Mincon pill. | 1.5 |
| 6- The pill is good/ Less side effect | 12.1 |
| 7- Need to take the pill strictly at a definite time. | 6.1 |
| 8- This pill can be started after 45 days of child birth even if there is no menstruate. | 1.5 |
| 9- Useful for lactating mother | 27.3 |
| 10- Mincon is taking months of children aged 6 week/ 1.5 months to 6 months. | 4.5 |
| 11- Estrogen pill | 3.0 |
| 99- Don't know/ can't say | 10.6 |

৯। Minicon পিল এর সাথে বাজারের অন্যান্য পিলের বিশেষ পার্থক্য কি কি? (In %)

1- Low dose pill	25.8
2- It has no Estrogen/ It contain progesterone hormone	47.0
3- Breast milk in not reduced (like other pills)	27.3
4- Only Estrogen	1.5
5- Mincon is applicable for a short period of time.	1.5
9- Don't know/ Can't say	18.2

১০। Minicon পিল কাদের জন্য বিশেষভাবে উপযোগী? (In %)

1- Lactating mother	74.2
2- Lactating mother of child up to 6 months/ 6 week to 6 months.	4.5
3- For the lactating mothers	1.5
4- All married women	4.5
5- Newly married women	1.5
6- Mothers of child aged 6 week to 5 months.	1.5
7- Women who cannot tolerate combination pill.	1.5
8- Women aged less then 35 years.	3.0
9- Don't know/ Can't say.	12.1

১১। Minicon পিল একজন মহিলা কিভাবে খাওয়া শুরু করবেন? (In %)

1- After 40 to 45 days of child-birth.	45.5
2- After 35 days of child-birth.	1.5
3- From the date of first menstruation after child birth	33.3
4- From the fifth month of the child	1.5
9- Don't know/ Can't say	18.2

১২। Minicon পিল কতদিন পর্যন্ত খাওয়া উচিত বলে আপনার ধারণা? (In %)

1- Up to 6 month age of child	57.6
2- Up to 5 month age of child	3.0
3- As long as one does not want a child.	6.1
4- For one year after child birth.	3.0
5- Up to 2 years of age of child.	1.5
6- Three years at a stress	1.5
7- For 2 to 5 years	4.5
8- Up to 10 year	3.0
9- As long as the child is breastfed	4.5
10- Up to 35 years	1.5
11- Don't know/ Can't say	16.7

১৩। Minicon পিল এর কি কি পার্শ্ব-প্রতিক্রিয়া হতে পারে? (In %)

1- Irregular menstruation/ Spotting	43.9
2- Stoppage of menstruation	6.1
3- Nausea/ dizziness/ headache	30.3
4- Usual problems of Progesterone hormone	1.5
5- Weakness	6.1
6- Hypertension	1.5
7- Breast tenderness	3.0
10- Cancer in breast/ uterus	3.0
11- Risk of being pregnant	6.1
12- Don't know/ Can't say	31.8

১৪। আপনি কি মনে করেন Minicon পিল সক্ষম দম্পতিদের জন্য একটি গুরুত্বপূর্ণ সংযোজন?

১- অবশ্যই গুরুত্বপূর্ণ	71.2%
২- তেমন গুরুত্বপূর্ণ নয়	7.6%
৩- মোটেই গুরুত্বপূর্ণ নয়	1.5%
৪- জানিনা	19.7%

১৫। আপনি কি মনে করেন Minicon পিল অন্যান্য পিল এর তুলনায় কম, বেশী না একই রকম নিরাপদ?

১- কম নিরাপদ	22.7%
২- বেশী নিরাপদ	16.7%
৩- একই রকম নিরাপদ	36.4%
৪- জানিনা	24.2%

১৬। আপনি কি এখন পর্যন্ত কাউকে Minicon পিল খাওয়ার জন্য পরামর্শ দিয়েছেন?

১- হ্যাঁ	79%
২- না	21%

১৭। Minicon পিল এর ব্যাপারে কেউ কি এ পর্যন্ত আপনাকে কিছু জিজ্ঞাসা করেছে?

১- হ্যাঁ	62%
২- না	39%

১৮। (উত্তর হ্যাঁ হলে) কি ধরনের প্রশ্ন জিজ্ঞাসা করেছে? (In %)

1- Whether milk flow will increase or stop?	37.5
2- When and how one should eat?	30.0
3- Whether has any side effect?	47.5
4- Whether causes dizziness likes other pill?	2.5
5- How long to continue?	2.5
6- How much risk of pregnancy?	2.5
7- Whether the pill is safe?	15.0
8- What to do if problem occur?	5.0
9- Don't know/ Can't say	1.5

১৯। আপনার মতে কিভাবে Minicon একটি ভাল বাজার পেতে পারে? (In %)

1- Health education in Radio/ T.V/ Cinema	13.6
2- Informing the pregnant women well in advance about the pill	3.0
3- Doctor visit by the SMC Reps.	15.2
4- Proper /efficient marketing, Making always available	19.7
5- Arranging Workshop/ Seminar/ Conference	10.6
6- Orientation to grassroot level workers	3.0
7- Increasing Adv & promotion	39.4
8- Increase Palli Chikitshak meets	4.5
9- Don't know/ Can't say	21.2

২০। আপনার মতে কিভাবে Minicon এর সঠিক ব্যবহার নিশ্চিত করা যায়? (In %)

1- Correct advice by the doctors/ providers.	10.6
2- Training of the providers	12.1
3- Training of all pharmacists or salesmen	7.6
4- More Adv and publicity	21.2
5- Mothers health education and counseling	21.2
6- Communication between SMC Representative and mothers	3.0
7- Proper marketing	4.5
8- Through adopting appropriate policy	1.5
9- Don't know/ Can't say	27.3

তথ্য ভিত্তি

২১। Minicon সম্পর্কে আপনার জানা তথ্যের উৎস গুলো কি কি? (In %)

1- TV / Radio	45.5
2- Leaflet/ Sample	30.3
3- Company Representative	21.2
4- Posters	1.5
5- FP Booklets or Manuals of SMC/ govt.	6.1
6- Learnt from Text books or Teachers	10.6
7- Newspaper	6.1
8- Feedback from the users	1.5
9- Sharing the experience of other doctors.	3.0
10- Don't know/ Can't say	15.2

২২। আপনার কাছে SMC এর বিক্রয় প্রতিনিধি কি কখনও আসেন?

