

Report on

BRAND AWARENESS TRIAL AND USAGES STUDY ON ORAL CONTRACEPTIVE PILL

Submitted to

Social Marketing Company (SMC)
SMC Tower, 33 Banani C/A, Dhaka – 1213

Submitted by

RCS Research and computing Services private limited
Jiban Bima Bhaban (4th Floor), 80, Motijheel C/a, Dhaka - 1000

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Nadia Binte Amin

Managing Director

PREFACE

SMC has undertaken a nationwide study on "Brand Awareness Trial and Usages Study (BATU) on Oral Contraceptive Pill (OCP)". The prime objective of the study was to assess the level of awareness, trial and usage of different SMC as well as other available OCP brands all over the country. However the specific objectives of the study were as follows:

- Determine the level of awareness, trial and usages of SMC's, GOB and other available OCPs among the target population
- To assess knowledge on OCP and decision maker on current brand of OCP
- Find out the switching pattern and satisfaction level of currently used brand of OCP
- Determine price sensitivity and find out intention to use current and SMC pill in future
- Examine the media exposure of respondents.

In compliance to a solicitation from Social Marketing Company (SMC), Research and Computing Services Private Limited (RCS) has carried out this nationwide study on "Brand Awareness Trial and Usages Study (BATU) on Oral Contraceptive Pill (OCP)".

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ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
BAP	Bangladesh AIDS Program
BATU	Brand Awareness Trial and Usages
BBS	Bangladesh Bureau of Statistics
BDHS	Bangladesh Demographic Health Survey
FP	Family Planning
GOB	Government of Bangladesh
HBP	High Blood Pressure
HIV	Human immunodeficiency virus
MFP	Mobile Film Program
MWRA	Married Women of Reproductive Age
NGO	Non-Government Organization
OCP	Oral Contraceptive Pill
PSU	Primary Sampling Unit
RCS	Research and Computing Services Private Limited
RFP	Request for Proposal
STD	Sexually Transmitted Disease
SMC	Social Marketing Company
ToR	Terms of Reference

EXECUTIVE SUMMARY

SMC has been significantly contributing to the overall success of national reproductive and child health program. In 2007, SMC provided 3.94 million CYP through offering three modern methods- oral pills, condoms and injectable. As BDHS 2004 shows, 30 percent of the modern contraceptive users reported that they use SMC brand contraceptives. Information on Brand Awareness, Trial and Usage (BATU) are critical for social markets of the SMC products. BATU helps to identify brand dynamics from the user's perspective. SMC has planned to conduct this study to know the current brand awareness, trial and usages of its OCP, which will in turn to strengthen its market strategies to capture a larger market share. The overall objective of the study was to assess the level of awareness, trial and usage of different SMC as well as other available OCP brands all over the country. The study was nationally representative and quantitative in nature. MWRA were the sample respondents for the study and secondary target groups were the husbands of MWRA.

Demographic characteristics

The study interviewed 2400 ever-married women of reproductive age. The mean age of the respondents was 28 years and the mean age of husband was 36 years. Education level of women and husband was quite high, where at least 77 percent of both women and husband had completed at least some primary education. Majority (90%) of the women reported that they were housewife. On the other hand, husband's occupation was different in nature. The average number of children was 2. Nationally one out of four women reported that they desire for another child. The average duration of marriage life of the respondents was 12 years. Majority (81%) of women reside in a single family. Average family members of the study sample were 5. The average monthly family expenditure was taka 7020 and monthly income was taka 8342. It is also evident that both expenditure and family income is comparatively higher in urban areas as compared to rural areas.

Awareness of different family planning methods and OCP

Knowledge of family planning methods is widespread in Bangladesh. All of the respondents know of at least one modern method of family planning and 9 percent of respondents know of at least one traditional method. On average, a woman has heard of 3 methods of family planning. Almost all of the respondents heard about pills. More than 8 out of 10 women heard about injectables and more than 7 out of 10 heard about condoms. Knowledge of other modern methods is also widespread; many of the respondents have heard of Implant/Norplant (27%), Copper T (33%) and Female Sterilization (30%). Knowledge of Male Sterilization and traditional methods were lower than other modern methods. Virtually, there is little difference about awareness on FPM by divisions especially for long term, permanent and traditional method. Knowledge on family planning methods among husbands is also quite similar to the findings of women survey for OCP, condom, injectable long term and permanent method.

Regarding the awareness of OCP brands, findings show that Shukhi (97%) and Femicon (94%) was the highest reported brand. Other second highest reported

brands were Nordette-28 (69%) and Minicon (62%), and third highest reported brands were Ovastat Gold (31%), Marvelon (22%) and Femipil (16%). It is to be noted that the proportion of women from Chittagong and Khulna reported Femipil poorly as compared to national figure. Almost similar evidence is observed among the male of husband survey. It is also observed that the prime source of supply of Shukhi were GoB hospital and health workers. Though GoB pill "Shukhi" is provided from GoB hospital or by the health workers, yet 17 percent of them also reported pharmacy as a source of supply of Shukhi. On the other hand, more than 90 percent of respondents reported pharmacy as a source of supply for other reported brands of OCP. Findings also show that Television is by far the most important source of information among the reported brands of OCP except Shukhi. On the other hand, Shukhi users mostly heard from GoB/NGO workers (50%).

Knowledge on OCP use

Findings revealed that 94 percent of women had the correct knowledge of taking OCP during first day of menstruation. All respondents were further asked to assess their knowledge regarding who are eligible to use OCP. Findings revealed that two criteria include "women aged 14-49 years" and "who want to delay child" was reported by about half of the women each. Also 41 percent women reported about "birth spacing" and 28 percent supported for "newly couple". On the other hand, women who are "pregnant (70%)" "can't move due to illness (14%)" and "aged 35 years and smoke (10%)" can not use OCP. Regarding knowledge on side effects of OCP, 93 percent reported about headache and 86 percent stated nausea/vomiting. In addition, women also reported that it stops menstruation, cause bleeding and high blood pressure, which ranges from 11 to 16 percent.

Sources of influencing factors to use current brand of OCP

To assess the sources of influencing factors for using current brand of OCP, It has been observed that mostly women (who were currently using OCP) were influenced by the doctor/service providers (52%) followed by relative/friends/neighbors (40%). Several study findings show that mass media also play an important role for selecting a new brand and present data also revealed that 10 percent women were influenced by TV messages. Study concentrated to find out the perception of women about the factors for selecting current brand of OCP. Irrespective of brands, majority of the women reported that suitability with body is very important followed by quality of the brand and availability of the brand. In addition to suitability with body and availability, Shukhi users also emphasized free of cost rather than quality of brand.

Brand trial of OCP

Among ever-married women, about three-fourth (73%) have used OCP at some time. It is evident that OCP is by far the most commonly used method in Bangladesh. The women who used OCP ever, among them 61 percent reported about Shukhi and the next most commonly used OCP was Femicon (48%). Shukhi was widely ever used brand by most of the respondents as government is providing free of charge through government field workers and clinics and at a nominal charge from nongovernmental service providers. On the other hand, Femicon is the most widely used social marketing brand of pills nationally. Also about one-fifth women reported

that they used Nordette-28. Other reported brands were Minicon, Ovastat Gold and Marvelon, which range from 5 to 8 percent. Findings also revealed that ever use of OCP does not vary by urban-rural areas and administrative divisions. Findings of women survey coincide with the husband survey.

Study findings indicate that about half of the OCP users discontinue or stop their brand within 12 months (BDHS 2004). However, there is no evidence about the duration of continuation of OCP by brands. Findings suggest that on average women used Shukhi for 30 months which was the highest duration of use as compared to other brand of OCP. It may be occur due to free supply of Shukhi at household level by the field workers. Similarly, Femicon, Nordette-28, Marvelon, Ovastat Gold and Femicon range from 16 to 22 months. Data show that the duration of continuation of Minicon and Femipil is comparatively low. It may be due to Minicon is advised to continue for breastfeeding mother only and Femipil has introduced recently in the market. The prime reasons for not using OCP ever by the women were "fear from side-effects (37%)", "want child (35%)", "hassle to intake pill regularly (15%) and "ignorance (8%)". In addition, some women reported that "husband lives outside (3%)", "religious constraint (5%)", and "newly married couple (3%)".

Current use of family planning methods and brand of OCP

Overall, 66 percent of currently married women in Bangladesh are using a contraceptive method, with 60 percent using a modern method and 6 percent relying on traditional methods. Oral contraceptive pill is the most popular method of contraception, with one-third (33%) of currently married women using this method. It now accounts for 50 percent of all contraceptive use and 55 percent of modern method use in the country. Other commonly used methods are injectables (13%), condoms (7%) and periodic abstinence (8%). Less than 2 percent of married women reported the use of Norplant and IUD. The level of contraceptive methods use was higher in urban areas (68%) as compared to rural areas (64%). There is little variation in use of other methods between the rural and urban areas. Data shows that current contraceptive use rate is higher in all of the divisions except Sylhet (57%).

Overall, 33 percent of currently married women were using OCP. Among them currently 43 percent of women were using Shukhi followed by Femicon (38%) and Nordette-28 (11%). Other insignificant brands were Minicon, Femipil, Ovastat Gold, Marvelon and Nordette. On average women were using current brands for about 28 months. There is little variation in use of OCP between the rural and urban areas and administrative divisions. The respondents who were not using OCP, among them majority (78%) women did not use OCP due to fear of side effects. One-fourth of women also claimed that it is hassle to intake regularly.

BATU on major brand of OCP

It is observed that 97 percent of women were aware about Shukhi and among them 61 percent ever tried and remaining never tried the brand. Findings also revealed that those women who were aware about Shukhi among them currently only 15 percent of women were using this brand and about 46 percent lapsed the brand. Likewise Shukhi, Femicon was the second highest reported aware brand of OCP

(94%), but the proportion of ever user was only 37 percent which is comparatively less as compared to Shukhi but higher than other major brands. On the other hand, those who were aware about Femicon among them only 13 percent were using this brand currently and 24 percent lapsed Femicon, which is also less as compared to Shukhi. It is important to mention that among the lapsed users of a particular brand of OCP about half of the women switched to other brand or methods. On the other hand, though awareness on Nordette-28 and Minicon is quite high, yet ever trial and current usages rate is quite low for both the brands. For Ovastat gold and Marvelon, awareness level, ever trial and current trial rate are quite less as compared to any other major reputed brands in the market.

Switching and buying pattern of current OCP users

Stopping or switching pattern of FPM is known. But there is lack of evidence regarding the switching pattern of OCP brands. For all current brand users, it is observed that irrespective of brands about half of them did not use any other brand immediate before the current brand. Those women were currently using Shukhi among them one-third were the user of Femicon and same observation is observed among current Femicon users. It was also found that most of the current brand users used Femicon. Findings revealed that mostly (59%) women switched due to not suit with body. Other significant reasons were higher price of pill (21%), unavailability of pill (14%) and child become older (12%).

Brand loyalty on OCP

Findings revealed that irrespective of brands except Shukhi, mostly husband collect the current brand of OCP and ranges from 84 to 94 percent. On the other hand, mostly field workers supply Shukhi at home or women themselves collect Shukhi from the sources. On average Shukhi users collect 2 cycles of pills and other users 1 cycle of pill each time. Similarly, irrespective of major brand of OCP, majority respondents stated that they purchase similar brand each time and it ranges from 85 to 93 percent for different brands, which indicates a strong brand loyalty among the users. In response to tackling ways during shortage of pills, one-fourth of Shukhi users reported supply is regular followed by use other method (44%) and visit pharmacy (18%). However, other major brand users stated that mostly they visit other pharmacy (58% to 72%) followed by use other method or purchase other brands (18% to 25%). This finding also support strong brand loyalty. On the other hand, findings revealed that only 14 percent of current users intended to switch their current brand in future. However, it is important to note that mostly respondents intended to switch if they experience any problems with current brand or if the price is increased. In general, it can be mention that the current users have strong loyalty on their current brand of OCP. On the other hand, those intended to continue their current brand in future they were asked to report the reasons for such intention. Findings revealed that irrespective of brand majority women (Shukhi 68% and other brand ranges from 78% to 95%) explained that current brand suit with body followed by 27 percent of Shukhi users stated that they receive free of cost.

Satisfaction level on currently used brand of pill

The respondents who were currently using pill, they were asked to know their satisfaction level about the currently used brand of OCP. Irrespective of brands,

respondents mostly showed positive attitude regarding suitability/adjustment of pill with body (87%). Similarly in response to availability of current used brand of OCP, most of the respondents showed positive attitude. Only few Shukhi users reported that they are moderately or not satisfied about the availability of brand. In general overall satisfaction level was quite high except few of the Shukhi, Minicon and Femipil users.

Price sensitivity to use current brand

All women were asked to know whether they switched their used brand due to increased price of OCP. About 16 percent Shukhi users reported that they switched due to increasing price whether this proportion was quite low for other brand of OCP user which ranges from 1 to 10 percent. Again, they were requested to inform their monthly expenditure for using current brand of OCP. Findings suggest that on average clients spent taka 14 for current brand of OCP. Findings show that women purchased their current brands slightly higher than the MRP.

In response to the query of future intention to use if the price of current brand is increased, majority women intended to continue the current brand. Findings revealed that irrespective of major brands, on average women agreed to pay additional 9-26 taka per cycle for different major brands of OCP. Regarding future intention to switch the current brand, only 11 to 15 percent women intended to switch all brands of OCP except Minicon (31%) and Femipil (25%). Higher proportion of Minicon users intended to switch may be due to their proper knowledge of use that Minicon is best for breastfeeding mothers. Similarly, 25 percent of Femipil users intended to switch may be due to lack of trust as being a new product.

Future intention to use SMC pill and name of brands

The respondents who were not using SMC brand currently they were asked to know their future intention to use SMC pill. Findings revealed that about 71 percent respondents did not show any interest to use SMC pill in future. Only one-fifth of them positively responded to use Femicon, 7 percent agreed to use Nordette-28 and other 3 percent only Minicon and Femipil. Since majority women disagreed to use SMC pill in future so they were requested to state the reasons. Among 1409 women 26 percent reported that they use currently other methods and use currently other brand of pill also reported by 9 percent of women. About 11 percent stated that no need to use any method, 7 percent claimed it is hassle to use. However, 23 percent of women claimed that SMC pill does not suit with body followed by quality is not known and 10 percent claimed as higher price of SMC pill. On the other hand, those showed interest they stated SMC pill suit with their body (60%) followed by SMC pill is good quality with high price (34%).

Media habit and exposure on messages

Overall, 10 percent of the respondents reported that they listen to radio and the proportion is comparatively lower among the respondents in Sylhet and Khulna. Exposure to radio is comparatively higher among rural women as compared to urban. On the other hand, proportion of watching television is quite higher than listening radio. About 70 percent of the women watch television where 36 percent watch regularly and 34 percent watch occasionally. Those who watch television,

they named ten Bangladeshi television channel which they watched during last 15 days of survey where BTV was the highest reported channel (86%). So BTV may be an appropriate electronic media for introducing educational materials to increase awareness among the people about brand of OCP. Similarly, the information about their habit of reading newspaper or magazine was collected. Ninety three percent of them did not read any newspaper/magazine. Yet, 6 percent of them read only newspaper.

The study investigated media exposure of OCP. About half of the respondents (48%) reported that they have seen advertisement on OCP through any channel. Among them only 44 percent of the respondents could recall the messages. Regarding the sources/information of messages through advertisement 56 percent of respondents could not mention who were the information providers. However, those mentioned the sources among them more than 97 percent reported about TV as the source for message.

Conclusion

The married women of reproductive age were highly aware about Femicon as compared to other SMC pill. So SMC need to improve/strong media promotion to increase awareness of their other brand of pill. It is observed that service provider, health worker and television are most dominant channel to receive information on OCP. Therefore, for designing the future communication of OCP campaign SMC should address service provider and television as major channels. Brand trial is also quite satisfactory particularly for Femicon and Nordette-28 as compared to other available brands in the market. So, SMC can develop some communication messages to increase the use of other brand of OCP. There is some regional variation regarding BATU on OCP especially in Sylhet division. So, more extensive BCC/IEC materials and activities are required especially for the women in Sylhet to increase its use in future as well as to capture a significant market share of SMC pill.

