

AGENCY FOR INTERNATIONAL DEVELOPMENT WASHINGTON, D. C. 20523 BIBLIOGRAPHIC INPUT SHEET	FOR AID USE ONLY <i>Batch 87</i>
---	-------------------------------------

1. SUBJECT CLASSIFICATION	A. PRIMARY Serials	Y-PC00-0000-G584
	B. SECONDARY Population--Family planning--Bangladesh	

2. TITLE AND SUBTITLE
 Commercial contraceptive marketing development in Bangladesh; progress report, Nov.-Dec.1977 and Jan.-Feb.1978

3. AUTHOR(S)
 (101) Population Services Int., Chapel Hill, N.C.

4. DOCUMENT DATE 1978	5. NUMBER OF PAGES 358. 340.	6. ARC NUMBER ARC
--------------------------	---------------------------------	----------------------

7. REFERENCE ORGANIZATION NAME AND ADDRESS
 PSI

8. SUPPLEMENTARY NOTES (*Sponsoring Organization, Publishers, Availability*)
 (Activity summary)

9. ABSTRACT

10. CONTROL NUMBER <i>PN-AAF-681</i>	11. PRICE OF DOCUMENT
---	-----------------------

12. DESCRIPTORS Bangladesh Contraceptives Marketing	13. PROJECT NUMBER 932061100
	14. CONTRACT NUMBER AID/pha-C-1055
	15. TYPE OF DOCUMENT

PN-AAF-681

"Commercial Contraceptive Marketing Development
in
Bangladesh"

Twentieth Progress Report
(bi-monthly)

November 1 to December 31, 1977

Contract No. AID/pha-C-1055, Modification 14
Project No. 932-11-580-611

C O N T E N T S

	<u>Page</u>
I. Summary	1
II. Arrival of new Project Director	1
III. Advertising and Promotion	1
IV. Distribution	2
V. PSI/AID Project Collaboration	3

Attachments

- "A" Two-year sales graph - Raja
- "B" Two-year sales graph - Maya
- "C" Five new press ads
- "D" Raja shelf sticker
- "E" List of wholesalers and major retailers

Summary

Total project sales as of end December are 27,632,000 for Raja and 1,620,000 for Maya. The two-month period of November-December brought Raja sales of 4.1 million and Maya sales of c. 200,000. Project products are now in 32,475 outlets throughout Bangladesh. The products sold during this period afforded 689,524 couple months of protection.

This period saw the arrival of Mr. Alvin G. Edgell, who will assume the post of Project Director upon the departure of Mr. Robert L. Ciszewski toward the end of January.

New advertising focus and themes went into newsprint, and fresh historical sales data was produced. (See attachments "A" and "B".)

Arrival of New Project Director

Mr. Alvin G. Edgell began his orientation for the position of Project Director at PSI's New York office and visited AID officials in Washington before his late December departure for Bangladesh. A reasonable period of overlapping of the incoming and outgoing directors was planned to take place during January, at the end of which Mr. Robert Ciszewski would return to the United States. Mr. Ciszewski's tour of duty now ends after a very productive three and one half years setting up the program and guiding it to a most successful nationwide sales operation. PSI feels sure that Mr. Edgell's tour will greatly benefit the project as it matures.

Advertising and Promotion

Lively and attractive press ads featuring visual and textual content with the new advertising focus of "responsibility" were released in November and December for both Raja and Maya. See Attach-

ment "C" for 5 ads released.

Also produced was a new and attractive retailer shelf sticker with striking red letters "Raja" on a black field. See Attachment "D". Such stickers draw attention to the fact that a particular outlet carries the product, and simultaneously serve to brighten the appearance of the local outlets.

Additional commentaries have been received attesting to the popularity of the project-coined brand names of "Raja" and "Maya" as generic terms for "condoms" and "pills" - this time from the Population Reference Bureau after a two-week conference with 14 Bengali technicians who commented enthusiastically on this point saying, furthermore, that the "terms" Raja and Maya are much more appropriate "... in contrast to the thoroughly unfamiliar terms "Norelestrin Ovril,..."

Distribution

Attachment "E" is the updated listing of Raja and Maya Wholesalers and Major Retailers. Total number of wholesalers is 54, and major retailers or stockists 125. It would appear that there are far fewer wholesalers in the project this year than last, and far more stockists. This is due to the establishment of quantity guidelines for classifying the two types of middlemen; a wholesaler is taken to be one who orders 25-30 shipping cartons of Raja and/or Maya at a time, and a stockist is one who orders 5-20 cartons. Of course, on the whole, the total combined number of project wholesalers and major retailers has increased substantially.

Sizeable GSA commodity shipments began to arrive and are expected in subsequent months, and the project director has begun to seek additional warehousing to alleviate a space shortage.

PSI/AID Project Collaboration

a. Consultancy - As had been foreseen in the current budget, request was submitted to AID for approval of a consultancy visit to the FPSMP by Terry Louis, whose expertise has greatly benefitted the project in the past. The appropriate AID office concurred, and the marketing, advertising renovation and staff reorientation mission of Mr. Louis was scheduled for January 1978.

b. 1978 Budget - PSI submitted a full CY 1978 Cost Proposal to AID in preparation for Modification 16 to the contract. As circumstances and time hindered the processing of the full-year plan, Modification 16 was signed in December for one month of incremental funding to the contract.