১- হ্যাঁ	54.5
২- না	45.5 (Skip to Q. # 27)

২৩। (উত্তর হ্যাঁ হলে) আপনি কি তাঁকে চেনেন বা তার নাম জানেন? (N=36)

১- হ্যাঁ	58.3%
২- না	41.7%

২৪। বিক্রয় প্রতিনিধি আপনার কাছে সাধারণতঃ কতদিন অন্তর আসেন? (N=36)

1- Up to 10 days	8.3%
2- 10+ to 20 days	11.1%
3- 20+ to 30 days	5.6%
4- More than 30 days	2.8%
5- Don't know	72.2%

২৫। Minicon পিল সম্বন্ধে তিনি কি আপনাকে বিশেষভাবে কিছু বলেছেন বা কোন প্রচার সামগ্রী দিয়েছেন? (N=36)

১- বলেছেন	75.0%
২- প্রচার সামগ্রী দিয়েছেন (Leaflet/ Sticker)	55.6%
৩- বলেননি এবং কোন প্রচার সামগ্রীও দেননি	16.7%

২৬। তিনি কি আপনাকে Minicon পিল এর কোন Sample বা Gift item দিয়েছেন? (N=36)

১- Sample দিয়েছেন	66.7%
২- Gift item দিয়েছেন (Pen/ Paper weight/ Mug)	19.4%
৩- কিছুই দেননি	30.6%

২৭। SMC এর জন্য Minicon পিল বিষয়ে আপনার যদি কোন পরামর্শ (বা Suggestion) থাকে বলুন (In %)

1- SMC representatives should visit the doctors	24.2
2- Pharmacists should be trained/ involved	4.5
3- More advertisement on Radio and TV	3.0
4- Give ad to Newspaper & Magazine	1.5
5- Increase promotional activities	22.7
6- To control the side effect	7.6
7- To integrate those in the Govt. who are related with health & FP	4.5
8- Laboratory testing of these pills should also be done within the country	1.5
9- To integrate with Blue Star	1.5
10- Duration of the pill should be increased	1.5
11- Availability in the market should be ensured	3.0
12- Quality of the pill should be improved	1.5
13- Non response/ No suggestion	39.4

Appendix-3

Code Reference for Current Minicon Users

অধ্যায়-১: আর্থ-সামাজিক বিষয়ক প্রশ্নাবলী

১। বয়স : বৎসর

২। বিবাহিত জীবন: বৎসর মাস

৩। সন্তান সংখ্যা : ছেলে মেয়ে

৪। ছোট সন্তানের বয়স: মাস

৫। সাক্ষাতদাতার শিক্ষাগত যোগ্যতা (সর্বোচ্চ শ্রেণী পাস): শ্রেণী

৬। স্বামীর শিক্ষাগত যোগ্যতা (সর্বোচ্চ শ্রেণী পাস) : শ্রেণী

৭। সাক্ষাতদাতার পেশা:

- ১- গৃহবধূ/ ছাত্রী
- ২- খন্ডকালীন চাকুরী
- ৩- সম্পূর্ণ চাকুরী
- ৪- ছোট ব্যবসা/ হাতের কাজ

৮। স্বামীর পেশা:

- | | |
|--------------------------|---|
| ১- বেকার | ৫- ছোট ব্যবসা/ হাতের কাজ |
| ২- চাকুরী | ৬- ব্যবসা |
| ৩- কৃষি কাজ | ৭- অন্যান্য (প্রাইভেট শিক্ষক/ অবসর প্রাপ্ত) |
| ৪- শ্রমজীবী/ রিক্সা চালক | |

৯। বাসস্থানের ধরণ:

- | | |
|-------------------------------------|-----------------|
| ১- সম্পূর্ণ পাকা | -- ভাল |
| ২- আধা-পাকা (টিনের/খোলার চাল) | -- মাঝারী |
| ৩- কাচা/ টিনের/খোলার/খড়ের/সনের চাল | -- তেমন ভাল নয় |
| ৪- কুড়ে ঘর | -- খারাপ |

১০। বাসগৃহের মালিকানা:

- ১- নিজের
- ২- ভাড়া
- ৩- অন্যান্য (সরকারী জায়গায়/বাস্তুহারা কমিটির জায়গায় ঘর উঠিয়ে থাকে/ শশুর বাড়ী/ বসতি/ চাচার বাড়ী)

১১। বাসগৃহের প্রকৃত/ আনুমানিক মাসিক ভাড়া: টাকা (৯৯- জানিনা/ বলতে পারে না)

১২। খানার (স্থায়ী) সদস্য সংখ্যা: মোট জন, ১২ বৎসরের নীচে জন

১৩। খানার মালিকানায় নিম্নবর্ণিত সামগ্রী আছে কিনা একে একে জিজ্ঞাসা করুন এবং থাকলে সেটি বৃত্তায়িত করুন :

- | | |
|-----------------------|--------------------|
| ১- ইলেকট্রিসিটি | ৬- সাইকেল / রিক্সা |
| ২- গ্যাসের চুলা | ৭- মটর সাইকেল |
| ৩- রঙিন টেলিভিশন | ৮- মোটর গাড়ী |
| ৪- সাদা কালো টেলিভিশন | ৯- কোনটি নেই |
| ৫- রেডিও/ টু-ইন-ওয়ান | |

১৪। বাড়ীতে নিয়মিত কানসর কগজ রাখা হয় কি না ?

১- হ্যাঁ

২- না

১৫। আপনার দানার সদস্যদের একত্রে আনুমানিক মাসিক আয় কত ?