It is observed that generally pill customers are not price sensitive. Majority of women (87%) reported that they will not switch their current brand if the current price is increased by tk. 9-26 based on different brands. It is evident that most of the respondents are loyal to their current brands. So, to retain the current use of SMC pill, SMC should ensure product quality as well as ensure availability of products.

Findings show that about 30 percent of the current users of OCP rather than SMC pill users were intended to use SMC pill in future. It was observed that Shukhi users were also intended to switch their current brand. So there is a potentiality of capturing a significant market share of existing pills including GoB by the SMC pill through improving marketing strategies and extensive BCC activities, targeting the profile of Shukhi user.

It has been observed that suitability with body is the prime factor for selecting any brand of OCP. So, there is a scope to develop a communication message which will highlight "suitability with body" to build trust among the target group of OCP about the suitability for SMC pill. Along with quality, accessibility of pill should be emphasized through a strong distribution network for avoiding brand switch and to

ensure sustained and continuous use of proposed OCP as the users are loyal to their current brands and women collect same brand even experience shortage of supply.

Husband plays a critical role for preferring the current brand or any new brand of OCP and also mostly husband buy OCP. Survey data also show that service providers are major influencing factor for preferring any brand of OCP. So, to increase use of SMC pill as well as retain the current use of OCP, SMC may take massive motivational program for the service providers to prescribe the SMC pill through motivating husbands. Television is the most popular source of information for receiving message on OCP. So SMC can explore this opportunity to grow interest in OCP among non-users using television.

CHAPTER ONE

INTRODUCTION, STUDY OBJECTIVES AND METHODOLOGY

1.1 Introduction

SMC has been significantly contributing to the overall success of national reproductive and child health program. In 2007, SMC provided 3.94 million CYP through offering three modern methods - oral pills, condoms, injectable. As BDHS 2004 shows, 30 percent of the modern contraceptive users reported that they use SMC brand contraceptives. SMC is significantly contributing in effective diarrheal management program as well. SMC sold 183 million sachets of ORS during FY 2007.

SMC's current product lines includes five condom brands (Raja, Hero, Panther, Sensation and U&ME), three oral contraceptive pills (Nordette-28, Femicon and Minicon), Injectable contraceptive (SOMA-JECT) and two packaged ORS (ORSaline N and ORSaline Fruity). The Company has a little over 100 sales personnel who are distributing products to more than 225,000 retail outlets countrywide.

The major programs that SMC implement include maternal health, child health and STD/AIDS prevention program. The major support programs SMC implements include customer education program and health communication program.

SMC enhances the capacity of the private medical practitioners to offer clinical contraceptive method (injectable) through its Blue Star program. It works through a network of 3600 private medical practitioners as a new channel for marketing the clinical contraceptive (currently injectable) with high quality of service-delivery. SMC implements Health Providers Training Program through which knowledge and skills of private sector health providers including drug sellers and rural medical practitioners are strengthened in order to better over-the-counter services including counseling for family planning methods.

SMC addresses the issue of reduction of the transmission of STD and HIV/AIDS among the defined high-risk populations through its "Shurockkha" program, which is currently being implemented under Bangladesh AIDS Program (BAP).

Mobile Film Program (MFP) is considered as one of the important strategies to reach the rural population. The objective of operating MFP is to educate people on health issues through enter-education films. The program includes messages on family planning, child and maternal health, diarrheal management, HIV/AIDS prevention and other social priority issues like anti-trafficking and education.

SMC has been social marketing oral contraceptive pills over the period of three decades. At present, SMC has three OCP brands – Nordette-28, Femicon and Minicon. Demographic and Health Survey (BDHS) 2004 shows that national CPR for pill is 28.5 percent. Of the pill users, 45 percent accounts for SMC brand OCPs, 41 percent accounts for GOB source and 5 percent NGOs and the rest is others including commercial sector.

According to Consumers' Retail Audit data, SMC brand pills have 92% share of the countrywide retail market. Among the other retail brand, Ovastat Gold and Marvelon of Nuvista are enjoying around 6 and 2 percent market share respectively. Besides, there are some other brands like Lyndiol, Minulet, Cilest, Desolon, Lynes are also available in the market.

Information on Brand Awareness, Trial and Usage (BATU) are critical for social markets of the SMC products. SMC can monitor the brand dynamics through its consumer retail audit. However, retail audits are not in a position to fully answer why certain brands show certain trends. BATU can address these issues more specifically since it is done to get the perspective of the users.

1.2 Objectives of the study

The overall objective of the study was to assess the level of awareness, trial and usage of different SMC as well as other available OCP brands all over the country. It is understood that the collected information will help SMC to develop its marketing and promotional strategy. The more specific objectives of the study were as follows:

- Determine the level of awareness, trial and usages of SMC's, GOB and other available OCPs among the target population
- To assess knowledge on OCP and decision maker on current brand of OCP
- Find out the switching pattern and satisfaction level of currently used brand of OCP
- Determine price sensitivity and find out intention to use current and SMC pill in future
- Examine the media exposure of respondents.

1.3 Methodology of the Study

1.3.1 Data collection techniques

Since the study objective was to gather information from the OCP users and potential users regarding brand, awareness, trial and usages of OCP for developing its marketing and promotional strategy as well as to explore current use pattern, brand switching pattern, future intention to use, brand image and prospect, reasons for switching and drop out of OCP, the main thrust of the study was quantitative in nature. On the other hand findings of BDHS 2007 and KAPP study on OCP by SMC reveals that most of the users jointly decide with their husband for selecting OCP as contraception method. So husbands were also potential for this study to provide relevant information about the proposed OCP brand. So we also put emphasis for collecting information from the husbands of the interviewed women. However it can be noted that one-fourth of husbands from the interviewed women has been selected through systematic random sampling procedure for husband interview.

1.3.2 Study Population and Sample Respondents

As per RFP provided by SMC, MWRA were the sample respondents for the study. Since this was a BATU study on OCP, our understanding was that the current and potential OCP users would be the respondents for the study. Current users were those MWRA who were currently using OCP for at least last six months period and potential

users were those who were either Condom/Injectable/Traditional method users or non-users. Therefore, all married women except Long term and Permanent method users aged between '15 to 49' constituted population for the study. As mentioned earlier our secondary target groups were the husbands of either current or potential users of OCP.

1.3.3 Sampling Design and Sample Size Calculation

According to the RFP, the study was representative at national level covering urban and rural respondents of six divisions. Moreover, as SMC expected that proposed study will provide an opportunity of divisional level analysis to compare the BATU regarding OCP to develop its marketing strategy, so we considered each division as a separate stratum for calculating the sample size. Sample size has been calculated based on the following standard formula where population size is more than 10,000:

$$n = \frac{p(1-p)z^2}{(\text{error})^2} \times d$$

Where:

n= required sample size;

p= the proportion in the target population estimated to have a particular characteristic;

e= sampling error (degree of accuracy desired);

z= the standard normal deviate at 95% confidence level;

q= 1-p; and

d= design effect=1.4

It is evident that there is some regional variation of contraceptive use across the country. So for better precision of the findings and smooth implementation of the study, respondents have been selected according to CPR of each division. Another reason was that this process would help to get reasonable number of OCP users from the respective areas.

According to the data of BDHS 2007, OCP was found the most popular method of the modern contraception. But there were some regional variation of using OCP by the currently married women. Since the study dealt with the current and potential OCP users and only there was available estimate of current OCP use, so in this study p value has been considered as the current OCP use rate by each division. Thus, taking p as 0.279, 0.24, 0.276, 0.307, 0.357 and 0.133 respectively for Barisal, Chittagong, Dhaka, Khulna, Rajshahi and Sylhet division (BDHS 2007), with sampling error set at ± 0.05 , at 95% level of significance, the calculated sample size was respectively 430, 390, 420, 450, 470 and 240 for each division respectively.

Suppose for Barisal, p = 0.279, q = 0.721, z = 1.96, e = 0.05, d=1.4

Then, $n = (z^2 pq / e^2) \times d$
= 430

So, to yield the study result with adequate statistical precision by division, we have taken total 2400 respondents (430+390+420+450+470+240) from all divisions. In addition, we conducted a total of 600 interviews with husbands of current and potential users of OCP, 100 interviews from each division. Finally, the total sample size were 3000; where 2400 for women and 600 for husbands from the 6 divisions.

1.3.3.1 Selection of urban and rural sample ratio

The preliminary findings of 2007 BDHS show that the proportion of OCP use is higher in urban areas than rural. For better coverage covered equal number of sample for urban and rural areas i.e., 1200 from urban and 1200 from rural areas..

Table 1: Proportional distribution of respondents

Divisions	Respondents Distribution		
	Rural	Urban	Total
Barisal	215	215	430
Chittagong	195	195	390
Dhaka	210	210	420
Khulna	225	225	450
Rajshahi	235	235	470
Sylhet	120	120	240
Total	1200	1200	2400

1.3.3.2 Selection of study sites and PSUs

Total 12 districts have been selected from 6 divisions and 24 upazilas has been selected from 12 districts for collecting relevant information. Twelve districts comprised 6 divisional districts and other 6 randomly selected districts from each division. Similarly 24 upazilas comprised 12 sadar upazilas and other 12 randomly selected upazilas of these districts. So a total of 24 areas have been covered for national coverage. A total of 70 PSU has been selected from all 24 upazilas for wide geographical coverage to ensure the national representation of collected data. Approximately 35 samples have been drawn from each PSU. The distribution of PSUs included for each division was as follows:

Table 2: Proportional distribution of sites (PSU)

Divisions	Respondents Distribution		
	Rural	Urban	Total
Khulna	4	4	8
Dhaka	9	9	18
Barisal	4	4	8
Sylhet	4	4	8
Chittagong	6	6	12
Rajshahi	8	8	16
Total	35	35	70

1.3.4 Data Collection Tools

Two sets of instruments were used for data collection. Instruments were:

1. Semi-structured questionnaire for face to face interview with primary respondents, i.e., interview with current and potential user of OCP
2. Semi-structured questionnaire for face to face interview with secondary respondents, i.e., interview with husbands of current and potential users of OCP

CHAPTER TWO BACKGROUND CHARACTERISTICS OF RESPONDENTS

2.1 Age of respondents

The study interviewed 2400 ever-married women of reproductive age. Table 1 shows the distribution of ever-married women by various background characteristics. Data shows that one-fourth of the women were aged between 25-29 years followed by 23 percent of 20-24 years and one-third of 30-39 years. There is no divisional and urban rural variation regarding the age distribution of respondents. The mean age of the respondents was 28 years and the mean age of husband was 36 years.

2.2 Educational attainment

Concerning educational attainment of the respondents, it can be observed that 6 percent women were illiterate, only 17 percent could read and write, 14 percent had at least some primary education, 41 percent had at least some secondary education, while another 18 percent had at least SSC or higher education. Almost similar findings were observed regarding the educational attainment of husband where 6 percent never attended school, 17 percent can read and write, 12 percent had completed at least some primary education, 36 percent had completed at least some secondary education and rest of the husband had completed at least SSC or higher education.

2.3 Employment status

Survey findings show that majority (90%) of the women reported that they were housewife and rest were salaried employee and skilled worker. On the other hand, about 30 percent of the husband's profession was business (small 9% and large 21%) followed by salaried employee (20%) and farmer (18%). Other reported professions were unskilled worker (8%), rickshaw puller (7%), and skilled worker (7%).

Table 3: Background characteristics of respondents

Background characteristics	Divisions					Area			(In %)
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	All
Age of respondents									
15-19 yrs.	12.9	8.7	6.2	3.8	8.5	7.8	8.5	8.1	8.3
20-24 yrs.	20.0	21.8	22.5	21.3	27.8	23.8	23.0	22.8	22.9
25-29 yrs.	24.1	25.2	22.0	29.3	28.6	22.7	25.8	23.9	24.9
30-34 yrs.	20.9	18.9	19.3	22.6	16.0	21.5	19.7	19.8	19.8
35-39 yrs.	14.9	17.4	18.8	13.0	14.2	14.7	14.4	17.0	15.7
40 and above-44	7.1	8.0	11.2	10.0	4.9	9.5	8.5	8.3	8.4
Average	28	29	30	29	27	29	28	29	28
Age of husband									
Below 25 yrs.	5.3	4.1	3.4	1.7	5.4	6.7	5.0	4.4	4.7
25-29	20.7	19.1	15.8	13.4	23.5	19.2	19.7	18.2	19.0
30-34	20.7	17.9	17.4	22.6	24.2	20.0	20.8	19.7	20.3
35-39	20.0	18.9	22.5	22.6	21.4	19.8	20.2	21.3	20.7
40-44	18.0	20.6	18.3	16.3	12.4	16.8	16.3	18.1	17.2
45-49	9.8	9.9	12.6	14.6	11.1	12.0	11.1	11.8	11.5
50 or above	5.3	9.4	9.9	8.8	2.1	5.5	6.9	6.5	6.7
Average	35	36	37	37	34	35	36	36	36
N	449	413	436	239	388	475	1220	1180	2400

Table 3: Background characteristics of respondents (continued)

Background characteristics	Divisions					Area			(In %)
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	All
Education of respondents									
Illiterate	2.9	9.2	5.5	8.8	1.5	9.1	5.0	7.1	6.0
Can read and write	17.1	24.9	13.1	18.4	11.3	18.5	16.1	18.3	17.2
Class 1 to 4	20.9	10.2	15.4	9.2	8.8	13.5	13.6	13.3	13.5
Class 5 to 10	44.5	42.6	42.4	47.7	52.3	44.8	44.1	46.9	45.5
SSC/Dhakhil	8.0	8.2	14.0	6.3	17.8	5.7	10.4	9.7	10.1
HSC	4.2	1.7	7.3	4.6	5.7	3.4	5.4	3.5	4.5
Bachelor and above	2.2	3.1	2.3	5.0	2.6	5.1	5.3	1.2	3.3
Education of husband									
Illiterate	2.9	9.9	5.0	7.9	1.5	6.9	4.9	6.3	5.6
Can read and write	18.5	22.3	11.9	25.1	8.8	19.8	14.8	19.8	17.3
Class 1 to 4	16.3	9.2	13.8	8.4	5.4	13.9	10.6	12.6	11.6
Class 5 to 9	38.3	35.6	33.3	33.9	36.9	36.4	36.2	35.5	35.9
SSC /Dhakhil	8.2	8.2	13.5	7.5	23.7	5.9	11.0	11.4	11.2
HSC	8.7	7.0	12.4	6.3	12.9	5.1	9.8	7.8	8.8
Bachelor and above	7.1	7.7	10.1	10.9	10.8	12.0	12.7	6.6	9.7
Occupation of respondents									
Housewife	95.8	78.9	93.6	92.9	94.3	86.5	87.3	93.1	90.1
Sewing/cottage industry	2.0	9.0	0.0	1.7	2.1	3.8	4.7	1.6	3.2
Poultry	0.4	0.2	0.5	0.0	0.0	3.8	0.2	1.8	1.0
Salaried employee	1.3	2.9	3.0	3.3	1.0	2.9	2.9	1.9	2.4
Daily labor	0.0	7.3	1.1	0.8	1.3	1.7	3.1	1.0	2.1
Business	0.0	1.5	0.5	0.4	0.5	0.2	0.7	0.3	0.5
Others	0.4	0.2	1.4	0.8	0.8	1.1	1.2	0.3	0.8
Occupation of husband									
Farmer	22.9	15.5	21.6	26.4	5.9	16.8	10.7	25.2	17.8
Unskilled worker	5.3	5.6	11.7	5.9	6.2	11.8	6.8	9.2	8.0
Skilled worker	4.5	8.5	8.7	7.1	1.5	8.2	7.3	5.6	6.5
Rickshaw/van/boat driver	10.2	8.2	6.9	2.1	3.1	8.2	7.0	6.8	6.9
Truck/bus/CNG/Taxi driver	4.7	6.3	1.8	3.8	4.6	4.8	6.2	2.5	4.4
Professionals	5.6	0.7	4.8	5.9	0.5	3.2	4.1	2.5	3.3
Salaried employee	12.9	23.0	17.4	18.8	34.3	17.3	22.4	18.3	20.4
Businessman (< 5000 Tk.)	13.8	7.3	7.1	5.0	6.4	11.6	9.0	8.9	9.0
Businessman (>=5000 Tk.)	18.0	22.5	14.0	19.2	34.3	16.2	23.8	17.0	20.5
Unemployed/student	0.4	0	0.5	4.2	1.5	1.3	0.4	1.8	1.1
Others	1.3	2.2	5.5	1.3	1.5	0.2	1.9	2.2	2.0
N	449	413	436	239	388	475	1220	1180	2400

2.4 Demographic and family information

Thirteen percent of respondents didn't have any child. About 27 percent of the respondents had only one child, 47 percent had two-three children and other 9 percent had at least 4 or more children. The average number of children was 2 both in urban and rural area. But the average number of children was higher in Sylhet division. The respondents were asked to know their desired number of children. Nationally one out of four women reported that they desire for another child and this proportion was quite higher both in Dhaka (31%), Barisal (29%) and Sylhet (29%) division.