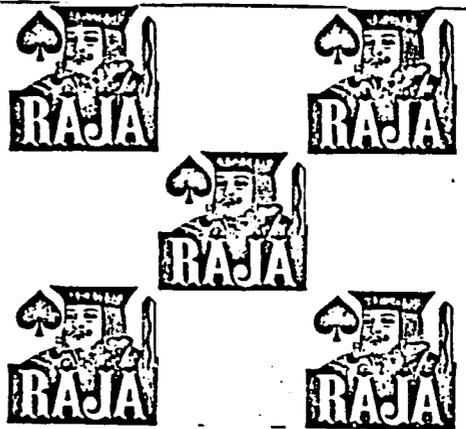
5,000,000

4,000,000

3,000,000

2,000,000

1,000,000



1,298,269

2,892,825

2,052,021

3,464,598

4,869,229

3,429,271

3,169,158

5,100,000

1st Q'76

2nd Q'76

3rd Q'76

4th Q'76

1st Q'77

2nd Q'77

3rd Q'77

4th Q'77
PROJECTED

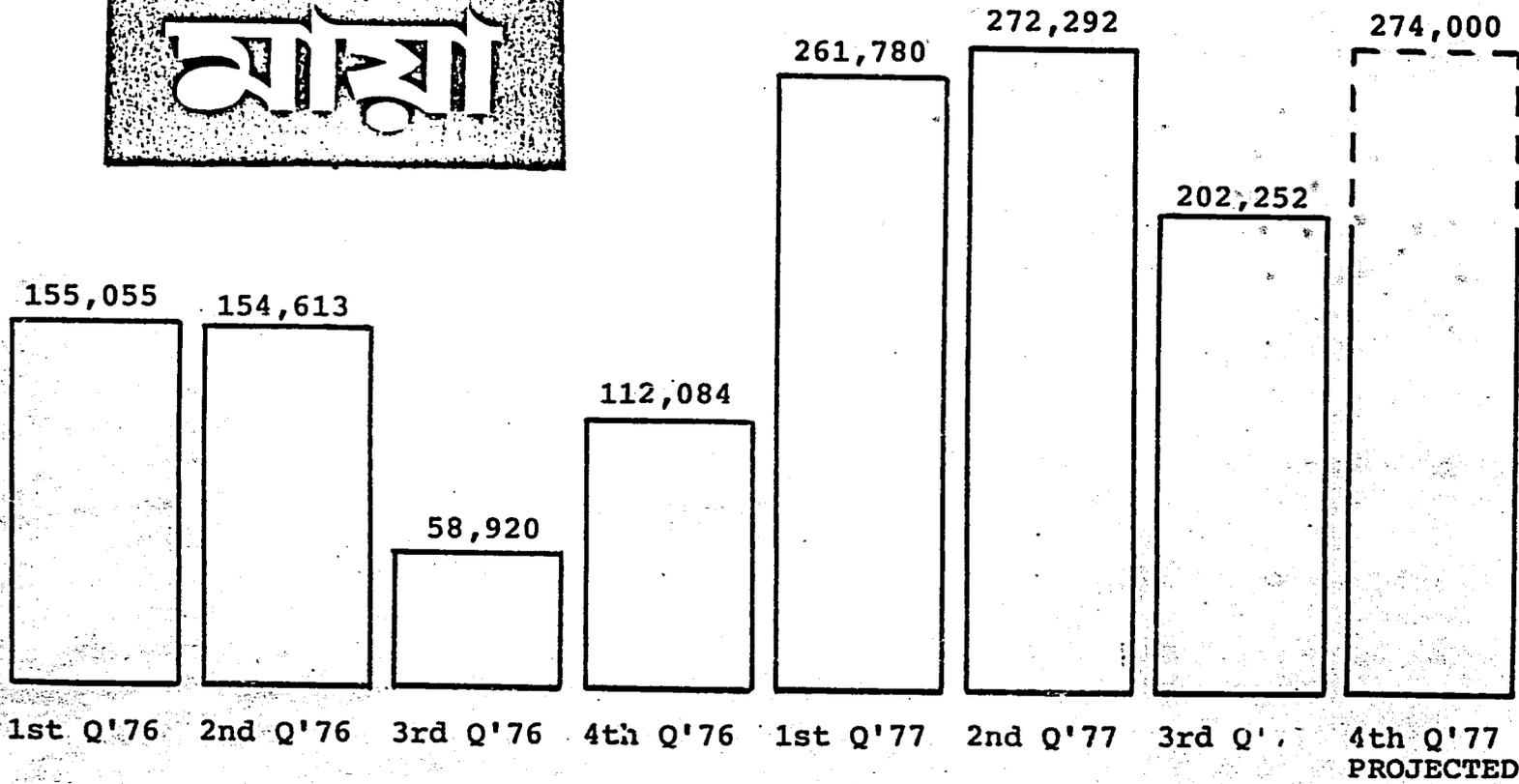


400,000

300,000

200,000

100,000



The confident choice for the responsible man

The responsible man knows that Raja is the key to a happy life for his family and for himself. He knows that Raja makes a prosperous future possible by enabling him to plan his family and leaving nothing to chance. Raja is the reliable condom manufactured in U.S.A. It is the confident choice for the responsible man.



RAJA
the reliable condom

Keep the woman in you alive with **MAYA**



Maya keeps you healthy, makes you feel free and young. By helping you to plan your family it keeps away the worries of un-wanted pregnancies. You can become a loving wife, an affectionate mother and a happy woman when you take Maya regularly.



MAYA
the safe oral contraceptive



Why take chances? use **RAJA**

Happiness will come only to the man who prepares for it. By planning his family and leaving nothing to chance. By having children only when he can afford them. Raja—the reliable condom manufactured in the U.S.A. is the confident choice for the man planning for a prosperous future.



RAJA
the reliable condom

MAYA

for
the loving wife
the affectionate mother
the healthy happy woman

The secret of the successful woman is Maya. It enables her to plan her family and look after her husband and children. It makes her feel healthy and young. Because of Maya she can prepare for a prosperous future for herself and for her family.



Maya is a low dosage, reliable birth control pill, manufactured in U.S.A. With every cycle you get 7 iron tablets, which help guard against anaemia. Maya also ensures the regularity of your menstrual cycle. Use Maya for a better life.