..... টাকা

অধ্যায়-২: Minicon পিল ব্যবহার

১। আপনি কত দিন যাবৎ Minicon পিল ব্যবহার করছেন ?

.....মাস.....দিন

২। আপনার বাচ্চার কোন বয়সে আপনি Minicon খাওয়া শুরু করেছিলেন ?

.....মাস.....দিন

৩। আপনি অন্য কোন পিল না খেয়ে কেন Minicon খাওয়া শুরু করলেন ?

- ১- বুকের দুধের কোন সমস্যা হয় না/ বুকের দুধ স্বাভাবিক থাকে/ বাচ্চার মায়েদের বুকের দুধ বাড়ে/ বাচ্চা বুকের দুধ পাবে/ বাচ্চা দুধ পায়/ বুকের দুধ কমে না/ দুধ শুকায় না
- ২- অন্য বড়ি খেলে দুধ শুকিয়ে যায়/ ফেমিকন বড়ি খেয়েছিলাম কিন্তু বাচ্চা দুধ পাচ্ছে না/
- ৩- বড় ডাক্তার/ ফার্মেসী ডাক্তার/ মাঠ কর্মী বলেছে ভাল
- ৪- আমার স্বামী এনে দেয় তাই আমি খাই/ স্বামী যখন যা এনে দেয় তখন তাই খায়/ স্বামী বাজার থেকে নিয়ে এসেছে/
- ৫- আমার শরীরের সাথে মানিয়েছে/ মানায়/ শরীরে কোন সমস্যা হয় না/ শরীর ঠিক থাকে/ স্বল্প মাত্রার পিল
- ৬- অন্য বড়ি খেলে শরীরের সাথে মানায় না/ বমি বমি হয়/ মাথা ঘুরায়/
- ৭- বাজারে নতুন এসেছে
- ৮- ইন্জেকশন নিয়ে তিনমাস মাসিক ঠিকমত হচ্ছিল না তাই
- ৯- অন্য বড়ির তুলনায় মিনিকন ভাল
- ১০- অন্য বড়ি পাওয়া যায় না
- ১১- দামে সস্তা
- ১২- প্রতিবেশীর পরামর্শে/ টিভি দেখে/ প্যাকেট দেখে ভাল লেগেছে

৪। Minicon পিল কোন ধরনের মহিলাদের জন্য বিশেষ ভাবে প্রযোজ্য ? (অর্থাৎ কারা Minicon পিল খেতে পারবেন ?)

- ১- দেড় মাস বয়সের বাচ্চার মায়েদেও জন্য/ দেড় মাস থেকে ৬ মাস বয়সের বাচ্চার মায়েদেও জন্য
- ২- ছোট বাচ্চার মায়েদের জন্য মিনিকন ভাল/ ছোট বাচ্চার মায়েদের জন্য মিনিকন প্রযোজ্য/ যাদের ছোট বাচ্চা আছে/
- ৩- যে বাচ্চা মায়ের বুকেরদুধ খায়/ বাচ্চা বুকের দুধ খায়/ যাদের বাচ্চা দুধ খায়/ যতদিন বাচ্চা বুকের দুধ খায়
- ৪- যাদের শরীরে অন্য পিল মানায় না
- ৫- সব ধরনের মহিলাদের জন্য/ যারা বাচ্চা না চায়
- ৬- নিম্ন মধ্যবিত্ত মহিলারা খেতে পারবে
- ৯- জানিনা/ বলতে পারি না

৫। কোন্ সময়ে (অর্থাৎ বাচ্চার কত বয়সে) Minicon পিল খাওয়া শুরু করা উচিত ?

- ১- ৪০-৪৫ দিন
- ২- ২ মাস
- ৩- ২ মাসের পর থেকে ৬ মাস পর্যন্ত
- ৪- বাচ্চা হবার পর প্রথম মাসিকের সময়
- ৫- ৬ মাসের পর থেকে দুই বৎসর পর্যন্ত
- ৬- দুই বৎসরের পর থেকে পাঁচ বৎসর পর্যন্ত
- ৭- ১ মাস/ ১৫ দিন/২০ দিন
- ৯- জানিনা

৬। বাচ্চার বয়স কতদিন হওয়া পর্যন্ত Minicon পিল খাওয়া যেতে পারে বলে আপনার ধারণা ?

- ১- ৬ মাস পর্যন্ত
- ২- যতদিন বাচ্চা শুধু মাত্র বুকের দুধ খায়
- ৩- ৬ মাসের পর থেকে ১২ মাস পর্যন্ত
- ৪- ১২ মাসের পর থেকে ২৪ মাস পর্যন্ত
- ৫- যতদিন বাচ্চা বুকের দুধ খায়
- ৬- যতদিন বাচ্চা না নিতে চায়
- ৭- ২৪ মাসের পর থেকে... ..
- ৮- ৫ মাস পর্যন্ত
- ৯- যতদিন সম্ভব খাওয়া যেতে পারে/ যার যতদিন ইচ্ছা সে ততো দিন খেতে পারবে
- ১০- জানিনা

৭। Minicon পিল এর এক পাতায় কতটি পিল থাকে ?

- ১- ২৮ টি
- ২- জানিনা

৮। Minicon পিল খাওয়ার নিয়ম কি ?

- ১- প্রতিদিন একটি করে পিল কোন বিরতি ছাড়াই
- ৯- জানিনা

৯। একদিন Minicon পিল খেতে ভুলে গেলে কি করতে হবে ?

- ১- পরদিন যখনই মনে পড়বে তখনই ভুলে যাওয়া পিল খেতে হবে এবং ঐ দিনের পিল যথাসময়ে খেতে হবে।
- ২- অন্যান্য (সকাল বেলা খালি পেটে/ একদিন ভুলে গেলে পরেরদিন খেয়ে নেই/ যখন মনে পড়ে তখন খায়।
- ৩- জানিনা

১০। পরপর দুই দিন Minicon পিল খেতে ভুলে গেলে কি করতে হবে ?