When we see the duration of marriage life of the respondents, it can be seen that the average duration of marriage life of the respondents was 12 years. Regarding type of respondent's family, 81 percent of women reside in a single family whereas

19 percent of women reside in a joint family. Average family members of the study sample were 5. Though the national family planning program put emphasis on delay first birth, the present study shows that the average duration of limit between marriage and first birth is 27 months.

Table 4: Distribution of demographic and family characteristics

Characteristics	Divisions							Area		(in %)
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	All	
Type of family										
Joint	10.9	24.2	20.9	32.6	24.7	11.6	19.2	19.9	19.5	
Nuclear	89.1	75.8	79.1	67.4	75.3	88.4	80.8	80.1	80.5	
Average no. of family members	4	5	5	6	5	4	5	5	5	
Average months until first birth	27	28	28	24	24	27	27	27	27	
No. of living children										
0	19.2	12.6	9.2	6.3	15.2	10.5	12.8	12.4	12.6	
1	27.8	22.5	24.8	26.8	26.3	33.7	28.4	25.8	27.2	
2-3	45.0	50.4	49.3	38.9	48.2	46.7	46.1	47.9	47.0	
4-5	7.1	12.6	14.4	24.7	8.2	8.0	11.4	11.6	11.5	
5+	0.9	1.9	2.3	3.3	2.1	1.1	1.3	2.3	1.8	
Average	2	2	2	3	2	2	2	2	2	
Desire for children										
Yes	21.8	31.0	29.0	29.0	21.6	10.8	23.0	23.5	23.3	
No	61.7	67.6	65.7	61.6	56.8	63.1	62.9	63.1	63.0	
Didn't decide	16.3	1.4	5.3	8.9	21.6	25.9	13.9	13.3	13.6	
DK	0.3	-	-	0.4	-	0.2	0.2	0.1	0.1	
Duration of marriage life (yrs.)										
1Yr.	5.3	6.1	4.4	2.9	10.1	4.2	5.7	5.4	5.6	
2 Yrs.	7.8	5.8	4.8	7.9	8.0	3.2	5.9	6.2	6.0	
3-5yrs.	16.5	14.3	10.1	18.0	16.8	18.5	15.7	15.4	15.5	
6-9yrs.	17.1	18.6	17.4	17.6	20.4	17.5	19.8	16.3	18.1	
10-14yrs.	21.8	20.1	20.2	22.6	19.3	20.8	20.8	20.6	20.7	
15-19yrs.	16.3	15.7	18.8	14.2	13.9	14.7	14.5	17.0	15.8	
20yrs. and above	15.1	19.4	24.3	16.7	11.6	21.1	17.5	19.1	18.3	
Average	11	12	13	11	10	12	11	12	11	
N	449	413	436	239	388	475	1220	1180	2400	

2.5 Wealth index

An index of household economic status was created with information of household ownership assets collected in the survey (electricity, almirah, table, chair, khat, chouki, radio, television, satellite connection, CD/VCD player, computer, internet connection, bicycle, motor cycle, sewing machine, mobile phone, land phone and fridge). Through principal component analysis, sample has been divided into quintiles from one (lowest) to five (highest). Thus a single asset index was developed for the whole sample. Overall, the proportion of wealth indexes is similar. But the proportion of wealth index varies within the administrative divisions and areas.

Table 5: Economic status (wealth index) of respondents

Wealth index									(In %)
Wealth index	Divisions						Area		All
	Barisal	Ctg.	Dhaka	Khulna	Raj.	Sylhet	Urban	Rural	
Lowest	24.1	24.2	23.2	20.9	7.2	15.6	14.4	24.2	19.2
Second	31.4	18.9	23.9	15.9	13.4	25.3	18.9	25.7	22.2
Middle	15.1	20.1	19.3	17.2	21.4	18.3	18.9	18.2	18.6
Fourth	13.1	18.4	17.9	20.9	32.2	19.4	21.2	18.7	20.0
Highest	16.3	18.4	15.8	25.1	25.8	21.5	26.6	13.2	20.0
N	449	413	436	239	388	475	1220	1180	2400

2.6 Income status

The following Table represents the monthly income of respondents, their family expenditure and family income. More than 90 percent of respondents reported that they did not have any earnings. The average monthly expenditure was taka 7020 and income was taka 8342. It is also evident that both expenditure and family income is comparatively higher in urban areas as compared to rural areas. Similarly, there is also some reasonable variation between monthly expenditure and income.

Table 6: Monthly income distribution

Characteristics	Divisions								Area	(In %)
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	All	
Monthly income of respondents										
No income	96.4	80.4	95.2	94.6	95.4	87.8	89.3	93.6	91.4	
Less than 1000Tk.	0.9	5.3	1.6	0.4	1.0	8.2	3.0	3.4	3.2	
1000-1999Tk.	1.6	8.0	1.8	1.3	2.3	1.1	3.7	1.7	2.7	
2000-2999Tk.	0.2	2.9	0.5	0.8	0.3	0.2	1.1	0.5	0.8	
3000Tk. +	0.9	3.4	0.9	2.9	1.0	2.7	3.0	0.8	1.9	
Average	2,663	1,709	1,964	3,315	2,244	1,804	2,313	1,413	1,982	
Monthly expenditure of the family										
Less than 4000Tk.	25.0	11.7	14.9	8.8	6.5	36	14.4	22.5	18.5	
4000-5999Tk.	49.0	33.7	43.8	23.8	22.1	26.1	32.6	35.5	34.1	
6000-9999Tk.	17.4	31.7	31.2	29.7	35.3	21.1	29.2	25.1	27.2	
10000Tk.+	8.7	23.0	10.1	37.7	36.1	16.9	23.7	16.9	20.3	
Average	5,390	7,370	5,822	9,002	9,685	6,179	7,617	6,402	7,020	
Monthly income of the family										
Less than 4000Tk.	22.1	7.2	13.3	8.3	2.9	34.9	11.9	20.2	16.1	
4000-5999Tk.	43.0	30.1	36.9	23.0	14.1	24.4	27.7	31.0	29.3	
6000-9999Tk.	23.9	31.7	29.5	26.0	30.7	21.7	29.2	25.0	27.1	
10000Tk.+	11.1	31.0	20.2	42.7	52.4	19.0	31.1	23.8	27.5	
Average	5,797	8,738	7,028	10,554	12,835	6,826	9,196	7,459	8,342	
N	449	413	436	239	388	475	1220	1180	2400	

CHAPTER THREE

AWARENESS OF DIFFERENT FAMILY PLANNING METHODS AND OCP

One of the important aspects of the present study was to assess awareness on contraception since the use of family planning method (FPM) depends on awareness. The present chapter will discuss about the FPM, available brands of OCP and their sources of awareness on OCP.

3.1 Awareness of family planning methods

The present study has collected data from the married women of reproductive age. Information on knowledge of family planning methods was collected by asking respondents to mention name of methods which a couple could delay or avoid pregnancy. The respondents reported about the knowledge on seven modern methods of family planning (the pill, IUD, Injectables, Norplant, Condoms, Female Sterilization, and Male Sterilization) and two traditional methods of family planning (Periodic Abstinence and Withdrawal).

Knowledge of family planning methods is widespread in Bangladesh. All of the respondents know of at least one modern method of family planning and 9 percent of respondents know of at least one traditional method. On average, a woman has heard of 3 methods of family planning.

Almost all of the respondents heard about pills. More than 8 out of 10 heard about injectables and more than 7 out of 10 heard about condoms. Knowledge of other modern methods is also widespread; many of the respondents have heard of Implant/Norplant (27%), Copper T (33%) and Female Sterilization (30%). Knowledge of Male Sterilization and Traditional methods were lower than other modern methods. Virtually, there is little difference about awareness on FPM by divisions especially for long term, permanent and traditional method. Knowledge on family planning methods among husbands is quite similar to women for OCP, condom, injectable long term and permanent method (Table 35 in Annex).

Table 7: Distribution of awareness on family planning methods by division and areas

Awareness of FPM	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Any modern method	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
OCP	99.8	99.5	100.0	100.0	99.2	99.6	99.8	99.5	99.7
Injectable	82.9	86.7	87.6	76.2	72.2	81.1	79.6	83.7	81.6
Condom	63.7	70.9	78.9	61.9	62.6	82.1	71.6	70.3	71.0
Implant/Norplant	17.6	49.6	41.7	28.0	17.0	10.1	27.5	26.4	27.0
IUD/Copper T	28.7	49.9	39.9	28.9	25.5	25.1	32.9	33.5	33.2
Female sterilization	13.8	49.6	36.0	25.9	18.8	32.8	30.2	29.3	29.8
Male sterilization	6.7	25.9	20.0	13.4	3.9	20.0	17.4	13.1	15.3
Any traditional method	0.7	13.2	15.3	13.0	11.2	1.1	9.3	8.1	8.7
Safe period	0.4	12.3	14.9	9.2	10.1	1.9	8.6	7.0	7.8
Withdrawal	0.4	1.9	1.6	2.9	1.5	0.4	1.3	1.4	1.3
Mean no. of methods	3	3	3	3	3	3	3	3	3
N	449	413	436	239	388	475	1220	1180	2400

3.1.1 Awareness on OCP from top of the mind as first priority

Since this is a BATU study on OCP so information was collected to know the awareness on OCP from the respondents' top of mind as first priority. Findings revealed that mostly respondents reported about Shukhi (51%) followed by Femicon (34%) and Nordette-28 (8%). Other insignificant reported brands of OCP have shown in the following Table. It is found that there is difference in the response of Shukhi and Nordette-28 across the divisions and areas.

Table 8: Distribution of the name of brands on OCP from top of mind

Name of brand of OCP	Divisions						Areas		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Shukhi	60.4	49.6	61.9	48.5	40.7	40.5	45.7	55.6	50.5
Femicon	25.4	37.3	32.1	33.9	34.3	42.6	35.1	33.6	34.3
Nordette-28	8.2	6.5	1.6	10.9	14.4	6.3	9.9	5.3	7.6
Minicon	0.9	0.2	0.7	0.4	2.6	0.4	0.7	1.0	0.9
Femipil	0.4	-	-	-	-	0.2	0.1	0.2	0.1
Ovastat Gold	3.6	3.9	0.9	1.7	3.6	2.5	4.3	1.2	2.8
Marvelon	0.2	1.2	1.8	2.1	1.3	1.5	1.4	1.2	1.3
Minulet	-	-	-	-	-	0.2	0.1	-	0.1
Nordette	-	-	0.2	-	-	-	0.1	-	0.1
Cylest	-	-	-	-	0.5	1.3	0.3	0.3	0.3
Deslon	0.2	0.2	-	-	-	-	0.1	0.1	0.1
N	449	413	436	239	388	475	1220	1180	2400

3.1.2 Spontaneous awareness on OCP

After getting information on awareness on OCP from top of mind, secondly respondents were requested to the name other spontaneous brands of OCP. It is to be noted that interviewer was asked to circle the reported brand of OCP that has been covered during asking top of the mind as first priority. So following Table represents the results of combined data from top of mind and spontaneous response. Findings revealed that Shukhi (81%) was the highest reported brand followed by Femicon (77%), Nordette-28 (35%), Minicon (19%), Ovastat Gold (14%) and Marvelon (5%).

Table 9: Distribution of the name of OCP brands from top of mind and spontaneous responses

Name of brand of OCP	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Shukhi	93.3	83.5	92.9	67.8	78.1	67.1	78.8	84.1	81.4
Femicon	88.4	72.6	74.3	68.6	86.1	70.3	77.6	76.8	77.2
Nordette-28	46.5	32.9	21.3	28.0	55.9	25.9	41.1	29.1	35.2
Minicon	21.8	13.8	12.2	13.8	37.4	12.0	18.3	18.7	18.5
Femipil	2.7	1.2	1.1	2.1	2.1	1.1	1.9	1.4	1.7
Ovastat Gold	11.6	15.0	8.3	7.9	27.6	12.7	18.0	9.9	14.0
Marvelon	2.0	3.4	3.7	5.4	9.8	4.6	5.9	3.4	4.7
Lyndiol	-	-	0.2	-	0.5	0.4	0.2	0.3	0.2
Minulet	-	-	-	-	-	0.2	0.1	0.1	0.1
Nordette	0.2	0.0	1.1	-	0.3	0.2	0.6	0.1	0.3
Cylest	-	-	-	-	0.5	1.3	0.3	0.3	0.3
Deslon	0.2	0.2	-	-	-	-	0.1	0.1	0.1
N	449	413	436	239	388	475	1220	1180	2400

3.1.3 Overall awareness on OCP

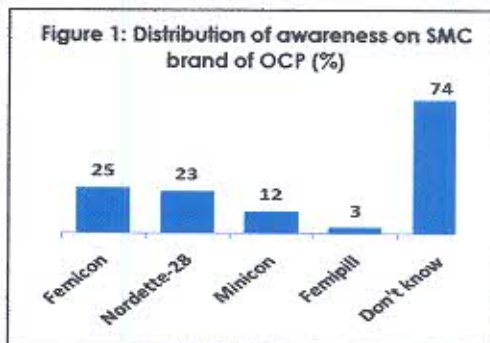
Study finally assessed to observe the total brand awareness on OCP. So ignoring all responses that has been covered during collecting awareness from top of mind and spontaneous, other selected reputed brands name were read out to the respondents to know their overall awareness level of these brands. Finally combining all responses, study findings show that Shukhi (97%) and Femicon (94%) was the highest reported brand. Other second highest reported brands were Nordette-28 (69%) and Minicon (62%), and third highest reported brands were Ovastat Gold (31%), Marvelon (22%) and Femipil (16%). It is to be noted that the proportion of women from Chittagong and Khulna reported Femipil poorly as compared to national figure. Regarding overall awareness on OCP, almost similar evidence is observed among the male of husband survey (See Table 36 in Annex).

Table 10: Distribution of overall awareness on OCP by brands

Name of OCP brands	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Shukhi	98.9	97.6	99.3	89.1	97.2	94.9	96.0	97.5	96.7
Femicon	96.2	93.4	90.3	89.5	99.0	95.6	94.9	93.7	94.3
Nordette-28	76.6	65.6	60.9	58.6	84.8	65.8	73.6	64.8	69.3
Minicon	54.8	66.6	58.1	56.9	80.4	55.3	64.1	59.6	61.9
Femipil	10.0	19.4	17.7	17.2	9.5	20.3	15.7	15.7	15.7
Ovastat Gold	30.5	31.2	23.0	27.2	51.8	24.5	37.0	25.3	31.2
Marvelon	19.6	16.0	16.4	28.9	41.5	16.5	26.8	17.6	22.2
Lyndiol	0.4	1.5	2.1	0.4	3.9	1.5	2.1	1.3	1.7
Minulet	-	1.5	3.4	2.9	0.3	0.4	1.9	0.7	1.3
Nordette	1.8	3.4	4.4	2.1	4.9	1.5	4.6	1.4	3.0
Postinor	0.2	1.9	1.1	0.4	1.5	0.2	1.3	0.5	0.9
Cylest	-	0.7	0.5	-	0.8	1.3	0.6	0.6	0.6
N	449	413	436	239	388	475	1220	1180	2400

3.2 Awareness of SMC brand of OCP

All of the respondents were asked to know either they can mention the name of SMC brand of OCP. Majority women (74%) reported that they do not know about SMC brand. However, 25 percent of women could name about Femicon, 23 percent about Nordette-28, 12 percent Minicon and only 3 percent named Femipil.