BA-145/77

'মায়া'র জন্যই আমার বিবাহিত জীবন আমার কাছে
 আরও অর্থময় হয়ে উঠেছে। 'মায়া' আমাকে
 কঠোর স্বাস্থ্যবোধ ও শ্রদ্ধা। স্বামী ও
 ছোটসময়দের যত্ন নেয়ার জন্যে এখন
 আমার হাতে অনেক সময়। আমানত
 ছোট পরিবার নিয়ে এখন আমি
 নিশ্চিত স্থখী ভবিষ্যতের
 পরিকল্পনা করতে পারি।
 তাই 'মায়া'কে
 ধন্যবাদ।

সমৃদ্ধ জীবনের স্বপ্ন এখন বাস্তব।
 আশ্রয়ক ধন্যবাদ।

পরিমিত
 মাত্রার নিয়মিত
 ডবলনিয়ন্ত্রণ বডি 'মায়া'
 আমন্ত্রিতায় তৈরী। প্রতি
 মাসের প্যাকেটের সাথে রয়েছে
 ৭টি করে আয়ুর্জন ট্যাবলেট যা আপনারকে
 রক্তশুদ্ধতা থেকে রক্ষা করবে।
 আপনার নিয়মিত মাসিকও
 নিশ্চিত করবে 'মায়া'।



মায়া
 মহিলাদের জন্যে স্বাস্থ্যকর
 ওষুধ বিক্রয় করে



BA-136/77

RAJA SHELF STICKER

FAMILY PLANNING SOCIAL MARKETING PROJECT, BANGLADESHWHOLESALE DEALERS DEALING WITH OUR PRODUCTS

<u>Sl.No.</u>	<u>N a m e</u>	<u>P l a c e</u>	<u>D i s t r i c t</u>
1.	M/s. Mercury Incorporation	Motijheel	Dacca
2.	" Streamways	Puranapaltan	"
3.	" Gazi Drugs	Laxmibazar	"
4.	" Azad Medico	Narayanganj	"
5.	" Taj Medical Agency	Dacca	"
6.	" Rawahan Medical Agency	Dacca	"
7.	" Agrani Medical Agency	Dacca	"
8.	" National Medical Store	Dacca	"
9.	" Mohammadi Medical Hall	Mymensingh	Mymensingh
10.	" Anwar Medical Hall	Jamalpur	"
11.	" Hope Pharmacy	Bhairab	"
12.	" Ahmed Pharmacy	Kishoreganj	"
13.	" Al-hamra Medical Hall	Netrokona	"
14.	" Rekha Medical Agency	Tangail	Tangail
15.	" Central Pharmacy	Chowhatta	Sylhet
16.	" Jalalabad Medical Stores	Zindabazar	Sylhet
17.	" M. M. Rahman	Kalighat Road	"
18.	" Ahmedia Pharmacy	Sreemangal	"
19.	" Mohsin Pharmacy	Maulvibazar	"
20.	" Kimmatt Ali & Brothers	Saistaganj	"
21.	" Chattak Stores	Chattak	"
22.	" Rangopal Pharmacy	Kulaura	"
23.	" Sunil Chandra Banik	Sunamganj	"
24.	" Abdul Hannan	Beani bazar	"
25.	" Haji Rusmat Ali & Bros.	Habiganj	"
26.	" Ahmed Traders	Sadar Road	Barisal
27.	" Udayan Pharmacy	Chittagong	Chittagong
28.	" Navayug Banijja Sangha	Jubilee Road	"
29.	" Universal Medical Supply	Chowmuhani	Noakhali
30.	" Upasham	Feni	Noakhali
31.	" Haque Pharmacy	Brahmanbaria	Comilla
32.	" Chandpur Agency	Chandpur	"
33.	" Universal Medical Supply	Munsif Bari	"
34.	" Sayemuddin Kazi	Jessore Road	Khulna
35.	" Lucky Medical Store	Municipal Road	Jessore
36.	" Niramay Pharmacy	Rajbari	Faridpur
37.	" Venus Medical Stores	Faridpur	Faridpur
38.	" Showkat Pharmacy	Haji Market	Kushtia
39.	" Anwar Store	Chuadanga	"
40.	" K. S. Rahman	Naogaon	Rajshahi
41.	" Khandaker Store	Natore	"
42.	" Mita Medical Store	Ganakpara	"
43.	" Star Pharmacy	Chapai Nawabganj	"
44.	" Drug House	Dinajpur	Dinajpur
45.	" City Medical Store	Bogra	Bogra
46.	" Friends Medical Hall	Santahar	"
47.	" Syedpur Medical Store	Sayedpur	Rangpur
48.	" Aragya Niketan	Rangpur	"
49.	" M. Rahman Medical Hall	Rangpur	"
50.	" Aragya Ghar	Lalmonirhat	"

<u>Sl.No.</u>	<u>N a m e</u>	<u>P l a c e</u>	<u>D i s t r i c t</u>
51.	M/s. Mukul Store	Ishurdi	Pabna
52.	" International Magazine	Sirajganj	"
53.	" Mukta Medical Mart	Pabna	"
54.	" Monto Miah	Ullapara	"