- ১- পিল খাওয়া বন্ধ করে দিতে হবে এবং পরবর্তী মাসিক না হওয়া পর্যন্ত অন্য পদ্ধতি নিতে হবে
- ২- অন্যান্য (ডাক্তারের পরামর্শ নিতে হবে/ তিনটা বড়ি একসাথে খেতে হবে/ পাতা বাদ দিয়ে নতুন পাতা খেতে হবে/ তৃতীয় দিন সকালে খালি পেটে ২টা বড়ি এক সঙ্গে খেতে হবে/ কনডম ব্যবহার করতে হবে)
- ৩- জানিনা

১১। আপনি কার পরামর্শে Minicon পিল খাওয়া শুরু করেন ?

- | | |
|----------------------------------|----------------------------|
| ১- নিজে নিজেই/ কারো পরামর্শে নয় | ৪- বড় ডাক্তার/ MBBS |
| ২- স্বামী | ৫- গ্রাম ডাক্তার/ মাঠকর্মী |
| ৩- আত্মীয়/ প্রতিবেশী | ৬- ফার্মেসী/ ওষুধ বিক্রেতা |

১২। আপনার ছোট বাচ্চার বয়স বর্ণেছিলেন মাস। সে এখন কি কি খায় ?

- ১- শুধুমাত্র বুকের দুধ
- ২- বুকের দুধ ও বাইরের দুধ
- ৩- বুকের দুধ ও অন্যান্য খাবার
- ৪- সব রকম খাবার খায়

১৩। আপনি আর কত দিন Minicon পিল খাওয়া চালিয়ে যাবেন ? (FI: বাচ্চার বয়স অনুযায়ী উত্তর দিন)

- ১- বাচ্চার বয়স ৬ মাস হওয়া পর্যন্ত
- ২- ৬ মাসের পর থেকে ১২ মাস পর্যন্ত
- ৩- ১২ মাসের পর থেকে ২৪ মাস পর্যন্ত
- ৪- ২৪ মাসের পর থেকে
- ৫- যতদিন বাচ্চা বুকের দুধ খায়
- ৬- যতদিন বাচ্চা না নিত
- ৭- স্বামীর উপর নির্ভর
- ৮- যতদিন সম্ভব ততদিন খাব/ যতদিন ভালো লাগে
- ৯- ডাক্তার যতদিন বলে
- ১০- জানিনা

১৪। আপনি যে Minicon পিল খান তা সাধারণতঃ কে কিনে আনে ?

- ১- নিজে
- ২- স্বামী
- ৩- অন্যান্য (প্রতিবেশী, আমার মেয়ে, শাশুড়ী)

১৫। আপনি কি জানেন এক প্যাকেট Minicon পিল এর দাম কত ? টাকা

- ৯- জানিনা

১৬। Minicon পিল খেয়ে কি প্রথমে আপনার কোন শারিরীক অসুবিধা হয়েছিল বা এখন ও হচ্ছে ?

- ১- হ্যাঁ
- ২- না

১৭। (উত্তর হ্যাঁ হলে) কি কি অসুবিধা হয়েছিল/ হচ্ছে? একে একে বলুন।

- ১- ঠিক মত মাসিক হয় না/ মাসে একাধিক বার মাসিক হয়/ অনিয়মিত মাসিক/ মাসে ৩ বার পিরিয়ড হয়/
- ২- অতিরিক্ত ব্লিডিং হচ্ছে/ রক্ত স্রাব বেশী হয়/ ধাতু ভাঙ্গে
- ৩- মাসিক একেবারে বন্ধ হয়ে গেছে/ বর্তমানে মাসিক একেবারে বন্ধ/
- ৪- মাথা ব্যাথা করে/ মাথা ঘোরে/ প্রথমে মাথা ঘুরত এখন ঠিক হয়ে গেছে/ বমি বমি ভাব হয়/ শরীর দুর্বল হয়ে যায়/ মিনিফন খেলে স্বাস্থ্য ভাল হয় না
- ৫- প্রথম ৪-৫ টা পিল খেয়েই মাসিক শুরু হয়েছে/ ১টা পিল খেয়ে মাসিক হয়েছে
- ৬- শরীর ব্যাথা/ জ্বর/ পেটে ব্যাথা/ গ্যাস্ট্রিক বাড়ে
- ৭- শরীর মোটা হয়ে যায়/ ফুলে যায়

১৮। Minicon পিল এর গুণগত মান কেমন বলে আপনার মনে হয়?

- ১- ভাল
- ২- মোটামুটি
- ৩- ভাগনা

১৯। আপনি কি Minicon পিল খেয়ে সন্তুষ্ট?

- ১- সন্তুষ্ট
- ২- সন্তুষ্ট নয়

২০। কারণ উল্লেখ করুন।

সন্তুষ্ট:

- ১- বাচ্চা বুকের দুধ পায়/ বাচ্চার দুধের কোন সমস্যা নেই/ বাচ্চার বুকের দুধের জন্য ভাল/ বুকের দুধ বাড়ি/ মায়ের দুধের অসুবিধা হয় না/ অন্য বড়ি খেলে দুধ শুকিয়ে যায়/ মিনিকন খেলে বুকের দুধ শুকায় না/
- ২- ভাল পিল/ শরীরে জন্য ভাল/ শরীরের সাথে মানিয়েছে/ শরীরের ক্ষতি হয় না/ বাচ্চার মায়েদের জন্য ভাল/ অন্য বড়ি শরীরের সাথে মানায় না
- ৩- কোন অসুবিধা হয় না/ শারীরিক অসুবিধা হয় না/ মাথা ঘুরছে না/ বমি বমি লাগে না/ শুধু মাসিকের সমস্যা ছাড়া অন্য কোন সমস্যা হচ্ছে না
- ৪- কম দাম/ দামে সন্তা
- ৫- বাচ্চা হওয়ার ভয় থাকে না
- ৬- জানিনা

সন্তুষ্ট নয়:

- ১০- মাসিক ক্রিয়ার হয় না/ মাসিক ঠিক মতন হয় না/ অনিয়মিত মাসিক হচ্ছে/
- ১১- মিনিকন খেলে স্বাস্থ্য ভাল থাকে না
- ১২- মাথা ঘুরায়/ মাথা ব্যাথা করে/ শরীর ক্লান্ত লাগে/ ঘুম ঘুম লাগে
- ১৩- পিল খাওয়ার আগে বাচ্চা প্রচুর পরিমাণে দুধ পেত কিন্তু এই পিল খাওয়ার পর মনে হচ্ছে বাচ্চা ঠিকমত দুধ পাচ্ছে না/
- ১৪- প্রচুর রক্তপাত হচ্ছে
- ১৫- দাম বেশী
- ১৬- শরীর মোটা হয়ে যায়/ ফুলে যায়

২১। আপনি কি এ পর্যন্ত কাউকে Minicon পিল খাওয়ার ব্যাপারে উৎসাহিত করেছেন?

- ১- হ্যাঁ
- ২- না

২২। (উত্তর "না" হলে) আপনি কি ভবিষ্যতে কাউকে Minicon পিল খাওয়ার ব্যাপারে উৎসাহিত করবেন বলে মনে করেন?

- ১- হ্যাঁ
- ২- না
- ৩- জানিনা

অধ্যায়-৩: অন্যান্য জন্ম নিয়ন্ত্রন সামগ্রী ব্যবহার

১। আপনি কি Minicon পিল ছাড়া অন্য কোন ব্রাণ্ডের পিল ব্যবহার করেছেন?

- ১- হ্যাঁ করেছেন
- ২- না —————▶ (৩ নং প্রশ্নে যান)

২। (উত্তর হ্যাঁ হলে) আপনি এ পর্যন্ত কোন কোন ব্রাণ্ডের পিল ব্যবহার করেছেন?

- ১- ফেমিকন
- ২- নরডেট-২৮
- ৩- ওভারট
- ৪- সূখী / সরকারী বড়ি
- ৫- মারভেলন
- ৬- ওভাকন
- ৭- মায়্যা
- ৮- নরকোয়েট

৩। আপনি বা আপনার স্বামী পিল ছাড়া অন্য কোন পদ্ধতি কখনও ব্যবহার করেছেন ?

- ১- হ্যাঁ
২- না → (৫ নং ধাপে যান)

৪। (উত্তর হ্যাঁ হলে) কোন্ কোন্ পদ্ধতি ?

- ১- কনডম
২- ইনজেকশন
৩- আই-ইউ-ডি/ কপার-টি
৪- সনাতন পদ্ধতি (আয়ল/ সেফ পিরিয়ড)

৫। Minicon পিল খাওয়ার আগে সর্বশেষ আপনি বা আপনার স্বামী কোন্ পদ্ধতি এবং কোন্ ব্রান্ড ব্যবহার করেছিলেন ?

- | | |
|-----------------------------|--------------------------------------|
| ১- ফেমিকন | ৯- রাজা |
| ২- নরডেট-২৮ | ১০- প্যানথার |
| ৩- ওভস্টাট | ১১- সেনসেশন |
| ৪- সূখী / সরকারী বড়ি/ সি-৫ | ১২- গিগিওন |
| ৫- মারভেলন | ১৪- ইনজেকশন |
| ৬- ওভাকন | ১৫- আই-ইউ-ডি/ কপার-টি |
| ৭- মায়া | ১৬- সনাতন পদ্ধতি (আয়ল/ সেফ পিরিয়ড) |
| | ১৭- কোনটি নয় |

অধ্যায়-৪: বিজ্ঞাপন

১। আপনি কি নিয়মিত কোন ধরনের পত্র পত্রিকা পড়েন ?

- ১- হ্যাঁ ২- না

২। (উত্তর হ্যাঁ হলে) কোন্ কোন্ পত্রিকা ? (FI: নাম লিখে নিন)

- | | |
|---------------|-----------------------------|
| ১- প্রথম আলো | ১০- লোকাল/ স্থানীয় পত্রিকা |
| ২- ইত্তেফাক | ১১- অন্যদিন |
| ৩- মানব জমিন | ১২- প্রিয়জন |
| ৪- ভোরের কাগজ | ১৩- সানন্দা |
| ৫- যুগান্তর | ১৪- অনন্যা |
| ৬- আজকের কাগজ | ১৫- বর্তমান দিনকাল |
| ৭- জনকণ্ঠ | ১৬- বিচিত্রা |
| ৮- সংবাদ | ১৭- পূর্ণিমা |
| ৯- ইনকিলাব | ১৮- মদিনা |

৩। আপনি কি কোথাও Minicon পিল এর কোন বিজ্ঞাপন দেখেছেন বা শুনেছেন ?

- ১- হ্যাঁ, দেখেছি/ শুনেছি
২- না → (৫ নং ধাপে যান)

৪। (উত্তর হ্যাঁ হলে) কোথায় বা কোন মাধ্যমে দেখেছেন/ শুনেছেন ?

- ১- রেডিও
২- টেলিভিশন
৪- ফার্মেসীতে/ ওষুধের দোকানে
৫- সাইন বোর্ড/ হোর্ডিং

৫। প্রতি Minicon প্যাকেটে পিল খাওয়ার নিয়ম-কানুন সহ নির্দেশিকা দেয়া থাকে ---

- ক) আপনি কি এই নির্দেশিকা কখনও দেখেছেন ? ১- ইয়া ২- না
- খ) (উত্তর "হ্যাঁ" হলে) আপনি কি এই নির্দেশিকা কখনও নিজে পড়েছেন ? ১- ইয়া ২- না/ পড়তে পারিনা
- গ) (উত্তর "না" হলে) এই নির্দেশিকা কি আপনাকে কেউ পড়ে জ্ঞিয়েছে ? ১- ইয়া ২- না

৬। Minicon পিল সম্বন্ধে বিজ্ঞাপনে যা যা বলা হয় তা মনে করে বলবেন কি ?