3.3 Awareness on supply sources of OCP by brands

The women who were aware about the OCP brands, they were asked to report the sources of supply of these respective brands. Findings clearly show that the prime source of supply of Shukhi were GoB hospital (64%) and health workers (48%). Though GoB pill "Shukhi" is provided from GoB hospital or by the health workers, yet 17 percent of them also reported pharmacy as a source of supply of Shukhi. On the other hand, more than 90 percent of respondents reported pharmacy as a source of supply for other reported brands of OCP and other insignificant sources were grocery shops (Table 11).

Table 11: Distribution of supply sources of OCP by brands

Brands	Sources						(In %)
	GoB Hospital	Private hospital/clinic	Health workers	Pharmacy	Grocery shop	Others	N
Shukhi	64.2	5.1	48.1	16.9	1.1	1.8	2319
Femicon	1.9	4.3	6.3	91.0	5.0	1.7	2260
Nordette-28	0.7	2.6	3.2	95.3	4.2	2.3	1661
Minicon	0.37	2.2	2.5	93.1	4.0	4.7	1483
Femipil	-	2.9	1.9	89.1	3.5	8.0	376
Ovastat Gold	0.5	2.8	1.7	92.8	2.5	4.7	748
Marvelon	-	4.7	1.3	92.7	1.7	5.3	533

3.4 Sources of awareness on OCP by brands

It has been observed that almost every respondent could name at least one brand of OCP. To ascertain the coverage of different sources of information on OCP in Bangladesh, women were asked from what sources they have heard about these brands. The following table represents sources of information on OCP by the reputed brands. It is well accepted that mass media are playing an important role in creating awareness about OCP among the general population in Bangladesh. Findings show that Television is by far the most important source of information among the reported brands of OCP except Shukhi. Other significant sources were neighbors/friends/relatives. In addition, fewer percentages of respondents reported about husband, sister/sister-in-law, MBBS doctor, pharmacy and GoB/NGO workers as the source of information (Table 12). On the other hand, Shukhi users heard about this brand from different sources and mostly they heard from GoB/NGO workers (50%), sister/sister-in-law (31%), mother/mother-in-law (22%) and neighbors/friends/relatives (23%). On average they heard about the OCP from two sources. Findings from husband survey also show similar evidence where TV is the prominent source of information. So it can be conclude that TV, health workers and signboard/billboard can play an important role in disseminating information on OCP.

Table 12: Distribution on sources of awareness on OCP by brands

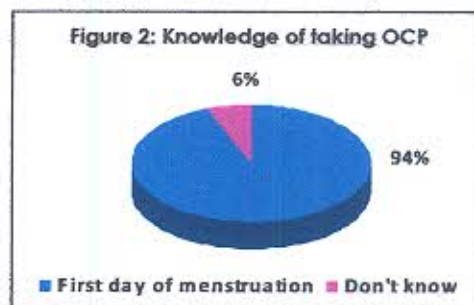
Sources	Brands							(In %)
	Shukhi	Femicon	Nordette-28	Minicon	Femipil	Ovastat Gold	Marvelon	
TV	-	37.3	45.1	44.7	31.9	48.8	52.0	
Neighbors/friends/relatives	22.5	35.9	34.6	34.6	38.6	27.9	21.0	
Husband	6.5	11.3	10.2	6.1	6.1	7.5	8.1	
Mother/mother-in-law/aunt	22.0	7.9	5.5	4.6	4.3	3.6	2.3	
Sister/sister-in-law	31.2	25.8	16.8	15.3	10.9	13.2	9.9	
MBBS doctor	0.7	2.9	3.9	4.0	3.7	5.9	5.6	
Non-graduate doctor	1.6	3.7	3.6	4.3	2.4	2.9	2.4	
Pharmacy	0.6	4.9	5.6	5.3	5.6	6.8	5.3	
Field workers/NGO workers	50.1	16.0	12.1	10.8	12.2	5.7	5.2	
DK	0.2	-	0.2	2.6	7.2	2.7	4.5	
N	2319	2256	1661	1483	376	748	533	

CHAPTER FOUR KNOWLEDGE ON OCP AND DECISION MAKER

Proper knowledge on OCP is an important factor for sustained use of OCP. This chapter describes knowledge on OCP including rule of taking OCP, who are eligible and who are not eligible to use OCP, and knowledge on side effects of OCP.

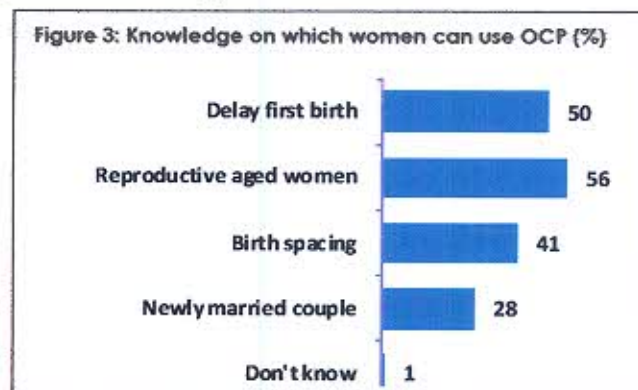
4.1 Rule of taking OCP

All women were asked to assess their knowledge of taking OCP. Findings revealed that 94 percent of women have the correct knowledge of taking OCP "OCP is needed to use from the first day of menstruation" and others reported that they do not know the rules of taking OCP.



4.2 Knowledge of which women are eligible or not eligible to use OCP

All respondents were further asked to assess their knowledge regarding who are eligible to use OCP. The respondents provided multiple responses. Findings revealed that two criteria include "women aged 14-49 years" and "who want to delay child" was reported by about half of the women each. Also 41 percent women reported about "birth spacing" and 28 percent supported for "newly couple". It is observed that there is no significant variation in responses by division and urban rural areas.



Similarly, all women were asked to know their knowledge regarding who can not use OCP. Table 13 suggest that they mostly reported about "pregnant women (70%)" followed by "can't move due to illness (14%)" and "women aged 35 years and smoke (10%)". Other reported responses were suffering from Jaundice (5%), ovary cancer (6%) and will be operated soon (6%). And other insignificant responses have shown in the Table.

Table 13: Knowledge of which women can not use OCP (%)

Brands	Area		All
	Urban	Rural	
Pregnant women	69.6	69.4	69.5
Women 35+ years and smoke	9.3	10.6	9.9
History of clotting blood	9.9	1.5	2.2
Jaundice/liver/heart disease	7.1	5.4	6.2
Ovary/breast cancer	8.7	7.4	8.1
Excessive/abnormal bleeding	4.0	2.7	3.4
Planned for operation	4.8	6.2	5.5
Can't move due to illness	15.2	12.2	13.8
Older women	1.6	2.5	2.0
Others	4.7	3.6	4.1
Don't know/can't say	16.9	16.5	16.7
N	1,220	1,180	2,400

4.3 Knowledge on side effects of pills

All women were asked to assess their knowledge regarding side effects of OCP. The following Table represents the knowledge of side effects of respondents. Findings revealed that 93 percent reported about headache and 86 percent stated nausea/vomiting. In addition, women also reported that it stops menstruation, cause bleeding and high blood pressure, which ranges from 11 to 16 percent. The following table shows that there is no significant difference of the responses regarding the overall knowledge on the side effects of OCP by areas.

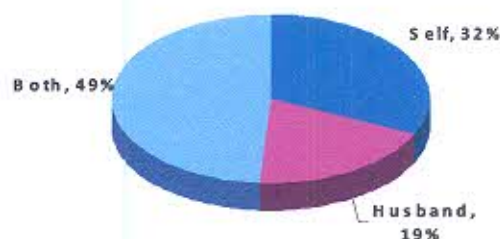
Table 14: Knowledge on side-effects of OCP (%)

Brands	Area		All
	Urban	Rural	
Stops menstruation	18.1	13.8	16.0
Bleeding	13.6	14.7	14.2
Headache	93.3	93.3	93.3
Nausea/vomiting	86.4	84.8	85.6
High blood pressure	11.8	9.7	10.8
Breast tenderness	1.3	1.4	1.4
Weight loss	1.6	1.4	1.5
Others (Gastric/obesity/ulcer/irritation in stomach)	4.9	2.2	3.4
N	1,220	1,180	2,400

4.4 Decision maker on current brand of OCP

Discussion between husband and wife about family planning is an important intermediate step towards eventual adoption and sustained use of contraception. Use of family planning methods is facilitated when husbands and wives discuss the issue and share their wives. Interviewers asked currently married women to know who decided to select current brand of OCP. About half of the respondents reported that they decided jointly followed by self (32%) and husband (19%).

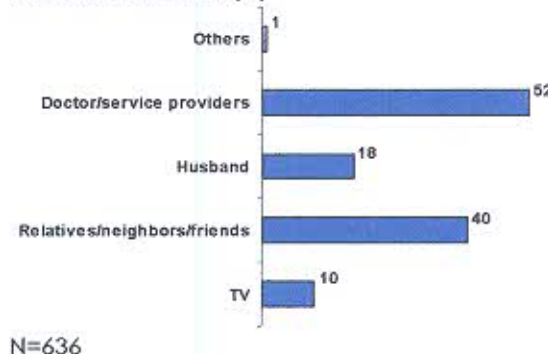
Figure 4: Distribution of decision maker on current brand of OCP (%)



4.5 Sources of influencing factors to use current brand of OCP

The following table represents the sources of influencing factors for selecting the current brand of OCP. To assess the sources of influencing factors for using current brand of OCP, It has been observed that mostly women were influenced by the doctor/service providers (52%) followed by relative/friends/neighbors (40%). On the other hand, 10 percent of women mentioned that their husband decided to use current brand of OCP. Several study findings show that mass media also play an important role for selecting the current brand and present data also revealed that 10 percent women were influenced by TV messages.

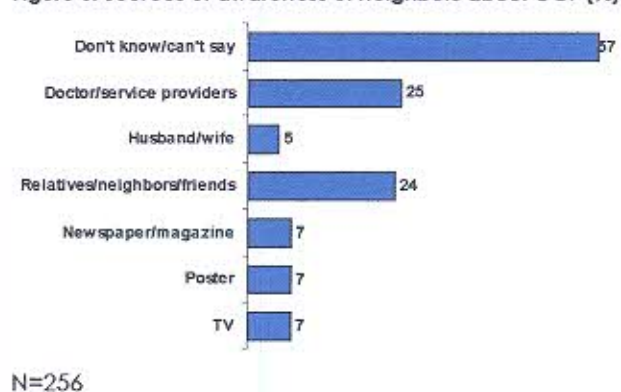
Figure 5: Distribution of factors influenced to use current brand of OCP (%)



4.6 Sources of awareness of neighbors about OCP

Despite husband, health workers and TV being important channels of sources, study findings show that many women received information from their neighbors or relatives (40%). Since neighbor/relatives are disseminating information on OCP, so study further investigated to have knowledge on the sources of information on OCP brands from the respondents who mentioned their source about neighbors/friends/relatives/family members. About 60 percent of the respondents

Figure 6: Sources of awareness of neighbors about OCP (%)



reported that they don't know about their source of knowledge. However, the prominent sources were service providers (25%). Other sources were newspaper/magazine (7%), poster (7%), TV (7%) and husband (5%). In addition, 43 percent of them also reported that they have heard from their neighbors/ friends/ relatives/ family members.

4.7 Brand loyalty factors for selecting current brand of OCP

Study concentrated to find out the factors for selecting current brand of OCP. More than ten indicators were reported by the respondents for choosing the current brand of OCP. Irrespective of brands, majority of the women reported that suitability with body is very important followed by quality of the brand and availability of the brand (Table 15). In addition to suitability with body and availability, Shukhi users also emphasized free of cost rather than quality of brand. Earlier findings also supported that most of the women were using current brand due to suitability with their body. Basically these factors are very important for selecting a new brand of OCP. Not like these indicators, yet women mentioned other indicators that have been shown in the following Table.

Table 15: Distribution of reasons for selecting current brand of OCP

Brands	Brands							(In %)
	Shukhi	Femicon	Nordette-28	Minicon	Femipil	Ovastat Gold	Marvelon	
Good quality	5.2	29.0	40.7	38.5	33.3	43.5	55.6	
Higher price	0.9	2.0	1.2	-	-	13.0	5.6	
Low price	12.8	5.1	3.5	-	-	-	-	
Free of cost	49.6	0.3	-	-	-	-	-	
Suits with the body	58.3	85.9	81.4	61.5	66.7	78.3	83.3	
Easily available	11.4	10.8	14.0	23.1	8.3	13.0	5.6	
Govt. pill is not available	0.3	1.3	4.7	7.7	16.7	-	-	
Reliable brand	0.9	2.4	8.1	-	-	4.3	11.1	
Doctor suggested	0.3	-	-	-	-	4.3	-	
Husband wanted	-	1.3	2.3	-	-	4.3	-	
Child gets breast milk	-	-	-	-	-	-	-	
Others	0.9	2.0	2.3	-	-	4.3	-	
N	343	297	86	13	12	23	18	

CHAPTER FIVE BRAND TRIAL OF OCP

One of the important aspects of the present study was to find out trial on ever use of OCP, current use of family planning method, current use of OCP and brands. Apart from these issues, the present chapter will discuss about the reasons for not using OCP ever. These findings are essential for having an idea of particular brand of OCP that are existing in the market.

5.1 Ever use of OCP

Social Marketing Company distributes Pills, Condoms, and Oral Rehydration Salts through a network of retail outlets (pharmacies, small shops, and kiosks) spread across the country. The Social Marketing Company carries several brands of oral contraceptives, namely Nordette-28, Femicon, Minicon and Femipil. In addition to brand awareness, study emphasized to know the ever and current trial of OCP. So, all women were asked whether they had ever used any brand of OCP. Ever use of OCP in the survey refers to use of that method at any time, without making a distinction between past and current use.

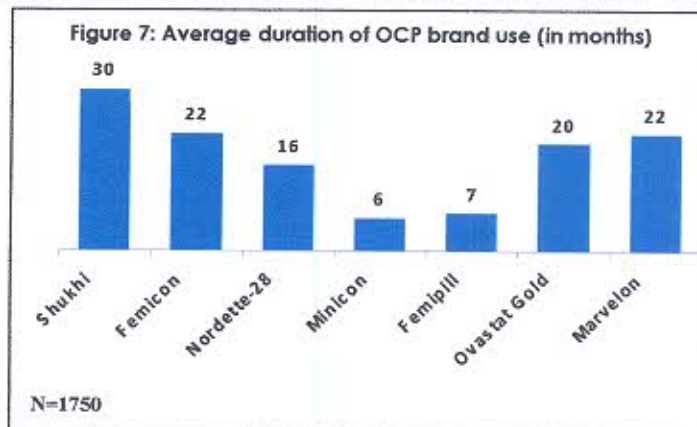
Among ever-married women, about three-fourth (73%) have used OCP at some time. It is evident that OCP is by far the most commonly used method in Bangladesh. The women who used OCP ever, among them 61 percent reported about Shukhi and the next most commonly used OCP was Femicon (48%). Shukhi was widely ever used brand by most of the respondents as government is providing free of charge through government field workers and clinics and at a nominal charge from nongovernmental service providers. On the other hand, Femicon is the most widely used social marketing brand of pills nationally. Also about one-fifth women reported that they used Nordette-28. Other reported brands were Minicon, Ovastat Gold and Marvelon, which range from 5 to 8 percent. Findings also revealed that ever use of OCP does not vary by urban-rural areas and administrative divisions. Findings of women survey coincide with the husband survey (See Table 37 in Annex).