FAMILY PLANNING SOCIAL MARKETING PROJECT, BANGLADESH

MAJOR RETAILERS OR STOCKISTS

<u>Sl.No.</u>	<u>N a m e</u>	<u>P l a c e</u>	<u>D i s t r i c t</u>
1.	M/s. Shaheed Pharmacy	Mitford	Dacca
2.	P Phaharpur Pharmacy	"	"
3.	" Binimoy Enterprise	Tejgaon	"
4.	" Emon Traders	Bashabo	"
5.	" Haroon Brothers	Shahjahanpur	"
6.	" Veshers Pharmacy	Mowchak	"
7.	" Moona Pharmacy	Manikganj	"
8.	" Uttaran Pharmacy	Kakrail	"
9.	" Firmview	Firmgate	"
10.	" A. Samad Chowdhury	Moulvi Bazar	"
11.	" Shahidul Islam	"	"
12.	" Kamal Stores	"	"
13.	" Hasan Stores	"	"
14.	" Shakil Stores	"	"
15.	" Shamsur Rahman	"	"
16.	" Manik Med. Stores	Mitford	"
17.	" Bangladesh Stores	"	"
18.	" Shamim Medical Stores	"	"
19.	" Goodwill Pharmacy	"	"
20.	" Promod Chandra Dey	Kishoreganj	Mymensingh
21.	" Sukumar Ray Chowdhury	Netrokona	"
22.	" Modink Traders	Mymensingh	Mymensingh
23.	" Shafiruddin Chowdhury	Kishoreganj	"
24.	" Akkas Ali	"	"
25.	" Dipak Store	Bhairab	"
26.	" Aftab Store	"	"
27.	" Kader Store	"	"
28.	" Kaher Pharmacy	Bandarbazur	Sylhet
29.	" Motin Brothers	Station Road	"
30.	" Motimahal	Bangarbazur	"
31.	" Charanj Brothers	"	"
32.	" Rahman Brothers	"	"
33.	" Vinam Store	Maulvibazar	"
34.	" Shamol Store	"	"
35.	" Khan Store	Kalighat	"
36.	" Haji Pharmoz Ali	Hobiganj	"
37.	" Nipesh Chandra Dev	Maulvibazar	"
38.	" Mubarak Store	"	"
39.	" Noor Brothers	Kulaura	"
40.	" Suleman Khan	Kalighat	"
41.	" Mahatab Store	"	"
42.	" Hanif Miah	Kulaura	"
43.	" Sheba Pharmacy	Bandarbazur	"
44.	" Zakir Store	Chaktai	Chittagong
45.	" Shaheen Store	"	"
46.	" Haji Ali Ahmed	Nasirabad	"
47.	" Nandanava Medical	Chittagong	Chittagong
48.	" Habib Store	"	"
49.	" Amin Tea Store	Pahartali	"
50.	" Rafiq Store	Reazuddin Bazar	"

<u>Sl.No.</u>	<u>N a m e</u>	<u>P l a c e</u>	<u>D i s t r i c t</u>
51.	M/s. H. Rahman	Reazuddin Bazar	Chittagong
52.	" Modina Store	"	"
53.	" Dinesh Kanti Pal	Teknaf	"
54.	" Sirajul Islam	Chaktai	"
55.	" Jamal Traders	"	"
56.	" Yasin Store	"	"
57.	" Alam Store	"	"
58.	" Haji Store	Bashurhat	Noakhali
59.	" Dulal Store	Chowmohani	"
60.	" Hossain Drug House	Khulna	Khulna
61.	" Jonaki Store	Satkhira	"
62.	" Habib Medical Hall	Kaliganj	"
63.	" Upahar Store	Satkhira	"
64.	" Ali Pharmacy	Satkhira	"
65.	" Mahbub Store	Satkhira	"
66.	" Shilpa Store	Satkhira	"
67.	" Sazzad Pharmacy	Cementry Road	"
68.	" Kohinur Medical Hall	Tararpukur	"
69.	" Nahar Store	Satkhira	"
70.	" Kazi Store	Satkhira	"
71.	" Bangladesh Med. Agency	Cementry Road	"
72.	" Ali Medical Hall	Dulratpur	"
73.	" Asha Drug House	Takerhat	Faridpur
74.	" Dacca Stores	Rajbari	"
75.	" New Tara Store	Faridpur	"
76.	" Amir Hossain	Kushtia	Kushtia
77.	" S. Hossain	Meherpur	"
78.	" Abdul Hamid	Kushtia	"
79.	" Gopinath Saha	Meherpur	"
80.	" Chowdhury & Co.	Jessore	Jessore
81.	" City Store	Jhenidah	"
82.	" Dosta Mohammed	Chuadanga	"
83.	" Salam Pharmacy	Jhekerghacha	"
84.	" Saleha Store	Newpara	"
85.	" Warshi Medical Hall	Jessore	Jessore
86.	" B. N. Store	Jessore	"
87.	" Muslim Store	Jessore	"
88.	" Abdul Khalek	Jessore	"
89.	" R. M. Store	Jessore	"
90.	" Kohinoor Medical Store	Jessore	"
91.	" Rana Store	Chuadanga	"
92.	" Sardar Bipani	Navaran	"
93.	" Hoogli Store	Jhekerghacha	"
94.	" Uzzal Store	Chuadanga	"
95.	" Venity Store	Jhenidah	"
96.	" Sardar Pharmacy	Kotchandpur	"
97.	" Toha Pharmacy	Narail	"
98.	" Khatoon Stationery	Chuadanga	"
99.	" Dada Bhai Pharmacy	Magura	"
100.	" Khirola Pharmacy	Lahgalbandh	"

<u>Sl.No.</u>	<u>N a m e</u>	<u>P l a c e</u>	<u>D i s t r i c t</u>
101.	M/s. Anwar Stores	Bogra	Bogra
102.	" Mukti Stores	Naogaon	"
103.	" Sonali Stores	Bogra	"
104.	" Motaleb Stores	Naogaon	"
105.	" Begum Medical Hall	Joypurhat	"
106.	" Modern Pharmacy	Panchghar	"
107.	" R. Medical Company	Naogaon	"
108.	" Chowdhury Company	Naogaon	"
109.	" Sattar Stores	Pabna	Pabna
110.	" Sapla Stores	Surjanagar	"
111.	" Alam Stores	Pabna	"
112.	" Shamsul Alam	Faridpur	"
113.	" Omar Ali	Rajshahi'	Rajshahi
114.	" Monikand Brothers	Natore	Rajshahi
115.	" Momtaz Brothers	Nafore	"
116.	" Bangadesh Stores	Natore	"
117.	" Fatema Stores	Thaherpur	"
118.	" Motin Pharmacy	"	"
119.	" Morbina Stores	Godagari	"
120.	" Robindranath Kul	Chackkoir	"
121.	" Shalek	Rangpur	Rangpur
122.	" Gmsh Chandra	Gaibandah	"
123.	" Shereen Pharmacy	Phulbari	"
124.	" Islamia Medical Hall	Kurigram	"
125.	" Hasan Medical Stores	Rangpur	"