- ১- ৬ সপ্তাহ থেকে ৬ মাস পর্যন্ত খেতে পারবে
- ২- বাচ্চার বয়স ৬ সপ্তাহ/ ২ মাস থেকে শুরু করতে হবে
- ৩- ছোট বাচ্চার/ মায়ের দুধ খায় এমন বাচ্চার মায়েদেনর জন্য ভাল/ আদর্শ পিল
- ৪- দুধ পাবে/ শুকায় না/ কমবে না/ দুধ পায়/ দুধ খায়
- ৫- দুধ বাড়বে
- ৬- ভাল বড়ি/ বাচ্চা ভাল থাকবে/ নিরাপদ/ শরীর ভাল থাকবে
- ৭- প্যাকেটের গায়ে বাচ্চা কোলে মায়ের ছবি দেখেছি
- ৮- স্বল্প মাত্রার বড়ি
- ৯- জানিনা/ বলতে পারিনা/ মনে নেই/ প্রয়োজন নেই

৭। অন্যান্য যে কোন মন্তব্য:

- ১- ৬ মাসের পরে নাকি বাচ্চা কনসিড করার সম্ভাবনা থাকে/ মিনিকন তেমন ভাল না/ মাসিক ক্লিয়ার হয় না তাতে সন্তান হবার ভয় থাকে
- ২- মিনিকন খেয়ে আমার মাসে মাসিক একাধিক হয়, সেই জন্য মিনিকন খাওয়া ছেড়ে দিব
- ৩- অন্য পিলের তুলনায় মিনিকন ভাল/ পিলটা ভাল, অন্যকে খেতে বলব
- ৪- মিনিকন পিল একমাস খেয়েছি কিন্তু এখনো মাসিক হচ্ছে না তাই আমি ভয় পাচ্ছি
- ৫- শুনেছি মাসিক না হলে পেটে রক্ত বন্ধ হয়ে গিয়ে ক্যান্সার হতে পারে/ জুরায়ুর ক্যান্সার হতে পারে
- ৬- বাজারে ঠিক মত পাওয়া যায় না
- ৭- স্বামী যখন যা এনে দেয় তখন তা খাই
- ৮- প্রচার বাড়তে হবে
- ৯- মিনিকন পিলের বাজারে চাহিদা কম
- ১০- বড়ীটি ভাল না অনেক বগে
- ১১- আমি চাই মিনিকন সব মায়েরা থাক
- ১২- দুধের মধ্যে চাকা হয়
- ১৩- এই পিলটা অন্য পিলের মত দীর্ঘ মেয়াদি করা উচিত
- ১৪- ৬ মাস পরে অন্য পিল খেলে বাচ্চা ঠিক মত দুধ পাবে না
- ১৫- দাম বেশী
- ১৬- পিলটা এমন ভাবে তৈরী করতে হবে যেন তা খেলে কোন শারীরিক অসুবিধা না হয়
- ১৭- দামে সস্তা
- ১৮- গ্যাস্ট্রিক আক্রান্ত রোগীদের মিনিকন খাওয়া ঠিক না
- ১৯- যাদের জন্যে চাকা আছে তাদের মিনিকন খাওয়া ঠিক না
- ২০- এই পিলে আয়রন ট্যাবলেট বা লাল বড়ি নেই

Appendix-4

Code Reference for Husband of Minicon Users

৪। আপনার স্ত্রী যে **Minicon** পিল খান তা সাধারণতঃ কে কিনে আনে?

- ১- স্ত্রী নিজে
- ২- আমি
- ৩- প্রতিবেশী/ মাঠ কর্মী

৫। **Minicon** পিল কোন ধরনের মহিলাদের জন্য বিশেষ ভাবে প্রযোজ্য? (অর্থাৎ, কারা **Minicon** পিল খেতে পারবেন?)

- ১- ১.৫ মাস বয়সের বাচ্চার মায়েদের জন্য/ ১.৫ মাস থেকে ৬ মাস বয়সের বাচ্চার মায়েদের জন্য
- ২- ছোট বাচ্চার মায়েদের জন্য মিনিকন ভাল/
- ৩- যে বাচ্চা মায়ের দুধ খায়/ যাদের বাচ্চারা ঠিকমত দুধ পায়
- ৪- যাদের শরীরে অন্য পিল মানায় না/ যাদের শরীরে মানায়
- ৫- সব ধরনের মহিলাদের জন্য/ যারা বাচ্চা না নিবে/ দেরিতে বাচ্চা নিবে
- ৯- জানিনা

৬। কোন্ সময়ে (অর্থাৎ বাচ্চার কত বয়সে) **Minicon** পিল খাওয়া শুরু করা উচিত?

- ১- ৪০-৪৫ দিন
- ২- ২ মাস
- ৩- ২ মাসের পর থেকে ৬ মাস পর্যন্ত
- ৪- বাচ্চা হবার পর প্রথম মাসিকের সময়
- ৫- ৬ মাসের পর থেকে
- ৬- ১ মাস
- ৯- জানিনা

৭। বাচ্চার বয়স কতদিন হওয়া পর্যন্ত **Minicon** পিল খাওয়া যেতে পারে বলে আপনার ধারণা?

- ১- ৬ মাস পর্যন্ত
- ২- ৬ মাসের পর থেকে ১২ মাস পর্যন্ত
- ৩- ১২ মাসের পর থেকে ২৪ মাস পর্যন্ত
- ৪- যতদিন বাচ্চা বুকের দুধ খায়
- ৫- যতদিন বাচ্চা না নিব
- ৬- ২৪ মাসের পর থেকে... ..
- ৭- সব সময় খাওয়া যাবে/ যতদিন ইচ্ছা খাওয়া যাবে
- ৯- জানিনা

৮। আপনি কি জানেন এক প্যাকেট **Minicon** পিল এর দাম কত? টাকা (জানিনা = ৯৯)

৯। **Minicon** পিল এর গুনগত মান কেমন বলে আপনার মনে হয়?