Table 16: Distribution of ever use of OCP brands by divisions and areas

Ever OCP use & brands	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Ever used pill	77.3	70.2	74.8	64.4	75.5	71.5	73.8	72.0	72.9
Never used any pill	22.7	29.8	25.2	35.6	24.5	28.5	26.2	28.0	27.1
N	449	413	436	239	388	475	1220	1180	2400
Shukhi	62.8	80.0	78.5	55.2	45.4	44.2	60.0	62.9	61.4
Femicon	45.0	45.2	41.4	54.5	46.4	59.6	48.3	48.2	48.3
Nordette-28	18.4	12.1	11.7	26.0	32.1	14.7	21.3	15.2	18.4
Minicon	7.5	7.2	4.9	9.7	11.9	6.8	7.4	8.1	7.8
Femipil	1.4	2.4	1.8	0.6	0.7	1.8	1.0	2.1	1.5
Ovastat Gold	6.1	2.1	6.7	3.2	17.1	5.0	8.3	5.4	6.9
Marvelon	4.3	3.4	3.4	7.1	7.5	4.4	5.1	4.5	4.8
Lyndial	-	0.3	-	-	1.0	0.3	0.3	0.2	0.3
Minulet	-	-	0.3	-	-	-	0.1	-	0.1
Nordette	0.3	0.3	0.3	-	-	-	0.3	-	0.2
Postinor	0.3	0.3	-	-	-	-	0.1	0.1	0.1
Cylest	-	0.3	-	-	-	-	0.1	-	0.1
N	347	290	326	154	293	340	900	850	1750

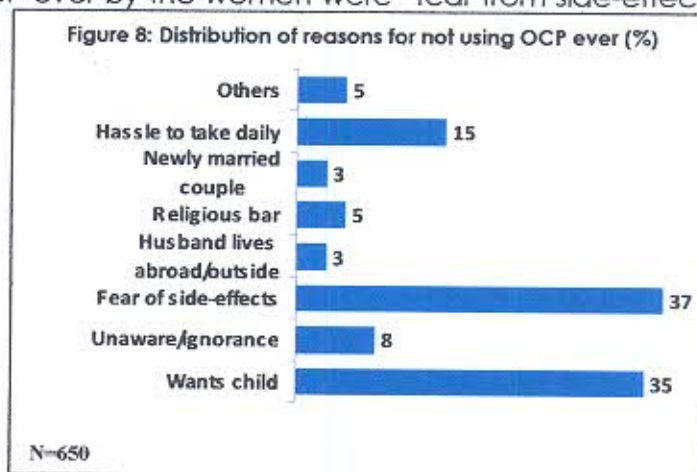
5.2 Average duration of OCP (in months) use by brands

Study findings indicate that about half of the OCP users discontinue or stop their brand within 12 months (BDHS 2004). However, there is no evidence about the duration of continuation of OCP by brands. The present study tried to find out the duration of ever used brand of OCP. The following figure represents the name of OCP brands that were ever used by the women according to duration of use. Duration has been calculated by months and presented in the following Figure by brands. Findings suggest that on average women used Shukhi 30 month which was the highest duration of use as compared to other brand of OCP. It may be occur due to free supply of Shukhi at household level by the field workers. Similarly, Femicon, Nordette-28, Marvelon, Ovastat Gold and Femicon range from 16 to 22 months. Data show that the duration of continuation of Minicon and Femipil is comparatively low. It may be due to Minicon is advised to continue for breastfeeding mother only and Femipil has introduced recently in the market.



5.3 Reasons for not using OCP ever

Study further explored the reasons for not using OCP ever among the potential users. The prime reasons for not using OCP ever by the women were "fear from side-effects (37%)", "want child (35%)", "hassle to intake pill regularly (15%) and "ignorance (8%)". In addition, some women reported that "husband lives outside (3%)", "religious constraint (5%)", and "newly married couple (3%)". Other insignificant reasons have shown in the corresponding Figure 8. So it is observed that there is misconception among the women regarding side-effects of OCP. Without educational activities it would be quite difficult to increase its use to achieve family planning program tremendously. So, extensive educational campaign along with sensitization activities is an emerging issue to increase the use of OCP.



5.4 Current use of family planning methods

In the study, current use of contraception is defined as the proportion of currently married women who report that they are currently using a family planning method. Overall, 66 percent of currently married women in Bangladesh are using a

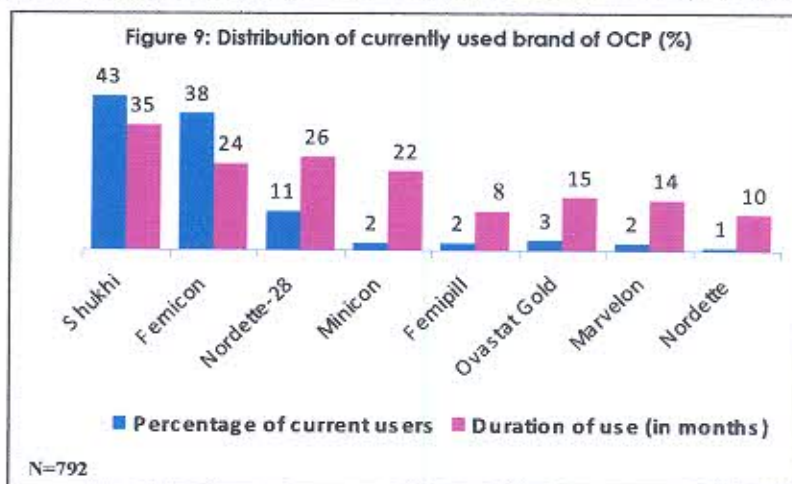
contraceptive method, with 60 percent using a modern method and 6 percent relying on traditional methods. Oral contraceptive pill is the most popular method of contraception, with one-third (33%) of currently married women using this method. It now accounts for 50 percent of all contraceptive use and 55 percent of modern method use in the country. Other commonly used methods are injectables (13%), condoms (7%) and periodic abstinence (8%). Less than 2 percent of married women reported the use of Norplant and IUD. Table 38 in Annex revealed that the husband reported current use of FPM slightly high than women. Current use of condom varies by urban-rural areas. There is little variation in use of other methods between the rural and urban areas. Data shows that current contraceptive use rate was higher in all of the divisions except Sylhet (57%).

Table 17: Distribution of current methods using by respondents

Methods	Divisions					Area			(In %)
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	All
Not using any FPM	37.4	38.3	36.0	43.1	28.1	25.1	32.1	35.8	33.9
Any method	62.6	61.7	64.0	56.9	71.9	74.9	67.9	64.2	66.1
Modern method	61.0	56.4	55.5	51.5	68.3	64.2	61.5	58.6	60.1
OCP	30.3	28.6	31.2	31.4	48.2	29.5	31.1	34.9	33.0
Injectable	16.0	12.8	13.5	5.4	10.3	17.1	13.7	12.8	13.3
Condom	7.1	7.5	4.4	7.5	7.2	10.3	10.2	4.5	7.4
Implant/Norplant	0.4	1.7	3.0	1.7	0.3	0.6	1.5	1.0	1.3
IUD/Copper T	2.4	1.2	2.1	3.8	0.3	0.4	1.4	1.7	1.5
Traditional method	6.2	10	9.8	7.1	4.7	17	10	9.3	9.7
Safe period	5.1	8	7.5	5.9	4.7	16.4	8.5	8.1	8.3
Withdrawal	1.1	2	2.3	1.2	0	0.6	1.5	1.2	1.4
N	449	413	436	239	388	475	1,220	1,180	2,400

5.5 Current used brand of OCP and duration of use

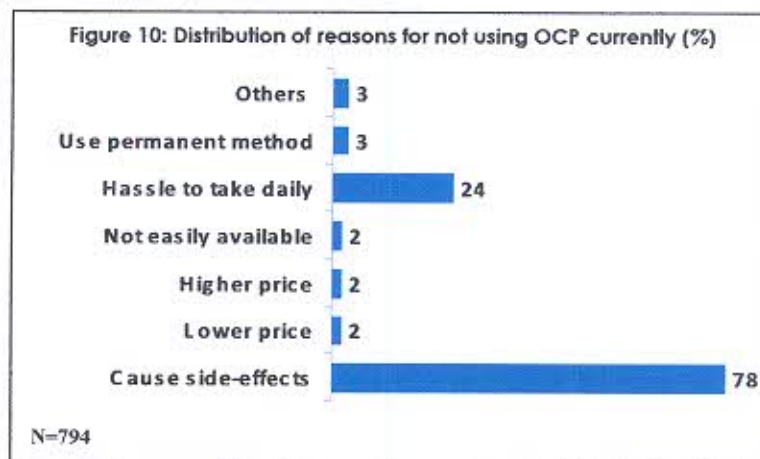
Overall, 33 percent of currently married women were using OCP. Study further explored to know the current brand of OCP trialed by respondents. Currently 43 percent of women were using Shukhi followed by Femicon (38%) and Nordette-28 (11%). Other insignificant brands were Minicon, Femipil, Ovastat Gold, Marvelon and Nordette. Figure 9 also show that on average women were using Shukhi for 34 months and Femicon for 38 months which was quite high as compared to other reputed brands of OCP.



5.6 Reasons for not using OCP currently

Figure 10 presents the main reasons for not using OCP currently by the respondents.

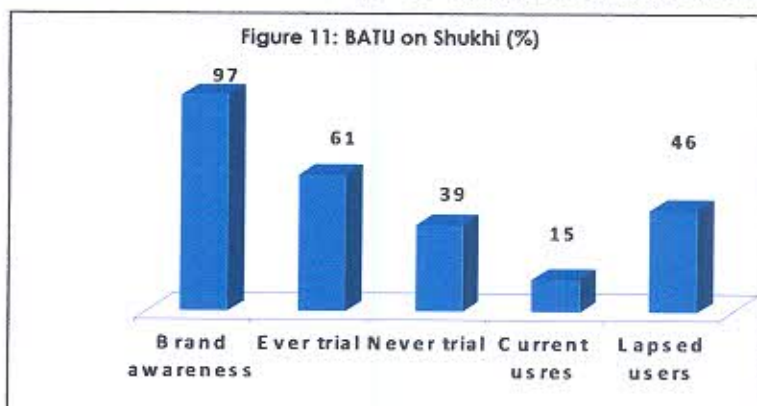
The respondents who were not using OCP, among them majority (78%) women did not use OCP due to fear of side-effects. One-fourth of women also claimed that it is hassle to intake of OCP regularly. Other insignificant responses have show in the Figure 10. However, the proportion of OCP use can be increased with promoting intensive counseling and BCC activities by the service providers and field workers to mitigate misconception of side-effects.



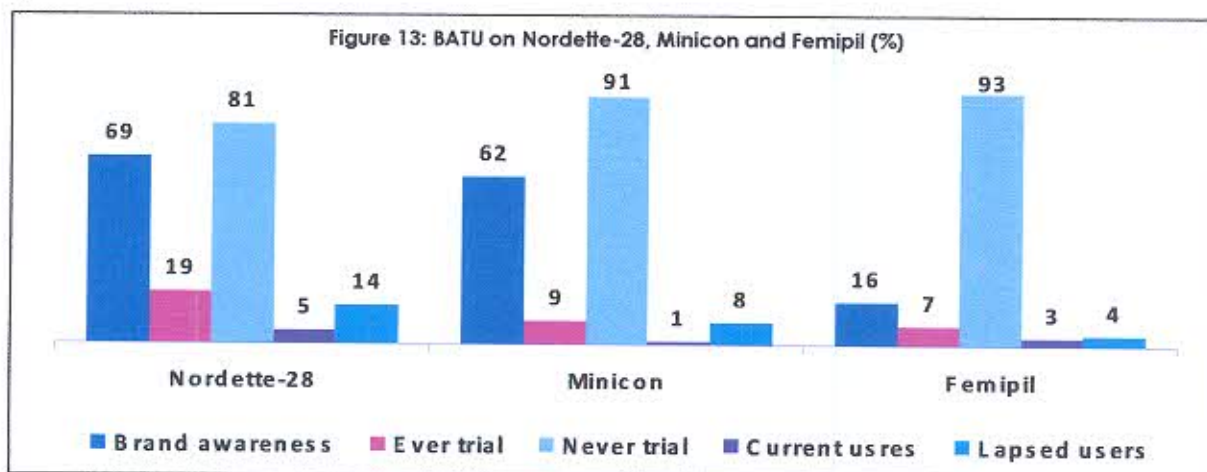
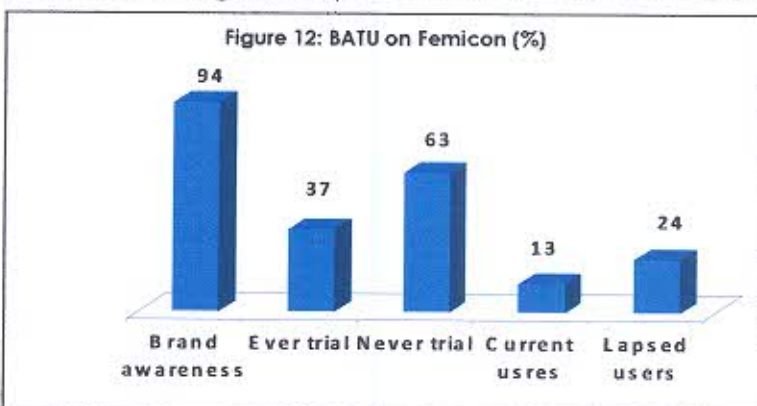
CHAPTER SIX BATU ON MAJOR BRAND OF OCP

6.1 Brand awareness, trail and usages

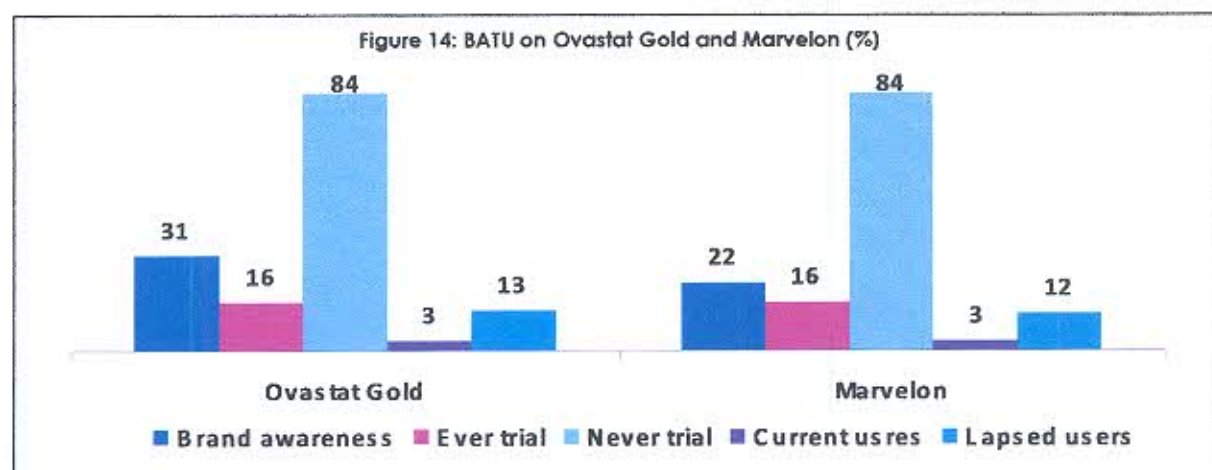
The following Figure represents overall brand awareness, ever trial, never trial, current trial and lapsed users of OCP by major brands. It is observed that 97 percent of women were aware about Shukhi and among them 61 percent ever tried and remaining never tried the brand. Findings also revealed that those women who were aware about Shukhi among them currently only 15 percent of women were using this brand and about 46 percent lapsed the brand.



Likewise Shukhi, Femicon was the second highest reported aware brand of OCP (94%), but the proportion of ever user was only 37 percent which is comparatively poor as compared to Shukhi but higher than other major brands (Figure 12). On the other hand, those who were aware about Femicon among them only 13 percent were using this brand currently and 24 percent lapsed Femicon, which is quite poor as compared to Shukhi. The following Figure shows that though awareness on Nordette-28 and Minicon is quite high, yet ever trial and current usages rate is quite low for both the brands.



For Ovastat gold and Marvelon, awareness level, ever trial and current trial rate are quite poor as compared to any other major reputed brands in the market.



The following Table represents BATU on all major brands together. On the other hand, findings of husband survey (See Table 39 in Annex) also show similar findings in case of BATU for each reported major brands of OCP.

Table 18: Distribution of BATU by major reputed brands of OCP

Brands	Brand awareness	Ever tried	Never tried	Current users	Lapsed users	(In %)
						N
Shukhi	96.7	61.5	38.5	14.7	46.0	2321
Femicon	94.3	37.3	62.7	13.1	24.2	2263
Nordette-28	69.3	19.4	80.6	5.2	14.2	1663
Minicon	61.9	9.2	90.8	0.9	8.3	1486
Femipil	15.7	7.0	93.0	3.2	3.8	377
Ovastat Gold	31.2	16.1	83.9	3.1	13.1	749
Marvelon	22.2	15.8	84.2	3.4	12.3	533

6.2 BATU on OCP by background characteristics

The Table 29 shows that irrespective of brands, the proportion of awareness on OCP was high among middle-aged women. The proportion of awareness on OCP was also high among the women who completed at least primary to class 10. On the other hand, those do not have children or have less than 3 children are more aware about the all-major brands of OCP and this proportion is quite low among the women who had 3 or more children. Awareness also related with monthly family income of respondents. It is observed that mostly middle family income group women are aware about OCP brand but findings also revealed that awareness on Ovastat Gold and Marvelon was comparatively high among high-income group women than other group. Similarly, if we observe the association of awareness by wealth quintile, it can be observed that well off women are more aware about Ovastat Gold and Marvelon than other brand of OCP.