"Commercial Contraceptive Marketing Development in
Bangladesh"

Twenty-first Progress Report
(bi-monthly)

January 1 to February 28, 1978

Contract No. AID/pha-C-1055, Modification 16 and 17

Project No. 932-11-580-611

CONTENTS

- I. Summary
- II. Commodity Inventories
- III. Advertising and Promotion
- IV. Household Distribution
- V. Group Interviews
- VI. Product Diversification
- VII. Personnel
- VIII. FPSMP Participation in Innovative Project Workshop

Attachments

- A "New" Raja dispenser sticker
- B Contraception Booklet
- C Paper by Robert L. Ciszewski
"Social Marketing: An Innovative Family Planning Approach in Bangladesh"

I. Summary

Total project sales as of end February were 29,732,511 for Raja and 1,690,562 for Maya. The two-month period of January-February brought Raja sales of 4 million and Maya sales of 170,000. Project products are now in approximately 34,000 outlets throughout Bangladesh affording 657,407 couple months of protection this reporting period.

The major project event of the period was the change in Project Directors. Mr. Ciszewski departed from Bangladesh near the end of January after a period of overlapping during which incoming Al Edgell assumed his new position. Beyond routine project management, Al Edgell focused on recent and new project advertising strategies and new product possibilities. Project sales continued strong.

Vending machine expansion design was submitted to AID/W.

II. Commodity Inventories

February 28, 1978*

<u>PACKAGED</u>		<u>UNPACKAGED</u>
<u>RAJA</u>	<u>MAYA</u>	<u>CONDOMS</u>
1,862,013 pieces	203,654 cycles	Tahiti 2,923,011 pieces
		Raja Brand <u>9,425,444</u> pieces
		12,348,455 pieces
		<u>PILLS</u>
		789,991 cycles
Vending Machine Colored Condom:		118,442
Vending Machine non-Colored Condom:		216,581
Loan from GOB	Pills:	690,000 cycles

* Commodity Inventories as of December 31, 1977 will be included in the March-April Progress Report. Nevertheless, 1977 year-end inventory reconciliation was completed on time, and is on file at our offices.

III. Advertising and Promotion

New Raja and Maya cinema ad trailers were filmed during this period, with screenings scheduled for March.

"New" Raja was put on the market, featuring the specially designed foil strip wrap applied by the manufacturer at the point of production. The Raja wrap condoms are marketed in the standard Raja cardboard 3-pack, in 18-pack dispensers bearing a yellow flash sticker that reads "New" in Bengali (see Attachment A). The first such supplies had the "New" flash rubber stamped on the dispensers as an interim measure while design coordinated yellow stickers were being produced.

Project Director Edgell has reported general results of the Media Theme Test, which was reported on in its preliminary phase in Progress Report number seventeen. Responses were received to all three of the themes; in order of number of responses received they are: concern for welfare of children; concern for family welfare; mother's health and attractiveness. There was little spread between the number of responses to each, and the difference between the way people responded to each of the first two indicates a barely discernable difference in the appeal of the two themes. The attractive contraception booklet mailed to each respondent is Attachment B to this report.

IV. Household Distribution

Per Modification 17 to the FPSMP AID Contract, work was begun by PSI/Dacca and Bitopi on the baseline design for the household distribution project added to the contract scope of work in February 1978. CTO, Mission and GOB approvals will be sought shortly. PSI plans to do an intensive household distribution (and education campaign)

of Raja and Maya with couponed link-up with retail outlets (and their suppliers). Coupon design and matching canvassers' questionnaire shop sign are being designed. Follow-up evaluation will be done by Dacca University's Institute of Statistical Research and Training (ISRT).

V. Group Interviews

Per P.2 and 3 of Modification 17, work began on the group interview design for submission to the CTO, the Mission and GOB. The purpose of the series of interviews is to get at consumer attitudes most fundamentally related to family planning behavior among identifiable socioeconomic groups. The ultimate goal of the attitude search is the refinement of Raja and Maya product advertising appeals.

VI. Product Diversification

Information regarding new product possibilities was developed during this period, and recommendations were prepared for presentation at the March meeting of the Project Council, e.g., that Neo-Sampoon and Oral rehydration solutions be given priority attention, with other product possibilities also to be further explored.