- ১- ভাল
- ২- মোটামুটি
- ৩- ভালনা
- ৯- জানিনা

অধ্যায়-৩: অন্যান্য জন্ম নিয়ন্ত্রন সামগ্রী ব্যবহার

১। আপনার স্ত্রী কি Minicon পিল ছাড়া কখনও অন্য কোন ব্রান্ডের পিল ব্যবহার করেছেন? অথবা আপনারা পিল ছাড়া কি অন্য কোন পদ্ধতি কখনও ব্যবহার করেছেন?

১- হ্যাঁ ২- না

২। (যদি "হ্যাঁ" হয়) Minicon পিল বাওয়ার আগে সর্বশেষ আপনি বা আপনার স্ত্রী কোন পদ্ধতি এবং কোন ব্রান্ড ব্যবহার করেছিলেন?

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| ১- ফেমিকন | ৯- রাজা |
| ২- নরডেট-২৮ | ১০- প্যানথার |
| ৩- ওভারট | ১১- সেনসেশন |
| ৪- সুখী / সরকারী বডি/ সি-৫ | ১২- কেরেক্স |
| ৫- মারভেল | ১৪- ইনজেকশন |
| ৬- ওভাকন | ১৫- আই-ইউ-ডি/ কপার-টি |
| ৭- মায়া | ১৬- সনাতন পদ্ধতি (আয়ল/ সেফ পিরিয়ড) |

অধ্যায়-৪: বিজ্ঞাপন

১। আপনি কি নিয়মিত কোন ধরনের পত্র পত্রিকা পড়েন?

১- হ্যাঁ ২- না

২। (উত্তর হ্যাঁ হলে) কোন কোন পত্রিকা নিয়মিত পড়েন? (FI: নাম লিখে নিন)

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| ১- প্রথম আলো | ১২- প্রিয়জন |
| ২- ইত্তেফাক | ১৩- সানন্দা |
| ৩- মানব জয়িন | ১৪- অনন্যা |
| ৪- ভোরের কাগজ | ১৫- বর্তমান দিনকাল |
| ৫- যুগান্তর | ১৬- বিচিত্রা |
| ৬- আজকের কাগজ | ১৭- যায় যায় দিন |
| ৭- জনকণ্ঠ | ১৮- সংগ্রাম |
| ৮- সংবাদ | ১৯- পূর্ণিমা |
| ৯- ইনকিলাব | ২০- বাংলার বানী |
| ১০- লোকাল | ২১- দৈনিকবাংলা |
| ১১- অন্যদিন | |

৩। আপনি কি কোথাও Minicon পিল এর কোন বিজ্ঞাপন দেখেছেন বা শুনেছেন?

১- হ্যাঁ, দেখেছি/ শুনেছি
২- না → (৫ নং প্রশ্নে যান)

৪। (উত্তর হ্যাঁ হলে) কোথায় বা কোন মাধ্যমে দেখেছেন/ শুনেছেন? (Probe)

- ১- রেডিও
- ২- টেলিভিশন
- ৩- পত্র-পত্রিকায়
- ৪- ফার্মেসীতে/ ওষুধের দোকানে
- ৫- সাইন বোর্ড/ হোর্টিং

৫। প্রতি Minicon প্যাকেটে পিল খাওয়ার নিয়ম-কানুন সহ নির্দেশিকা দেয়া থাকে --

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| ক) আপনি কি এই নির্দেশিকা কখনও দেখেছেন ? | ১- হ্যাঁ | ২- না |
| খ) (উত্তর "হ্যাঁ" হলে) আপনি কি এই নির্দেশিকা কখনও নিজেকে পড়েছেন ? | ১- হ্যাঁ | ২- না/ পড়তে পারিনা |
| গ) (উত্তর "হ্যাঁ" হলে) এই নির্দেশিকা কি আপনার জ্ঞানকে পড়ে গুলিয়েছেন ? | ১- হ্যাঁ | ২- না |

৬। Minicon পিল সম্বন্ধে বিজ্ঞাপনে যা যা বলা হয় তা মনে করে বলবেন কি ? (Probe)

- ১- ৬ সপ্তাহ থেকে ৬ মাস
- ২- ৬ সপ্তাহ বা ২ মাস থেকে শুরু
- ৩- মায়ের দুধ খায় এমন বাচ্চার মায়েদেনর জন্য ভাল/ আদর্শ পিল
- ৪- দুধ শুকায় না/ কমবেনা/ বাচ্চার দুধের সমস্যা হবে না
- ৫- ভাল বড়ি/ বাচ্চা ভাল থাকবে/ নিরাপদ/ মা ভাল থাকবে/ স্বাস্থ্য ভাল থাকবে
- ৬- যে সব মায়েদের দেড় মাসের বাচ্চা আছে তাদের জন্য মিনিকন পিল
- ৭- স্বল্প মাত্রার পিল
- ৯- জানিনা/ মনে নেই

৭। অন্য যে কোন মন্তব্য:

- ১- পিল টা ভাল না/ মিনিকন খেয়ে আমার মাসে মাসিক একাধিক হয়/ নিয়মিত মাসিক হয় না/ মাথা ঘুরায়/ স্বাস্থ্যের কোন উন্নতি হচ্ছে না
- ২- পিলটা ভাল/ গুনগত মান ভাল/ স্বাস্থ্য সম্মত/ পাশ্চ প্রতিক্রিয়া নেই
- ৩- অন্যান্য বড়ি খেলে মাসিক হয়/ এই বড়ি খেলে মাসিক হয় না
- ৪- বাজারে ঠিক মত পাওয়া যায় না/ বাজারে সরবরাহ বাড়তে হবে
- ৫- পিল টা আরও ভাল করতে হবে/ ২-৩ ঘন্টা সময়ের ব্যবধানে পিল খেলে যাতে কোন সমস্যা না হয় সে দিকে লক্ষ্য রাখতে হবে
- ৬- পিল টা খেয়ে আমার জ্বর কোন অসুবিধা হয় নাই/ শরীরের সাথে মানিয়ে গেছে
- ৭- মাঝে মাঝে বেশী দামে কিনতে হয়
- ৮- দাম কমান উচিত
- ৯- মিনিকন পিল এর প্যাকেট খুব সুন্দর
- ১০- মিনিকনের দাম কম বিধায় ধনী গরীব সবাই খাইতে পারে