Table 19: Brand awareness by background characteristics of respondents

Factors	Brands							(In %)
	Shukhi	Femicon	Nordette	Minicon	Femipil	Ovastat Gold	Marvelon	All
Age of respondents								
0-24	31.3	32.1	31.8	33.6	33.2	28.3	29.5	31.3
25-34	44.7	45.0	47.9	46.7	47.3	48.0	48.8	44.6
35+	24.0	22.9	20.3	19.7	19.4	23.7	21.8	24.1
Education of respondents								
Below primary	36.6	34.3	24.8	25.2	20.7	14.2	9.6	36.7
Primary to class 10	45.7	47.0	51.1	50.8	50.5	51.5	48.4	45.5
SSC or above	17.7	18.7	24.1	24.1	28.7	34.4	42.0	17.8
No. of living children								
0-2	65.2	66.9	71.3	71.3	76.9	72.8	72.9	65.1
3+	34.8	33.1	28.7	28.7	23.1	27.2	27.1	34.9
Monthly family income of respondents								
Less than 5000	31.7	30.7	25.1	23.7	21.3	13.6	9.4	31.4
5000-9999	41.3	40.7	40.9	41.7	41.0	40.1	36.8	41.0
10000+	27.0	28.7	34.0	34.6	37.8	46.3	53.8	27.6
Wealth quintile index of respondents								
Q1	19.3	17.4	12.3	13.6	12.2	6.1	3.8	19.2
Q2	22.3	21.9	18.8	18.3	12.5	10.2	7.5	22.2
Q3	18.7	18.8	18.8	18.5	19.4	16.2	17.1	18.6
Q4	20.2	20.8	23.2	23.7	26.1	27.7	24.8	20.0
Q5	19.5	21.0	26.9	26.0	29.8	39.8	46.9	20.0
N	2319	2256	1661	1483	376	748	533	2400

The Table 20 shows that irrespective of brands, the proportion of ever trial on OCP was high among middle-aged women, who had completed at least primary to class 10, do not have children or have less than 3 children. It is observed that mostly middle family income group women ever trailed OCP brand but findings also revealed that the rate of ever trial was comparatively high among high-income group women for Ovastat Gold and Marvelon. Similarly, if we observe the association of awareness by wealth quintile, it can be observed that the proportion of ever use of Ovastat Gold and Marvelon was comparatively high among well off women than others. On the other hand almost similar evidence is observed among the current use of OCP by brands (Table 21).

Table 20: Ever trial brand by background characteristics of respondents

(In %)

Factors	Brands							All
	Shukhi	Femicon	Nordette	Minicon	Femipil	Ovastat	Marvelon	
			-28			Gold		
Age of respondents								
0-24	21.0	32.5	30.5	39.0	48.1	19.8	21.4	27.7
25-34	48.2	50.7	54.2	51.5	48.1	41.3	42.9	47.6
35+	30.7	16.8	15.3	9.6	3.7	38.8	35.7	24.8
Education of respondents								
Below primary	44.1	28.4	13.7	13.2	18.5	11.6	7.1	35.2
Primary to class 10	43.5	55.5	54.2	61.8	51.9	52.1	42.9	47.2
SSC or above	12.4	16.1	32.1	25.0	29.6	36.4	50.0	17.7
No. of living children								
0-2	58.5	70.4	76.1	80.6	84.0	65.5	64.1	64.4
3+	41.5	29.6	23.9	19.4	16.0	34.5	35.9	35.6
Monthly family income of respondents								
Less than 5000	35.9	30.0	14.3	16.9	29.6	6.6	4.8	31.1
5000-9999	42.4	41.8	39.6	45.6	18.5	38.8	33.3	41.1
10000+	21.7	28.2	46.1	37.5	51.9	54.5	61.9	27.8
Wealth quintile index of respondents								
Q1	23.3	14.9	5.3	12.5	11.1		1.2	18.0
Q2	24.6	22.6	12.5	16.9	22.2	5.0	3.6	21.9
Q3	19.1	20.9	15.9	15.4	14.8	22.3	11.9	19.3
Q4	18.4	21.3	26.2	25.0	11.1	26.4	22.6	20.3
Q5	14.6	20.3	40.2	30.1	40.7	46.3	60.7	20.5
N	1075	845	322	137	26	121	84	1750

Table 21: Current trial brand by background characteristics of respondents

(In %)

Factors	Brands							All
	Shukhi	Femicon	Nordette	Minicon	Femipil	Ovastat	Marvelon	
			-28			Gold		
Age of respondents								
0-24	21.9	36.7	40.7	53.8	50.0	34.8	33.3	21.9
25-34	50.1	49.2	48.8	46.2	50.0	52.2	55.6	50.1
35+	28.0	14.1	10.5	-	-	13.0	11.1	28.0
Education of respondents								
Below primary	45.5	22.9	12.8	30.8	25.0	8.7	16.7	45.5
Primary to class 10	43.7	58.9	52.3	61.5	66.7	43.5	33.3	43.7
SSC or above	10.8	18.2	34.9	7.7	8.3	47.8	50.0	10.8
No. of living children								
0-2	58.3	71.7	82.9	76.9	60.0	65.0	64.7	58.3
3+	41.7	28.3	17.1	23.1	40.0	35.0	35.3	41.7
Monthly family income of respondents								
Less than 5000	42.0	27.3	8.1	23.1	50.0	8.7	-	42.0
5000-9999	39.4	43.8	37.2	53.8	16.7	34.8	44.4	39.4
10000+	18.7	29.0	54.7	23.1	33.3	56.5	55.6	18.7
Wealth quintile index of respondents								
Q1	28.3	9.8	4.7	23.1	16.7	-	-	28.3
Q2	24.5	24.2	8.1	15.4	8.3	8.7	-	24.5
Q3	14.9	23.6	18.6	23.1	33.3	17.4	27.8	14.9
Q4	18.7	25.6	22.1	15.4	16.7	26.1	27.8	18.7
Q5	13.7	16.8	46.5	23.1	25.0	47.8	44.4	13.7
N	343	297	86	13	12	23	18	792

CHAPTER SEVEN

SWITCHING AND BUYING PATTERN AND SATISFACTION LEVEL OF CURRENT OCP USERS

7.1 Current and immediate past major brand of OCP

Stopping or switching pattern of FPM is known. But there is lack of evidence regarding the switching pattern of OCP brands. The study explored what brand of OCP the users used immediate before the current brand. For all current brand users, it is observed that irrespective of brands about half of them did not use any other brand which support strong brand loyalty. Those women were currently using Shukhi among them one-third were the user of Femicon and same observation is observed among current Femicon users. From following Table it can be observed that most of the current brand users used Femicon immediate past. So it is evident that OCP users have tendency to switch their brands.

Table 22: Switched brand of OCP immediate before current brand

Current Brands	Brands								(In%)
	Didn't switch	Shukhi	Femicon	Nordette-28	Minicon	Femipil	Ovastat Gold	Marvelon	N
Shukhi	57.7		27.4	5.0	2.3	-	2.0	0.9	343
Femicon	54.9	23.2		7.4	8.1	1.7	3.0	-	297
Nordette-28	60.5	8.1	20.9		7.0	-	2.3	-	86
Minicon	46.2	-	38.5	15.4		-	-	-	13
Femipil	25.0	33.3	25.0	-	8.3		-	-	12
Ovastat Gold	43.5	8.7	17.4	8.7	4.3	-		8.7	23
Marvelon	44.4	-	27.8	5.6	5.6		11.1		18

7.2 Reasons for switching the immediate past brand

Since irrespective of used OCP brands, significant number of users switched their brands, so further investigation was required to find out the reasons for switching the previous brands. Findings revealed that mostly (59%) women claimed that it did not switch with body. Other significant responses were higher price of pill (21%), unavailability of pill (14%) and child became older (12%).

Table 23: Factors influenced to use OCP

Brands	Divisions						Area		(In %)
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	All
Did not suit with the body	69.1	48.3	53.1	60.0	59.6	63.0	60.3	56.6	58.5
Higher price	18.2	38.3	18.8	13.3	16.9	16.7	20.1	21.4	20.7
Not easily available	7.3	10.0	17.2	20.0	11.2	20.4	16.8	10.4	13.6
Quality is not good	1.8	1.7	3.1	0.0	6.7	1.9	4.5	1.7	3.1
Children are adult now	9.1	11.7	7.8	10.0	19.1	9.3	11.2	12.7	11.9
N	55	60	64	30	89	54	179	173	352

7.3 Factors for selecting any new brand of OCP

Before selecting any new brand from available brands in the market, several factors influence for selecting one. For that reason present study concentrated to find out factors for choosing a new pill by the respondents. Women reported several factors where suitability with body or brand loyalty was reported by 85 percent of women followed by quality (29%) and price (23%). Several study findings also supported that

most of the women were using current brand due to suitability with their body. Basically these factors are very important for selecting a new brand of OCP. Not like these indicators, yet women emphasized on availability (12%) and service provider suggestion (12%) to prefer new brand of OCP. On the other hand, some women also prioritized on husbands wish (8%) as a factor for preferring the proposed brand (Table 21).

Table 24: Distribution of factors reported by women for preferring new brand of OCP

Factors	Brands							(In %)
	Shukhi	Femicon	Nordette	Minicon	Femipil	Ovastat	Marvelon	All
			-28			Gold		
Suits with the body	81.0	87.9	83.7	92.3	75.0	91.3	88.9	84.5
Quality	17.8	35.4	38.4	15.4	41.7	65.2	38.9	28.8
Price	38.5	11.1	8.1	7.7	8.3	8.7	16.7	22.6
Availability	12.5	11.4	16.3	-	-	-	-	12.2
Add/campaign	0.3	3.0	2.3	-	-	-	-	1.5
Brand name	-	0.7	1.2	-	-	-	5.6	0.5
Company reputation		0.3	-	-	-	4.3	-	0.3
Pack design	0.3	0.7	-	-	-	-	-	0.4
Service provider suggested	10.5	10.8	20.9	-	33.3	17.4	22.2	12.4
Husband wanted	5.2	7.7	18.6	15.4	8.3	8.7	-	7.8
N	343	297	86	13	12	23	18	792

7.4 Purchase pattern and brand loyalty of current brand of OCP

The following table shows ways of collecting current brands, average purchase cycle and brand loyalty/purchase habit each time. Findings revealed that irrespective of brands except Shukhi, mostly husband collect the current brand of OCP and ranges from 84 to 94 percent. On the other hand, mostly field workers supply Shukhi at home or women themselves collect Shukhi from the source. Findings also revealed that irrespective of brands couple collects on average one cycle of pill each time except Shukhi. On average Shukhi users collect 2 cycles of pills each time. Respondents were also asked to know their brand loyalty/purchase habit of their used brand. Majority respondents stated that they purchase similar brand each time and it ranges from 85 to 93 percent which was quite high.

Table 25: Purchase pattern and brand loyalty of currently used brand of OCP

Issues	Brands							(In %)
	Shukhi	Femicon	Nordette	Minicon	Femipil	Ovastat	Marvelon	All
			-28			Gold		
Who collect current brand								
Self	22.7	7.4	10.5	7.7	-	-	5.6	14.0
Husband	13.7	90.9	87.2	84.6	91.7	91.3	94.4	57.1
Field workers supply	63.6	1.3	2.3	7.7	8.3	4.3	-	28.7
Maid servant	-	0.3	-	-	-	4.3	-	0.3
Average purchase cycle	2	1	1	1	1	1	1	2
Purchase same brand	88.6	92.3	93.0	84.6	58.3	87.0	88.9	89.9
N	343	297	86	13	12	23	18	792

7.5 What women usually do if face shortage of supply

The respondents were asked to know what they usually do if they experience shortage of supply of their current used brand of OCP. In response to tackling ways, one-fourth of Shukhi users reported supply is regular followed by use other method

(44%) and visit pharmacy (18%). However, other brand users stated that mostly they visit other pharmacy followed by use other method or purchase other brands.

Table 26: Distribution of different ways women usually follows due to shortage of current used brand (In %)

Different ways	Brands							All
	Shukhi	Femicon	Nordette- 28	Minicon	Femipil	Ovastat Gold	Marvelon	
Visit other pharmacy	17.6	70.6	64.0	53.8	58.3	58.3	72.2	46.8
Buy other available brand	5.4	3.3	3.5	15.4	16.7	16.7	-	4.5
Use other method	44.0	18.2	19.8	23.1	25.0	25.0	22.2	30.0
Supply is regular	24.7	4.7	10.5	7.7	-	-	-	13.6
Don't face any problem	8.3	3.0	2.3	-	-	-	5.6	5.1
N	336	296	86	13	12	23	18	784

7.6 Satisfaction level on currently used brand of pill

The respondents who were currently using pill, they were asked to know their satisfaction level about the currently used brand of OCP. Satisfaction level was measured using five Richter scale for three different indicators. Irrespective of brands, respondents mostly showed positive attitude regarding suitability/adjustment of pill with body. Similarly in response to availability of current used brand of OCP, most of the respondents showed positive attitude. Only few Shukhi users reported that they are moderately or not satisfied about the availability of brand. Finally the respondents were requested to show their overall satisfaction level on their current used brand of OCP. In general overall satisfaction level is quite high except few of the Shukhi, Minicon and Femipil users. This is an indication of strong brand loyalty among the users.

Table 27: Satisfaction level on current users by the current brand of pill

Satisfaction Level	Name of brands							(In %)
	Shukhi	Femicon	Nordette- 28	Minicon	Femipil	Ovastat Gold	Marvelon	
OCP adjust with body								
Not at all adjust	1.2	0.3	-	7.7	16.7	-	-	1.0
Not adjust	5.8	1.0	-	7.7	8.3	4.3	-	3.3
Moderately adjust	4.4	4.4	2.3	-	16.7	-	-	4.0
Adjust	46.6	47.5	40.7	69.2	33.3	39.1	44.4	46.2
Very much adjust	42.0	46.8	57.0	15.4	25.0	56.5	55.6	45.5
Satisfaction regarding availability of current brand								
Not at all satisfied	1.2	-	-	-	8.3	-	-	0.6
Not satisfied	3.8	0.7	-	-	-	-	-	1.9
Moderately satisfied	4.1	2.7	4.7	7.7	-	-	-	3.4
Satisfied	50.4	51.9	41.9	69.2	75.0	56.5	50.0	50.9
Highly satisfied	40.5	44.8	53.5	23.1	16.7	43.5	50.0	43.2
Overall satisfaction of using current brand								
Not at all satisfied	2.3	0.3	1.2	7.7	8.3	-	-	1.5
Not satisfied	3.5	1.7	-	15.4	8.3	4.3	-	2.7
Moderately satisfied	2.6	3.0	3.5	-	8.3	-	-	2.8
Satisfied	45.8	44.1	32.6	53.8	50.0	39.1	33.3	43.4
Highly satisfied	45.8	50.8	62.8	23.1	25.0	56.5	66.7	49.6
N	343	297	86	13	12	23	18	792

CHAPTER EIGHT

PRICE SENSITIVITY TO USE CURRENT BRAND & INTENTION TO USE SMC BRAND

Since this is a BATU study of OCP, so it is important for SMC to know the expenditure of current used brand of OCP per month for having idea about the purchase capacity of clients. Present chapter has discussed about the intention of women to switch their current brand. Also study has explored how much the clients are ready to pay if the price of existing brand is increased and intention to use SMC pill those who were not using currently SMC pill.