VII. Personnel

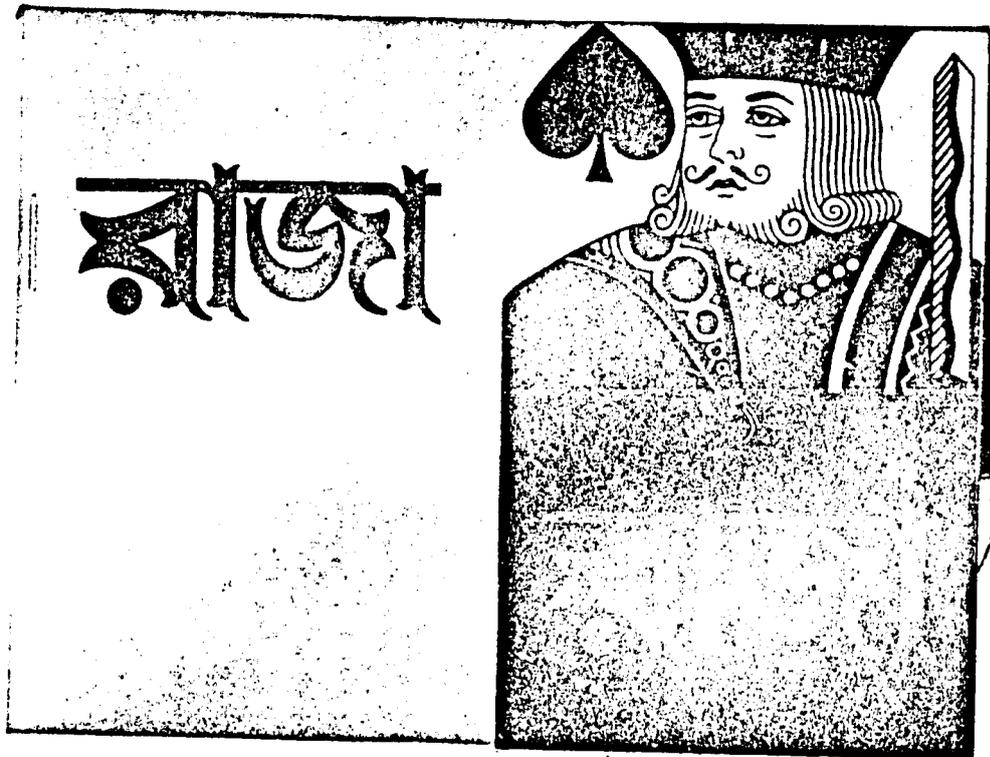
Mr. Robert Ciszewski, pioneer PSI/FPSMP Project Director, ended his tour of duty under the contract and returned to the United States to become the Executive Director of PSI in New York. Mr. Al Edgell has succeeded Mr. Ciszewski as Project Director.

Selection trials for the candidate for the new position of Director of Operations (originally called for in C-1055 Schedule as "Project Manager") were concluded by PSI and held pending the March

meeting of the FPSMP Project Council.

VIII. FPSMP Participation in Innovative Project Workshop

A paper (Attachment C) which had been prepared by Bob Ciszewski about the FPSMP for the occasion (February 1-4, 1978) was read by Al Edgell. The National Workshop focused on non-government projects of an impressively large variety. Uniformly favorable references to the AID/PSI project by speakers and discussants were sprinkled throughout the proceedings.

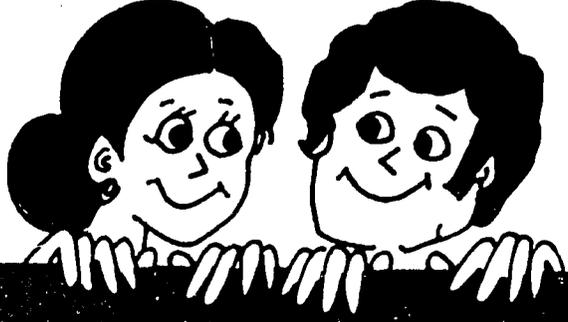


১৮ প্যাকেট

উন্নতমানের পিচ্ছিল কনডম
বিশেষভাবে বাংলাদেশের জন্য
আমদানীকৃত



এই পুস্তিকায় পরিবার পরিকল্পনা ও কি করে
সুখী পরিবার গড়া যায় সে সম্পর্কে বিভিন্ন তথ্য
সন্নিবেশিত হয়েছে।

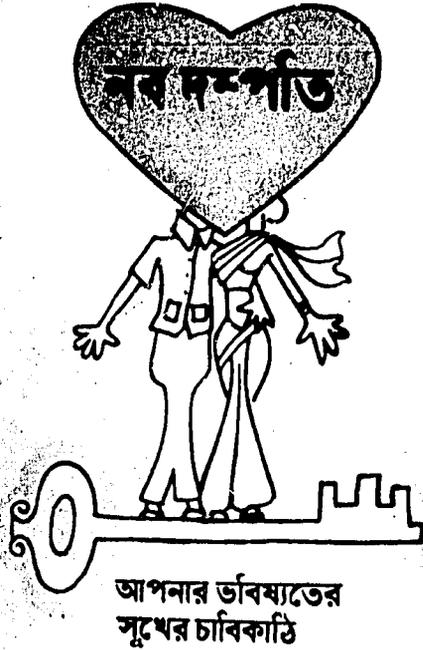


পরিবার পরিকল্পনা



আধুনিক পদ্ধতি





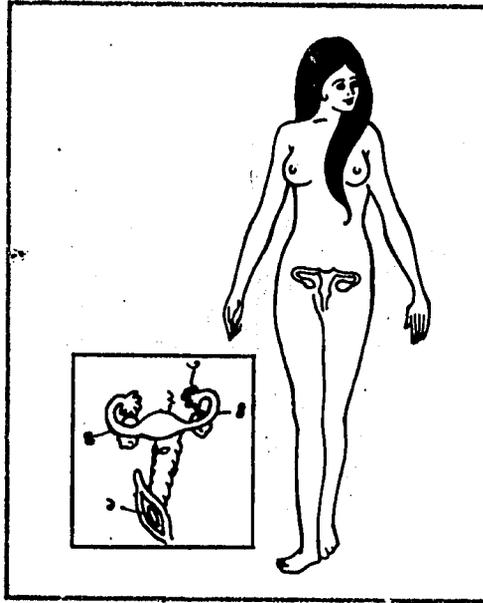
১. পরিবার পরিকল্পনার প্রয়োজনীয়তা :

নববিবাহিতদের ভবিষ্যৎ সুখের জন্যে পরিবার পরিকল্পনা গ্রহণ করা অত্যাাবশ্যিক। এবং এটা সন্তানের সুখী ভবিষ্যতের নিশ্চয়তা বিধান করে। পরিবার পরিকল্পনার অর্থ 'আপনি যে ক'টি সন্তান চান তা পাওয়া।' এ ধরণের পরিকল্পনা মায়ের স্বাস্থ্যের জন্যে দরকার এবং এর ফলে বাবা মা সন্তান পালনে অধিক সময় দিতে পারবেন। পরিবার পরিকল্পনা এভাবেই, আকস্মিকভাবে নয়, পরিকল্পনা অনুযায়ী সন্তান লাভের নিশ্চয়তা দেয়। এটি একমাত্র পথ যাতে আপনি আপনার সন্তানদের যথাযোগ্য খাদ্য, বস্ত্র ও শিক্ষা দিতে পারবেন। পরিবার পরিকল্পনা আপনাকে অধিক উপভোগ্য যৌন জীবন লাভ করতেও সাহায্য করে।

