

TEST MARKETING OF
INJECTABLE CONTRACEPTIVE
THROUGH
NON GRADUATE MEDICAL PRACTITIONERS

Report on Kap survey on injectable – Follow-up Phase

Prepared for:
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MRC-MODE Limited

1.0. INTRODUCTION:

1.1. BACKGROUND:

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

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

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

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

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

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

1. 2. Study Objective:

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

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

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

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

1.3. Research Methodology & Technique:

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

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

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

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

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

1.4. Target Respondents:

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

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

NGMP:

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

Clients / users:

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

1.5. Sampling Design & Sample Size:

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

NGMPs:

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

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

Five physicians were also interviewed in benchmark study.

Clients:

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

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

THE FINDINGS

2.0.Profile of the NGMPs:

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

2.1Demographic profile:

The demographic Profile of the clients are provided as follows:

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

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

Professional profile:

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

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

2.2 Range of service provided:

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

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

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

Family planning service:

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

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

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

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

As expected, all the NGMPs now administer DMPA.

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

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

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

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

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

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

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

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

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