8.1 Price sensitivity and future intention of current OCP users

All women were asked to know whether they switched their used brand due to increased price of OCP. About 16 percent Shukhi users reported that they switched whether this proportion is quite lower for other brand of OCP user, which ranges from 1 to 10 percent (Table 25). Again, they were requested to inform their monthly expenditure for using current brand of OCP. Findings suggest that on average clients spent taka 14 for current brand of OCP. Table 28 shows that the average purchase price of major currently used brands. Though government provides Shukhi free of cost and NGOs provide with a nominal cost, yet findings revealed that on average Shukhi user spent taka 2 per cycle. The MRP of Femicon is taka 12 but Femicon users spent on average taka 20 per cycle. Similarly we see for other brands that women purchased their current brands slightly higher than the MRP.

They were further explored to know their future intention if the price of current brand is increased. In response to this query majority women (72%) intended to continue the current brand with increase price. However, study tried to collect the maximum amount of money among the users who agreed to pay more. Findings revealed that irrespective of brands, on average women agreed to pay additional 9-26 taka per cycle. Regarding future intention to switch the current brand, 11 to 15 percent women showed positive opinion for all brands except Minicon (31%) and Femipil (25%). Higher proportion of Minicon users showed positive opinion may be due to their proper knowledge of use that Minicon is best for breastfeeding mothers. Similarly, 25 percent of Femipil users intended to switch may be due to lack of trust as being a new product.

Table 28: Price sensitivity and future intention to use current brand of OCP by brands

Current used brands	Ever switched brand due to price	Average purchase price	Will continue current brand if price increase	(In %)	
				Will continue if price increase up to taka (average)	Future intention to switch current brand
Shukhi	16.3	2.04	63.3	12	13.1
Femicon	10.1	20.27	60.6	32	12.5
Nordette-28	1.2	31.88	51.2	49	15.1
Minicon	7.7	19.00	61.5	30	30.8
Femipil	8.3	17.18	66.7	35	25.0
Ovostat Gold	4.3	36.56	39.1	63	13.0
Marvelon	5.6	63.07	72.2	84	11.1
All	11.5	14.27	60.5	28	13.5
N	792	792	792	479	792

Findings revealed that only 14 percent of current users intended to switch their current brand in future. However, it is important to note that mostly respondents intended to switch if they experience any problems with current brand or if the price is increased. In general, it can be mention that the current users have faith on their current brand of OCP.

Table 29: Reasons for intending to switch current brand in future

Reasons for switching	Brands							(In %)
	Shukhi	Femicon	Nordette-28	Minicon	Femipil	Ovastat Gold	Marvelon	
If experience physical problem	48.9	21.6	23.1	25.0	33.3	66.7	-	
If doctor advise	8.9	18.9	7.7	25.0	33.3	-	-	
If price increase	28.9	40.5	46.2	25.0	33.3	33.3	50.0	
If not suit with body	2.2	2.7	15.4	-	-	-	50.0	
Unavailable	2.2	8.1	7.7	-	-	-	-	
Get better pill	6.7	8.1	-	-	-	-	-	
If get free pill	2.2	-	-	-	-	-	-	
Others	-	-	-	25.0	-	-	-	
N	45	37	13	4	3	3	2	

On the other hand, those intended to continue their current brand in future they were asked to report the reasons for the positive intention. Findings revealed that irrespective of brand majority women (Shukhi 68% and other brand ranges from 78% to 95%) explained that current brand suit with body followed by 27 percent of Shukhi users stated that they receive free of cost. Other insignificant reasons have shown in the following Table. So it can be mention that brand loyalty is quite high among the users irrespective of their current used brand of OCP.

Table 30: Reasons for not intending to switch current brand in future

Reasons for not switching	Brands							(In %)
	Shukhi	Femicon	Nordette-28	Minicon	Femipil	Ovastat Gold	Marvelon	
Suits with body	71.8	94.6	87.7	100.0	88.9	95.0	87.5	
Free of cost	26.6	-	-	-	-	-	-	
Switching brands is not good	0.3	5.0	9.6	-	11.1	-	12.5	
Other brands does not suit	0.7	0.4	1.4	-	-	-	-	
Husband decided current brand	-	-	-	-	-	5.0	-	
N	297	260	73	9	9	20	16	

8.2 Suggested brands to other women by the current users

The respondents, who were using OCP currently, were asked to report the name of suggested brands if request to advise for some one. Table 31 shows that about 90 percent of Shukhi, Femicon, Nordette-28, Ovastat Gold and Marvelon users reported that they would suggest their current used brand. On the other hand, more than half of the Minicon and Femipil users reported that they would suggest their current used brand. As mentioned earlier that the proportion is comparatively lower for this two particular brand may be due to proper knowledge of using Minicon for breastfeeding mothers and there is lack of trust of Femipil due to a new brand.

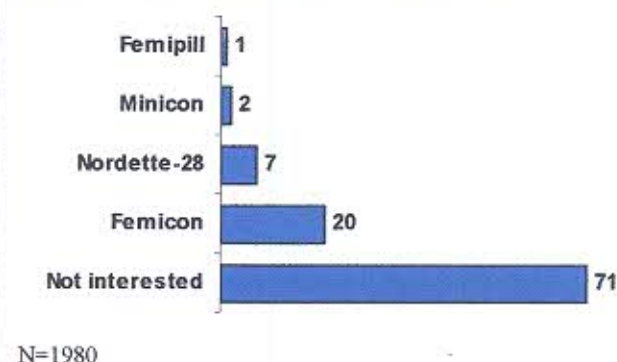
Table 31: Distribution of brands suggested by current OCP users for other women

Current brand user	Suggested brands						
	Shukhi	Femicon	Nordette-28	Minicon	Femipil	Ovastat Gold	Marvelon
Shukhi	87.8	5.4	2.3	-	8.3	4.3	5.6
Femicon	6.7	93.3	5.8	38.5	16.7	8.7	-
Nordette-28	1.2	0.3	90.7	-	-	-	-
Minicon	0.6	0.3	-	53.8	8.3	-	-
Femipil	1.5	0.3	-	7.7	66.7	-	-
Ovastat Gold	0.6	0.3	-	-	-	87.0	-
Marvelon	0.3	-	-	-	-	-	94.4
N	336	296	86	13	12	23	18

8.3 Future intention to use SMC pill and name of brands

The respondents who were not using SMC brand currently they were asked to know their future intention to use SMC pill. Findings revealed that about 71 percent respondents did not show any interest to use SMC pill in future. Only one-fifth of them positively responded to use Femicon, 7 percent agreed to use Nordette-28 and other 3 percent only Minicon and Femipil. The reasons for not showing any interest to use SMC pill in future has explored and presented in the following graph.

Figure 15: Future intention to use SMC pill (%)



8.4 Reasons for not interested to use SMC pill in future

Since majority women disagreed to use SMC pill in future so they were requested to state the reasons. Among 1409 women 26 percent reported that they use currently other methods, use other brand of pill reported by 9 percent. About 11 percent stated that no need to use any method, 7 percent claimed it is hassle to use. However, 23 percent of women claimed that SMC pill does not suit with body followed by quality is not know and 10 percent claimed as higher price of SMC pill. On the other hand, those showed interested they stated SMC pill suit with their body (60%) followed by SMC pill is good quality with high price (34%).

Figure 16: Reasons for intended to use SMC pill (%)



CHAPTER NINE MEDIA HABIT AND EXPOSURE ON MESSAGES

It is well accepted that media play an import role in disseminating information on family planning method including OCP. The present chapter has discussed about the media exposure of the respondents especially about available brand of OCP and messages they received from the media. These findings will help SMC to adopt an appropriate channel for developing marketing strategies for disseminating communication messages to expand its present market of OCP.

9.1 Media exposure of respondents

All women were asked to assess their exposure on media especially radio, television and newspaper/magazine. Overall, 10 percent of the respondents reported that they listen to radio and the proportion is comparatively lower among the respondents in Sylhet and Khulna. Exposure to radio is comparatively higher among rural women as compared to urban. On the other hand, proportion of watching television is quite higher than listening radio. About 70 percent of the women watch television where 36 percent watch regularly and 34 percent watch occasionally. Since most of the women do not listen radio, so this study clearly indicates television is the appropriate channel for introducing new proposed OCP to make it more popular and acceptable for achieving a great market share of any specific brand of OCP.

Table 32: Media exposure of respondents

Media exposure	Divisions						Area		(In %)
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	All
Listen radio	7.1	11.1	14.9	5.4	9.5	8.0	9.1	10.2	9.6
Watch TV Regular	31.2	45.8	31.4	28.5	47.7	29.5	42.5	28.8	35.8
Watch Sometime	32.3	25.9	26.8	36.0	39.9	43.6	35.9	32.1	34.0
Never Watch TV	36.5	28.3	41.7	35.6	12.4	26.9	21.6	39.1	30.2
N	449	413	436	239	388	475	1,220	1,180	2,400
Name of TV channel									
BTV	94.7	78.4	97.6	83.1	87.4	78.7	79.7	95.3	86.4
ATN Bangla	17.2	26.4	5.5	18.8	16.8	28.8	27.4	9.0	19.5
Channel I	12.3	23.0	3.1	12.3	17.4	33.1	25.3	8.6	18.1
NTV	14.7	15.2	3.5	13.0	9.1	13.5	16.5	5.0	11.6
RTV	6.3	7.4	2.0	4.5	3.8	5.5	6.8	2.6	5.0
Boishakhi TV	3.9	2.4	0.0	5.8	7.9	6.1	6.6	1.7	4.5
Channel I	2.8	4.1	0.8	4.5	4.1	10.7	7.4	1.3	4.8
Bangla Vision	3.2	1.0	0.8	6.5	5.6	10.1	6.7	1.9	4.7
Ekushe TV	2.1	2.0	0.0	3.9	10.0	8.9	7.0	2.2	5.0
N	285	296	254	154	340	347	957	719	1,676

Those who watch television, they named ten Bangladeshi television channel which they watched during last 15 days of survey where BTV was the highest reported channel (86%). Other significant channels were ATN Bangla (20%), Channel I (18%) and NTV (12%). Again if we categorize television channel into three major groups according to proportion of watching habit, it can be seen from the table that BTV is the most popular channel; ATN, Channel I and NTV are the second most popular channel; and others may categorize into less popular channel. So BTV may be an

appropriate electronic media for introducing educational materials to increase awareness among the people about brand of OCP.

The respondents were also requested to report their most favorite radio program. Findings show that most reported favorite radio program was general song (30%) followed by film song (26%), drama (21%) and news (11%) (See Table 40 in Annex). Similarly, the respondents were also requested to report their most favorite TV program. Findings show that most reported favorite TV program was drama (52%) followed by film (30%), magazine (7%), news (4%) and song (5%), (See Table 41 in Annex). So drama can be an appropriate way to disseminate information on OCP or any specific brand of OCP. Alternatively, add on a specific brand can be launched during drama session at television.

Similarly, the information about their habit of reading newspaper or magazine was collected. Ninety three percent of them did not read any newspaper/magazine. Yet, 6 percent of them read only newspaper. Likewise Bangladeshi television channel, the respondents named 29 newspapers, among them Prothomalo was the highest reported newspaper (40%) followed by Ittefaq (13%) and Jugantor (10%). The name of other newspaper has shown in the Table 42 in Annex. On average the respondents read two newspapers and majority of them are affluent as well as educated.

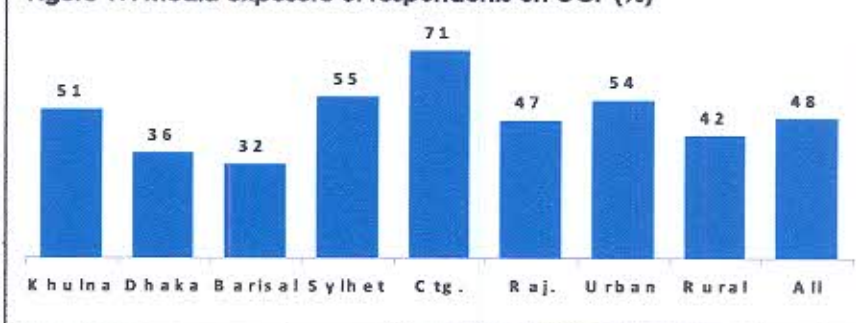
Table 33: Media exposure of respondents

Media exposure	Divisions					Area			(In %)
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	All
Only newspaper	4.0	5.3	2.3	6.3	9.5	7.4	8.0	3.4	5.7
Only Magazine	-	0.2	0.2	-	0.3	-	0.1	0.2	0.1
Both	0.2	-	0.2	4.6	1.5	0.2	1.6	0.1	0.8
None	95.8	94.4	97.2	89.1	88.7	92.4	90.4	96.4	93.3
N	449	413	436	239	388	475	1,220	1,180	2,400

9.3 Media exposure on OCP

The study investigated media exposure of OCP. About half (48%) of the respondents reported that they have seen advertisement on OCP through any channel.

Figure 17: Media exposure of respondents on OCP (%)



9.4 Messages heard/seen from the advertisement

The message on OCP, which has been seen or heard by the respondents, has shown in the following table. More than half (56%) of the respondents could not recall the messages. However, those recalled message among them majority reported "soft touch of Kaash flower (23%)" and other messages have shown in the following Table.

Table 34: Messages seen/heard through different channel

Messages	(In %)
All	
Femicon low dose pill	10.5
Likes white flower	12.5
No side effects	0.2
Soft touch of Kaash flower (<i>kash fuler noram saya</i>)	23.1
Happy family/Two children is enough whether son or daughter/ Two child is enough/Take one child to keep family short/ Happy family (<i>Shukhi poribar/chele hok meye hok duti shontan e jathesto</i>)	2.4
Suits with body /adjusts with your body/low dose pill easily adjust with your boy (<i>sholpo matrar pill shorirer shathe mania</i>)	1.0
Wife's choice is absolutely correct (<i>Ginnir posono ekebarai thik</i>)	0.9
Brest milk won't be insufficient for those mothers who breastfeed (<i>Mayer buker duder ghat thi hoi na</i>)	1.3
Sister-in-law talks about Femicon/Your sister-in-law also takes this pill (<i>Tomar bhabio pill khai</i>)	1.2
Right choice for up-to-date women (<i>Adhunik mohilader jonno shathik posonda</i>)	1.6
Worldwide recognized	1.1
Use Minicon when the child is 6 months old	0.8
Can't remember/can't say/not attentive	55.9
N	1,145

Regarding the sources/information of messages through advertisement 56 percent of respondents could not mention who were the information providers. However, more than 97 percent of the respondents mentioned about TV as the source for each message.

CONCLUSION

Brand awareness and knowledge on OCP

Knowledge of family planning methods is widespread in Bangladesh. Awareness level was quite high for Shukhi (97%) and Femicon (94%) than other major brands. Similarly awareness on Nordette-28 and Minicon were about three times higher than Ovastat Gold, Marvelon and Femipil. So, strong marketing effort is required to sustain the existing market of SMC pill as well as need additional effort to increase awareness level of Nordette-28, Minicon and Femipil. On the other hand, knowledge on use of OCP is quite satisfactory among the respondents except few misconceptions on side-effects. This can be removed through implementing extensive BCC activities.

Ever and current brand trial of OCP

The women who used OCP ever, among them 61 percent reported about Shukhi and the next most commonly used OCP was Femicon (48%). Shukhi was widely ever used brand by most of the respondents as government is providing free of charge through government field workers and clinics and at a nominal charge from nongovernmental service providers. In addition to Femicon, about one-fifth women used Nordette-28. Similar evidence was observed from the husband survey. Findings suggest that on average women used Shukhi 30 months which were the highest duration of use as compared to other brand of OCP. It may be occur due to free supply of Shukhi at household level by the field workers. Similarly, Femicon, Nordette-28, Marvelon, Ovastat Gold and Femicon range from 16 to 22 months. Data show that the duration of continuation of Minicon and Femipil is comparatively low. It may be due to Minicon is advised to continue for breastfeeding mother only and Femipil has introduced recently in the market.

Overall, 66 percent of currently married women in Bangladesh were using a contraceptive method and among them 33 percent were using OCP. Forty three percent of women were using Shukhi followed by Femicon (38%) and Nordette-28 (11%).

Brand trial of different brand of OCP

Overall, it is observed that 97 percent of women were aware about Shukhi and among them 61 percent ever tried and only 15 percent of women were currently using this brand and 46 percent lapsed the brand. Likewise Shukhi, Femicon was the second highest reported aware brand of OCP (94%), but the proportion of ever user was 37 percent, current use 13 percent and 24 percent lapsed Femicon which is slightly poor as compared to Shukhi. But for other brands, awareness level, ever trial and current trial rate were quite low as compared Shukhi and Femicon.