পরিবার পরিকল্পনা ও জন্ম নিয়ন্ত্রণ সম্পর্কে আরো তথ্য জানতে হলে আপনার কাছের পরিবার পরিকল্পনা ক্লিনিক অথবা ডাক্তারের সাথে দেখা করুন।

২. কিভাবে জননেদ্রীয় কাজ করে এবং কিভাবে শিশু গঠিত হয় :

আপনি যদি জানতে পারেন কিভাবে জননেদ্রীয়গুলো কাজ করে এবং যখন শিশু গঠিত হয় তখন কি হয়—তখন পরিবার পরিকল্পনার বিভিন্ন পদ্ধতি এবং সেগুলোর কার্য-প্রণালী বোঝা সহজতর হবে।



ক. স্ত্রী জননেদ্রীয় (ছবি দেখুন) :

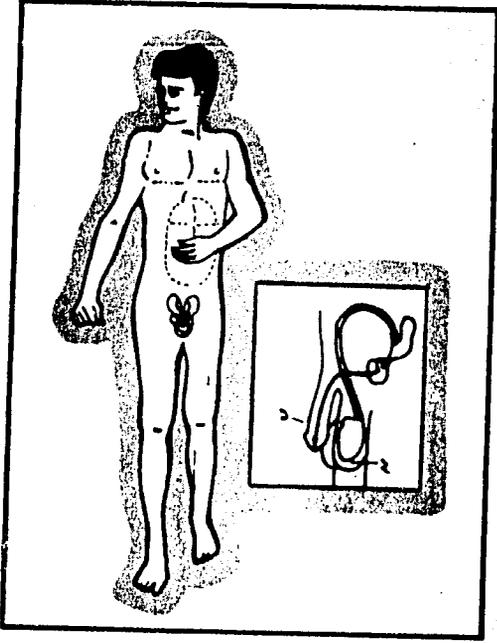
স্ত্রী জননেদ্রীয়ের যে চারটি প্রধান অংশ সম্পর্কে জানা দরকার সেগুলো হচ্ছে—

- (১) যোনি ;
- (২) জরায়ু বা গর্ভাশয় ;
- (৩) ডিম্বাশয়—যেখানে স্ত্রীর বীজ তৈরী হয় ; এবং
- (৪) ফেলোপিয়ান নল—যা ডিম্বাশয় থেকে ডিম্বানু জরায়ুতে পৌঁছে দেয়।

নারীর দেহ সাধারণতঃ প্রতি মাসে একটি করে ডিম্ব উৎপাদন করে যা ফেলোপিয়ান নলের মধ্যে দিয়ে জরায়ুতে আসে। যৌন মিলনের সময় অসংখ্য পুরুষ বীজ যোনিতে

পরিবার পরিকল্পনা ও জন্ম নিয়ন্ত্রণ সম্পর্কে আরো তথ্য জানতে হলে আপনার কাছের পরিবার পরিকল্পনা ক্লিনিক অথবা ডাক্তারের সাথে দেখা করুন।

প্রবেশ করে ডিম্বানুর সাথে মিলিত হয় এবং তাতে গর্ভ সঞ্চার হয়। যদি গর্ভ সঞ্চার না হয় তা হলে সেই ডিম্বানু নষ্ট হয়ে যাবে এবং তা জরায়ুতে অবস্থিত অতিরিক্ত রক্ত-কণিকাসমূহের সাথে মাসিক ঋতুস্রাবের সময় যোনি পথ দিয়ে বাইরে চলে যাবে।



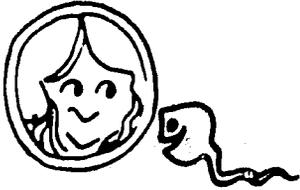
খ. পুরুষ জননেন্দ্রীয় (ছবি দেখুন) :

পুরুষ জননেন্দ্রীয়ের প্রধান দু'টো অংশ হচ্ছে -

- (১) লিঙ্গ, এবং
- (২) অণুকোষ—যেখানে বীর্ষ জন্ম নেয়।

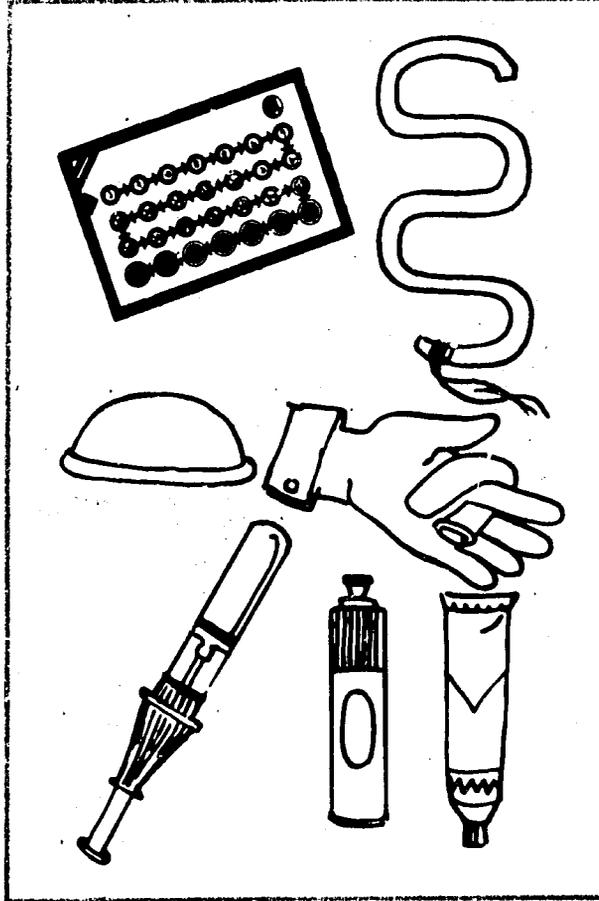
যৌন মিলনের চূড়ান্ত মুহূর্তে লিঙ্গ থেকে বীর্ষপাত হয়।

