

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

November 2008



ACKNOWLEDGEMENT

Successful completion of the study on "Brand Awareness Trial and Usages Study (BATU) on Oral Contraceptive Pill (OCP)" demonstrates the team spirit and cooperation rendered by all concerned. We would like to convey our deepest gratitude for the generous support and sincere contribution made by all who were involved in the planning, designing and implementation of the survey.

The study was conducted by Research and Computing Services Private Limited (RCS) and was sponsored by Social Marketing Company (SMC). We express our profound gratitude to the people of SMC for their support and technical assistance. Special thanks due to Ms. Perveen Rasheed, Managing Director, Mr. Toslim Uddin Khan, Head, Research & Management Information Services, Mr. Luthfur Rahman, Manager Procurement and Mr. Md. Billal Hossain, Senior Research and Monitoring Executive of SMC for their cooperation, at every stage of the study, for reviewing the draft data collection tools and suggesting improvements.

We gratefully acknowledge the scholarship and work of the research team and for completing the study in time and producing an excellent report.

We remain ever grateful to respondents who made this report possible through their cooperation and also to the data collection teams for their sincere effort and hard work.

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)".

TABLE OF CONTENTS

EXECUTIVE SUMMARY	5
CHAPTER ONE: INTRODUCTION, STUDY OBJECTIVES AND METHODOLOGY	12
1.1 Introduction	13
1.3 Methodology of the Study	14
CHAPTER TWO: BACKGROUND CHARACTERISTICS OF RESPONDENTS	17
2.1 Age of respondents	17
2.2 Educational attainment	17
2.3 Employment status	17
2.4 Demographic and family information	18
2.5 Wealth index	18
2.6 Income status	19
CHAPTER THREE: AWARENESS OF DIFFRENT FAMILY PLANNING METHODS AND OCP	21
3.1 Awareness of family planning methods	21
3.2 Awareness of SMC brand of OCP	23
3.3 Awareness on supply sources of OCP by brands	23
3.4 Sources of awareness on OCP by brands	24
CHAPTER FOUR: KNOWLEDGE ON OCP AND DECISION MAKER	25
4.1 Rule of taking OCP	25
4.2 Knowledge of which women are eligible or not eligible to use OCP	25
4.3 Knowledge on side effects of pills	26
4.4 Decision maker on current brand of OCP	26
4.5 Sources of influencing factors to use current brand of OCP	26
4.6 Sources of awareness of neighbors about OCP	27
4.7 Reasons for selecting current brand of OCP	27
CHAPTER FIVE: BRAND TRIAL OF OCP	28
5.1 Ever use of OCP	28
5.2 Average duration of OCP (in months) use by brands	29
5.3 Reasons for not using OCP ever	29
5.4 Current use of family planning methods	29
5.5 Current used brand of OCP	30
5.6 Reasons for not using OCP currently	31
CHAPTER SIX: BATU ON MAJOR BRAND OF OCP	32
6.1 Brand awareness, trail and usages	32
6.2 BATU on OCP by background characteristics	33
CHAPTER SEVEN: SWITCHING, BUYING PATTERN AND SATISFACTION OF CURRENT OCP USERS	36
7.1 Current and immediate past major brand of OCP	36
7.2 Reasons for switching the immediate past brand	36
7.3 Factors for selecting new brand of OCP	36
7.4 Purchase pattern of current brand of OCP	37
7.5 What women usually do if face shortage of supply	37
7.6 Satisfaction level on currently used brand of pill	38
CHAPTER EIGHT: PRICE SENSITIVITY TO USE CURRENT BRAND & INTENTION TO USE SMC BRAND	39
8.1 Price sensitivity and future intention of current OCP users	39
8.2 Suggested brands to other women by the current users	40
8.3 Future intention to use SMC pill and name of brands	41
8.4 Reasons for not interested to use SMC pill in future	41
CHAPTER NINE: MEDIA HABIT AND EXPOSURE ON MESSAGES	42
9.1 Media exposure of respondents	42
9.2 Media exposure on OCP	43
9.4 Messages heard/seen from the advertisement	43
CONCLUSION	45
ANNEX	48