Appendix-5

Code Reference for Lapsed Users

মূল প্রশ্নাবলী:

১। আপনি কতদিন আগে Minicon পিল খাওয়া ছেড়ে দিয়েছেন? মাস দিন

২। ছেড়ে দেয়ার আগে আপনি কতদিন Minicon পিল খেয়েছিলেন? পাতা বড়ি

৩। আপনি Minicon পিল খাওয়া ছেড়ে দিলেন কেন?

- ১- শারীরিক অসুবিধার কারণে
- ২- বাচ্চার বয়স ৬ মাসের বেশী হওয়ার কারণে
- ৩- ডাক্তারের পরামর্শে
- ৪- প্রতিবেশীর পরামর্শে
- ৫- স্বামী অন্য বড়ি নিয়ে আসে বলে/ স্বামী কিনে আনেনি তাই/ ফার্মেসী থেকে যখন যা দেয় স্বামী তাই নিয়ে আসে
- ৬- বাজারে পাওয়া যায় নি
- ৭- ২ দিন পিল খেতে ভুলে যাওয়ার জন্য/ প্রতি দিন পিল খেতে মনে থাকে না বলে
- ৮- বাচ্চা নিতে আগ্রহী
- ৯- বুকের দুধ কমে গেছে বলে
- ১০- প্রতি মাসে বড়ি বদল করে
- ১১- মিনিকনে লাল বড়ি বা আয়রন ট্যাবলেট নেই
- ১২- মিনিকন ভাল লাগে না
- ১৩- স্বামী বিদেশে চলে গেছে

৪। (যদি ওনং প্রস্নে শারীরিক অসুবিধার কথা বলেন) Minicon পিল খেয়ে আপনার কি কি শারীরিক অসুবিধা হয়েছিল?

- ১- অনিয়মিত মাসিক/ ফাঁটা ফাঁটা মাসিক/ মাসে ২-৩ বার মাসিক হতো/ সাদা স্রাব
- ২- মাসিক ঠিক মত হতো না/ এক মাস মাসিক বন্ধ ছিল/ মাসিক বন্ধ হয়ে যায়/ গর্ভবতী হবার ভয়ে
- ৩- অধিক রক্তস্রাব/ দীর্ঘদিন যাবৎ মাসিক/ দশ দিন মাসিক থাকত
- ৪- বমি বমি ভাব/ খাওয়া-দাওয়ার রুচি ছিল না
- ৫- মাথা ঘুরা/ মাথা ব্যাথা/ মাথা গরম হয়ে যেত
- ৬- শরীর দুর্বলতা / বুক কাঁপা/ ঘুম হয় না
- ৭- মিনিকন খাওয়া অবস্থায় গর্ভবতী হয়েছিলাম, পরে (এম আর) করেছি
- ৮- শরীর মোটা হয়ে যাচ্ছে
- ৯- অন্যান্য (জারায়ু নিচে চলে এসেছে সে জন্য/ পেটে ব্যথা/ জ্বর/ বুকের দুধ শুকিয়ে যাচ্ছিল)

৫। আপনি কার পরামর্শে Minicon পিল খাওয়া প্রথম শুরু করেন?

- ১- নিজে নিজেই/ কারো পরামর্শে নয়
- ২- স্বামী
- ৩- আত্মীয়/ প্রতিবেশী
- ৪- বড় ডাক্তার/ MBBS
- ৫- গ্রাম ডাক্তার/ মাঠকর্মী
- ৬- ফার্মেসী/ ওষুধ বিক্রেতা

১০। Minicon পিল ব্যবহারের ঠিক আগেই আপনারা কি কোন পদ্ধতি ব্যবহার করছিলেন? ১- হ্যাঁ ২- না

ক। (উত্তর "হ্যাঁ" হলে), কি পদ্ধতি এবং কোন্ ব্রান্ড?

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| ১- ফেমিকন | ৯- রাজা |
| ২- নরডেট-২৮ | ১০- প্যানথার |
| ৩- ওভারট | ১১- সেনসেশন |
| ৪- সূখী / সরকারী বডি/ সি-৫ | ১৪- ইনজেকশন |
| ৫- মারভেলন | ১৬- সনাতন পদ্ধতি (আয়ল/ সেফ পিরিয়ড) |
| ৬- মারা | |

আর্থ-সামাজিক প্রশ্নাবলী:

- ১। বয়স : বৎসর ২। বিবাহিত জীবন: বৎসর মাস
- ৩। সন্তান সংখ্যা : ছেলে মেয়ে ৪। ছোট সন্তানের বয়স: মাস
- ৫। সাক্ষাতদাত্রীর শিক্ষাগত যোগ্যতা (সর্বোচ্চ শ্রেণী পাস): শ্রেণী
- ৬। স্বামীর শিক্ষাগত যোগ্যতা (সর্বোচ্চ শ্রেণী পাস) : শ্রেণী
- ৭। সাক্ষাতদাত্রীর পেশা:
- ১- গৃহবধু
২- মাঠকর্মী/ চাকুরী
- ৮। বাসস্থানের বরণ:
- ১- সম্পূর্ণ পাকা -- ভাল
২- আধা-পাকা (টিনের/খোলার চাল) -- মাঝারী
৩- কচা/ টিনের/খোলার/খড়ের/সনের চাল -- তেমন ভাল নয়
৪- কুড়ে ঘর -- খারাপ
- ৯। আপনার খানার সদস্যদের একত্রে আনুমানিক মাসিক আয় কত? টাকা