Brand loyalty on OCP

Majority respondents stated that they purchase similar brand of OCP each time. On the other hand, findings revealed that only one out of ten current users intended to switch their current brand in future conditioning if they experience any problems or if the price is increased. On the contrary, irrespective of brand of OCP majority women stated to continue current brand due to suitability with body. Despite, majority

respondents showed highly positive satisfaction level regarding suitability, availability of current used brand of OCP. In general, it can be conclude that the current users have strong loyalty on their current used brand of OCP.

Switching pattern of OCP brand

Findings revealed that prime influencing factors for using current brand of OCP was doctor/service providers. On the other hand, television also played an important role for selecting a new brand. For all current brand users, it is observed that irrespective of brands about half of the users did not use any other brand immediate before the current brand. Those women were currently using Shukhi among them one-third were the user of Femicon and same observation is observed among current Femicon users. It is also observed that most of the current brand users used Femicon immediate past. Study concentrated to find out the perception of women about the factors for selecting current brand of OCP. Irrespective of brands, majority of the women reported that suitability with body is very important followed by quality of the brand and availability of the brand. So quality need to be ensured and extensive BCC activities is required for the users for sustained use of any specific brand of OCP to remove their perception that it does not suit with body.

Price sensitivity to use current brand of OCP

Majority women showed positive attitude to continue the current brand if the price is increased on average additional 9-26 taka per cycle for different brands of OCP. Regarding future intention to switch the current brand, one out of ten women intended to switch except Minicon and Femipil users. Higher proportion of Minicon users (31%) intended to switch the current brand, may be due to their proper knowledge of use that Minicon is best for breastfeeding mothers. Similarly, 25 percent of Femipil users intended to switch may be due to lack of trust as being a new product.

Future intention to use SMC pill and name of brands

The respondents who were not using SMC brand currently they were asked to know their future intention to use SMC pill. Findings reveal that about 71 percent respondents did not show any interest to use SMC pill in future. Only one-fifth of them positively responded to use Femicon, 7 percent agreed to use Nordette-28 and other 3 percent only Minicon and Femipil. Since majority women disagreed to use SMC pill in future so they were requested to state the reasons. Among 1409 women 26 percent reported that they use currently other methods and use currently other brand of pill also reported by 9 percent of women. About 11 percent stated that no need to use any method, 7 percent claimed it is hassle to use. However, 23 percent of women claimed that SMC pill does not suit with body followed by quality is not known and 10 percent claimed as higher price of SMC pill. On the other hand, those showed interested they stated SMC pill suit with their body (60%) followed by SMC pill is good quality due to high price (34%).

Media habit and exposure on messages

Overall, 10 percent of the respondents reported that they listen to radio. Similarly, the proportion of reading newspaper/magazines was also poor. On the other hand, proportion of watching television was quite higher than listening radio or reading

newspaper/magazine. About 70 percent of the women watched television where 36 percent watch regularly and 34 percent watched occasionally. So this study clearly indicates television is the appropriate channel to make any brand more popular and acceptable for achieving a great market share of that particular brand. Those who watched television, among them majority women (86%) reported about BTV. The study further investigated media exposure of OCP. About half of the respondents (48%) reported that they have seen any advertisement on OCP through any channel. Among them only 44 percent of the respondents could recall the messages. Regarding the sources/information of messages through advertisement 56 percent of respondents could not mention who were the information providers. However, those mentioned the sources among them more than 97 percent reported about TV as the source for message.

Finally after discussing all the findings the following recommendations can be made;

- The married women of reproductive age were highly aware about Femicon as compared to other SMC pill. So SMC need to improve/strong media promotion to increase awareness of their other brand of pill. It is observed that service provider, health worker and television are the most dominant channel to receive information on OCP. Therefore, for designing the future communication of OCP campaign SMC should address service provider and television as major channels.
- Brand trial is also quite satisfactory particularly for Femicon and Nordette-28 as compared to other available brands in the market. So, SMC can develop some communication messages to increase the use of other brand of OCP. There is some regional variation regarding BATU on OCP especially in Sylhet division. So, more extensive BCC/IEC materials and activities are required especially for the women in Sylhet to increase its use in future as well as to capture a significant market share of SMC pill.
- It is observed that generally pill customers are not price sensitive. Majority of women (87%) reported that they will not switch their current brand if the current price is increased by tk. 9-26 based on different brands. It is evident that most of the respondents are loyal to their current brands. So, to retain the current use of SMC pill, SMC should ensure product quality as well as ensure availability of products.
- Findings show that about 30 percent of the current users of OCP rather than SMC pill users were intended to use SMC pill in future. It was observed that Shukhi users were also intended to switch their current brand. So there is a potentiality of expanding a significant market share of existing pills including GoB by the SMC pill through improving marketing strategies and extensive BCC activities, targeting the profile of Shukhi user.
- It has been observed that suitability with body is the prime factor for selecting any brand of OCP. So, there is a scope to develop a communication message which will highlight "suitability with body" to build trust among the target group of OCP about the suitability for SMC pill.

- Along with quality, accessibility of pill should be emphasized through a strong distribution network for avoiding brand switch and to ensure sustained and continuous use of proposed OCP as the users are loyal to their current brands and women collect same brand even experience shortage of supply.
- Husband plays a critical role for preferring the current brand or any new brand of OCP and also mostly husband buy OCP. Survey data also show that service providers are major influencing factor for preferring any brand of OCP. So, to increase use of SMC pill as well as retain the current use of OCP, SMC may take massive motivational program for the service providers to prescribe the SMC pill through motivating husbands.
- Television is the most popular source of information for receiving message on OCP. So SMC can explore this opportunity to grow interest in OCP among non-users using television.

ANNEX

1. FINDINGS OF HUSBAND SURVEY

Table 35: Distribution of awareness on family planning methods by division and areas

Awareness of FPM	Divisions						Area		(In %)
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	All
Any modern method	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
OCP	100.0	100.0	100.0	95.7	95.0	95.8	97.7	98.3	98.0
Injectable	64.3	75.7	80.8	80.9	52.0	50.8	65.3	67.2	66.2
Condom	59.8	75.7	83.3	85.1	91.0	68.3	77.6	74.5	76.1
Implant/Norplant	11.6	10.8	20.8	14.9	4.0	1.7	9.7	10.9	10.3
IUD/Copper T	18.8	10.8	18.3	12.8	3.0	3.3	11.4	10.9	11.1
Female sterilization	16.1	18.0	34.2	61.7	8.0	15.0	21.1	22.8	22.0
Male sterilization	9.8	17.1	30.8	53.2	6.0	2.5	16.2	16.9	16.6
Any traditional method	13.1	4.5	41.2	13.5	7.0	2.1	12.5	15.0	14.2
Safe period	9.8	4.5	40.8	12.8	1.0	2.5	10.1	14.6	12.3
Withdrawal	4.5	-	0.8	4.3	6.0	-	3.2	1.3	2.3
Mean no. of methods	3	3	3	3	3	3	3	3	3
N	112	111	120	47	100	120	308	302	610

Table 36: Distribution of overall awareness on OCP by brands

Name of brand of OCP	Divisions						Area		(In %)
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	All
Shukhi	96.4	89.2	91.7	91.5	72.0	92.5	87.0	91.1	89.0
Femicon	96.4	94.6	93.3	95.7	89.0	91.7	94.8	91.7	93.3
Nordette-28	75.9	76.6	75.0	78.7	96.0	64.2	81.5	72.5	77.0
Minicon	75.9	70.3	60.8	70.2	32.0	36.7	57.8	55.3	56.6
Femipil	15.2	27.0	18.3	17.0	3.0	13.3	17.2	14.2	15.7
Ovastat Gold	43.8	31.5	29.2	40.4	51.0	27.5	42.5	30.1	36.4
Marvelon	23.2	15.3	20.8	31.9	20.0	8.3	19.8	17.2	18.5
Lyndiol	3.6	3.6	3.3	-	2.0	-	2.3	2.3	2.3
Minulet	-	2.7	-	4.3	-	-	0.6	1.0	0.8
Nordette	0.9	9.9	3.3	2.1	2.0	4.2	5.5	2.3	3.9
Postinor	-	0.9	-	2.1	1.0	-	0.6	0.3	0.5
Cylest	-	0.9	-	-	-	-	-	0.3	0.2
Deslon	-	2.7	0.8	-	1.0	1.7	1.6	0.7	1.1
N	112	111	120	47	100	120	308	302	610

Table 37: Distribution of ever use of OCP brands by divisions and areas

Ever OCP use & brands	Divisions						Area		(In %)
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	All
Ever used pill	96.4	73.9	76.7	76.6	75.0	74.2	78.6	79.5	79.0
Never used any pill	3.6	26.1	23.3	23.4	25.0	25.8	21.4	20.5	21.0
N	112	111	120	47	100	120	308	302	610
Shukhi	67.0	59.0	61.9	58.3	63.5	46.3	54.7	64.4	59.6
Femicon	68.3	62.8	58.8	62.9	34.3	68.6	62.5	57.8	60.2
Nordette-28	23.5	28.6	23.2	42.9	44.6	25.0	33.2	26.6	30.2
Minicon	6.1	21.3	13.6	21.4	20.0	11.8	12.1	16.4	14.2
Femipil	-	4.0	16.7	-	-	33.3	9.1	10.8	9.9
Ovastat Gold	27.7	50.0	25.0	-	13.2	46.2	26.2	31.1	28.2
Marvelon	12.5	6.3	16.7	8.3	31.3	11.1	15.4	14.0	14.7
Lyndiol	-	-	50.0	-	-	-	14.3	16.7	15.4
Nordette	-	-	25.0	-	-	-	7.7	-	5.3
Cylest	-	-	100.0	-	-	-	33.3	-	25.0
N	108	82	92	36	75	89	242	240	482

Table 38: Distribution of current methods using by respondents

Methods	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Not using any FPM	15.2	31.5	24.2	29.8	18.0	26.7	24.4	23.2	23.8
Any method	84.8	68.5	75.8	70.2	82.0	73.3	75.6	76.8	76.2
Modern method	83.9	62.2	60.0	63.8	78.0	69.2	69.2	70.5	69.8
OCP	49.1	33.3	43.3	44.7	42.0	27.5	39.0	39.7	39.3
Injectable	8.9	8.1	2.5	0.0	15.0	17.5	11.7	7.3	9.5
Condom	19.6	16.2	10.0	10.6	18.0	15.8	13.0	17.9	15.4
Implant/Norplant	0.0	0.9	1.7	4.3	1.0	0.8	1.3	1.0	1.1
IUD/Copper T	1.8	0.0	1.7	0.0	1.0	0.8	1.0	1.0	1.0
Traditional method	5.4	9.9	16.6	10.6	5	10.8	9.6	9.9	9.8
Safe period	4.5	9.9	15	6.4	0	10	7.4	8.6	8
Withdrawal	0.9	0	1.6	4.2	5	0.8	2.2	1.3	1.8
N	95	76	91	33	82	88	233	232	465

Table 39: Distribution of BATU by major reputed brands of OCP

Brands	Brand awareness	Ever tried	Never tried	Current users	Lapsed users	N
Shukhi	89.0	59.6	40.4	15.3	44.3	543
Femicon	93.3	60.2	39.8	16.9	43.3	569
Nordette-28	77.0	30.2	69.8	7.4	22.8	470
Minicon	56.6	14.2	85.8	0.9	13.3	345
Femipil	15.7	9.9	90.1	5.2	4.7	96
Ovastat Gold	36.4	28.2	71.8	5.0	23.2	222
Marvelon	18.5	14.7	85.3	5.3	9.4	113

2. FINDINGS OF WOMEN SURVEY

Table 40: Distribution of most preferred radio program by the women

Media exposure	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
General song	12.5	34.8	30.8	53.8	35.1	26.3	27.9	32.5	30.3
Film song	31.3	19.6	24.6	7.7	18.9	44.7	25.2	26.7	26.0
Drama	21.9	30.4	20.0	7.7	21.6	15.8	23.4	19.2	21.2
News	12.5	4.3	12.3	15.4	21.6	5.3	11.7	10.8	11.3
Magazine	15.6	8.7	10.8	15.4	-	-	8.1	7.5	7.8
Discussion	3.1	-	-	-	2.7	5.3	0.9	2.5	1.7
Others (sport/ cook/magazine)	3.2	2.2	1.5	-	-	2.6	2.7	0.8	1.7
N	32	46	65	13	37	38	111	120	231

Table 41: Distribution of most preferred TV program by the women

(In %)

Media exposure	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Drama	44.9	55.1	49.6	44.2	58.2	53.9	51.0	53.1	51.9
Cinema	39.6	28.0	33.5	39.0	20.3	28.2	28.0	33.4	30.3
Magazine	6.3	6.1	6.7	7.1	9.1	6.1	8.7	4.6	6.9
Film song	3.2	2.4	2.0	3.9	4.1	0.6	2.8	2.2	2.6
General song	0.7	2.7	1.6	0.6	3.8	3.2	3.0	1.4	2.3
Sport	-	-	0.4	-	-	0.3	0.2	-	0.1
Cook	1.1	-	0.4	1.3	1.5	0.9	1.0	0.6	0.8
Discussion	0.4	1.4	1.6	1.3	0.3	1.2	1.3	0.6	1.0
News	3.9	4.4	4.3	2.6	2.6	5.5	3.9	4.2	4.0
Debates	-	-	-	-	-	0.3	0.1	-	0.1
N	285	296	254	154	340	347	957	719	1,676

Table 42: Name of newspaper reported by women

(In %)

Name of newspaper	Divisions						Area		All
	Khulna	Dhaka	Barisal	Sylhet	Ctg.	Raj.	Urban	Rural	
Samokal	5.3	9.1	9.1	7.7	9.3	2.8	6.9	7.3	7.0
Ittefaq	10.5	36.4	27.3	7.7	9.3	5.6	8.6	26.8	13.4
Prothom Alo	47.4	27.3	-	46.2	51.2	33.3	44.0	24.4	38.9
Daily Bangla	10.5	9.1	9.1	-	7.0	-	4.3	7.3	5.1
Inqilab	10.5	-	9.1	-	4.7	2.8	3.4	4.9	3.8
Daily Purbakan	5.3	-	-	-	-	-	0.9	-	0.6
Naya Diganta	-	13.6	9.1	7.7	4.7	11.1	5.2	14.6	7.6
Daily Patrika	-	-	-	-	-	2.8	0.9	-	0.6
Sylhet Dak	-	-	-	19.2	-	-	4.3	-	3.2
Janakantha	5.3	4.5	-	7.7	-	5.6	5.2	-	3.8
Zai Zai Din	10.5	4.5	-	3.8	2.3	8.3	6.0	2.4	5.1
Jugantar	5.3	13.6	27.3	15.4	4.7	5.6	10.3	7.3	9.6
Amar Desh	-	-	-	7.7	4.7	-	2.6	2.4	2.5
Daily star	-	-	-	-	-	2.8	0.9	-	0.6
Masik Patrika	-	-	-	-	-	2.8	0.9	-	0.6
Sonali Sangbad	-	-	-	-	-	5.6	1.7	-	1.3
Destiny	-	-	-	-	-	5.6	1.7	-	1.3
Daily Sonar Bangla	-	-	-	-	2.3	2.8	1.7	-	1.3
Notun Provat	-	-	-	-	-	2.8	0.9	-	0.6
Amader somoy	-	-	9.1	-	-	8.3	2.6	2.4	2.5
Sun Shine	-	-	-	-	-	5.6	1.7	-	1.3
Karotoa	-	-	-	-	-	2.8	0.9	-	0.6
Azz o Agamikal	-	-	-	-	2.3	2.8	0.9	2.4	1.3
Daily Purbanchal	26.3	-	-	-	-	-	4.3	-	3.2
Manab jamin	-	4.5	-	-	-	-	-	2.4	0.6
Daily azad	-	-	-	-	16.3	-	5.2	2.4	4.5
Daily purbakantha	-	-	-	-	7.0	-	1.7	2.4	1.9
Probartan	5.3	-	-	-	-	-	-	2.4	0.6
Vorer Kagoj	5.3	-	-	-	2.3	-	1.7	-	1.3
N	19	22	11	26	43	36	116	41	157

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