LIST OF TABLES

Table 1: Proportional distribution of respondents	15
Table 2: Proportional distribution of sites (PSU)	15
Table 3: Background characteristics of respondents	16
Table 4: Distribution of demographic and family characteristics	18
Table 5: Economic status (wealth index) of respondents	19
Table 6: Monthly income distribution	19
Table 7: Distribution of awareness on family planning methods by division and areas	20
Table 8: Distribution of the name of brands on OCP from top of mind	21
Table 9: Distribution of the name of OCP brands from top of mind and spontaneous responses	21
Table 10: Distribution of overall awareness on OCP by brands	22
Table 11: Distribution of supply sources of OCP by brands	23
Table 12: Distribution of sources of awareness on OCP by brands	23
Table 13: Knowledge of which women can not use OCP	24
Table 14: Knowledge on side-effects of OCP	25
Table 15: Distribution of reasons for selecting current brand of OCP	26
Table 16: Distribution of ever use of OCP brands by divisions and areas	27
Table 17: Distribution of current methods using by respondents	29
Table 18: Distribution of BATU by major reputed brands of OCP	32
Table 19: Brand awareness by background characteristics of respondents	33
Table 20: Ever trial brand by background characteristics of respondents	34
Table 21: Current trial brand by background characteristics of respondents	34
Table 22: Switched brand of OCP immediate before current brand	35
Table 23: Factors influenced to use OCP	35
Table 24: Distribution of factors reported by women for preferring new brand of OCP	36
Table 25: Purchase pattern of currently used brand of OCP	36
Table 26: Distribution of different ways women usually follow due to shortage of current used brand	37
Table 27: Satisfaction level on current users by the current brand of pill	37
Table 28: Price sensitivity and future intention to use current brand of OCP	38
Table 29: Reasons for intending to switch current brand in future	39
Table 30: Reasons for not intending to switch current brand in future	39
Table 31: Distribution of brands suggested by current OCP users for other women	40
Table 32: Media exposure of respondents	41
Table 33: Media exposure of respondents	42
Table 34: Messages seen/heard through different channel	43
Table 35: Distribution of awareness on family planning methods by division and areas	48
Table 36: Distribution of overall awareness on OCP by brands	48
Table 37: Distribution of ever use of OCP brands by divisions and areas	48
Table 38: Distribution of current methods using by respondents	49
Table 39: Distribution of BATU by major reputed brands of OCP	49
Table 40: Distribution of most preferred radio program by the women	49
Table 41: Distribution of most preferred TV program by the women	50
Table 42: Name of newspaper reported by women	50

LIST OF FIGURES

Figure 1: Distribution of awareness on SMC brand of OCP	22
Figure 2: Knowledge of taking OCP	24
Figure 3: Knowledge on which women can use OCP	24
Figure 4: Distribution of decision maker on current brand of OCP	25
Figure 5: Distribution of factors influenced to use current brand of OCP	25
Figure 6: Sources of awareness of neighbors about OCP	26
Figure 7: Average duration of OCP brand use (in months)	28
Figure 8: Distribution of reasons for not using OCP ever	28
Figure 9: Distribution of currently used brand of OCP	29
Figure 10: Distribution of reasons for not using OCP currently	30
Figure 11: BATU on Shukhi	31
Figure 12: BATU on Femicon	31
Figure 13: BATU on Nordette-28, Minicon and Femipil	31
Figure 14: BATU on Ovastat Gold and Marvelon	32
Figure 15: Future intention to use SMC pill	40
Figure 16: Reasons for intended to use SMC pill	40
Figure 17: Media exposure of respondents on OCP	42

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 tern 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 Ovostat 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