তাতে অসংখ্য বীজ স্ত্রীর যৌনাজে প্রবিষ্ট হয়ে স্ত্রী-ডিঙ্কের সাথে মিলিত হতে পারলেই প্রুণের জন্ম হয়।



পরিবার পরিকল্পনা ও জন্ম নিয়ন্ত্রণ সম্পর্কে আরো তথ্য জানতে হলে
আপনার কাছের পরিবার পরিকল্পনা ক্লিনিক অথবা ডাক্তারের সাথে দেখা করুন।

৩. পরিবার পরিকল্পনা পদ্ধতি :



এখন আমরা পরিবার পরিকল্পনার পদ্ধতি নিয়ে আলোচনা করবো।

বিভিন্ন রকম পদ্ধতির মধ্যে থেকে স্বামী স্ত্রী তাঁদের পছন্দমত যে কোন একটি বেছে নিতে পারেন।

এই পুস্তিকার বাকী অংশে পরিবার পরিকল্পনার নানা পদ্ধতি আলোচিত হবে—যার যে কোন একটি অনুসরণ করলে আপনি আপনার সন্তানের সংখ্যা পরিকল্পিত উপায়ে নির্ধারণ করতে পারবেন। এবং সবচেয়ে নির্ভরযোগ্য মাধ্যমটিও এই সাথে বেছে নিতে পারবেন।

পরিবার পরিকল্পনা ও জন্ম নিয়ন্ত্রণ সম্পর্কে আরো তথ্য জানতে হলে
আপনার কাছের পরিবার পরিকল্পনা ক্লিনিক অথবা ডাক্তারের সাথে দেখা করুন।

পুরুষের জন্যে

ক. তুলে ফেলা :

এই পদ্ধতিতে সংগমরত অবস্থায় স্বামী বীর্ষপাতের ঠিক আগ মুহূর্তে তাঁর লিঙ্গ স্ত্রীর যোনি থেকে তুলে ফেলবেন। তবে এই পদ্ধতি অতৃপ্তিদায়ক এবং নির্ভরযোগ্য নয়।



খ. কনডম :

কনডম ব্যবহার সারা বিশ্বে পরিবার পরিকল্পনার জন্যে একটি জনপ্রিয় মাধ্যম। বিভিন্ন পদ্ধতির মধ্যে এই পদ্ধতি সবচেয়ে বেশী কার্যকর। এটির ব্যবহারও সবচেয়ে সহজ।

এই কনডমের একটি হলো 'রাজা' কনডম, যা খুব পাতলা ও উন্নত মানের রাবারের তৈরী। এটি পরলে পুরুষের লিঙ্গ পুরোপুরি ঢেকে যায়, ফলে সংগমের সময় বীর্ষ স্ত্রীর যোনিতে প্রবেশ করে স্ত্রী ডিম্বের সাথে মিলতে পারে না। প্রত্যেকবার সংগমের আগে নতুন 'রাজা' ব্যবহার করাই উত্তম।

কনডম অত্যন্ত নিরাপদ। কনডম ব্যবহারে কোনরকম খুঁকি নেই এবং এতে কোন রকম শারীরিক বিপদেরও আশঙ্কা নেই। কনডম মিলনের স্বাভাবিক আনন্দও ব্যাহত করে না। বরং কোন উন্নতমানের কনডম (যেমন : রাজা) ব্যবহারের ফলে মিলনের আনন্দ আরও বেশী হয়। কনডম বাংলাদেশের সর্বত্র পাওয়া যায় এবং দামও অতি সামান্য।

কনডমের আরও কয়েকটি সুবিধা আছে। তা হলো :

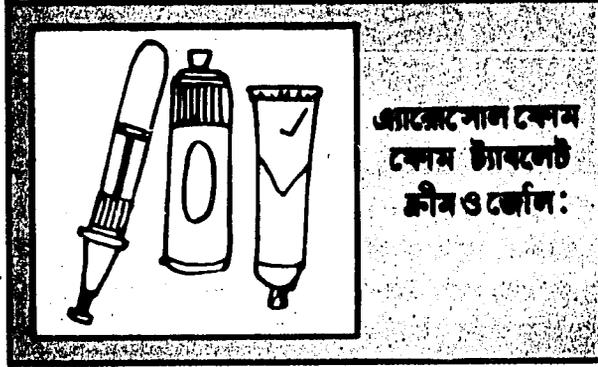
১। এটা ব্যবহারে গোপনীয়তা রক্ষা করা যায়, কাজেই বিব্রত হওয়ার কোন কারণ থাকে না।

পরিবার পরিকল্পনা ও জন্ম নিয়ন্ত্রণ সম্পর্কে আরো তথ্য জানতে হলে
আপনার কাছের পরিবার পরিকল্পনা ক্লিনিক অথবা ডাক্তারের সাথে দেখা করুন।

২। এর ব্যবহার অতি সহজ। কোন হিসাব নিকাশ লাগে না। কোন চার্জ লাগে না, আগে ভাগে কিছু মনে রাখারও দরকার পড়ে না।

এবং কনডম যোনরোগ থেকে রক্ষা পাওয়ার অন্যতম উপায়।

স্ত্রীর জন্যে



ক. এ্যারোসোল ফোম, ফোম ট্যাবলেট, ক্রীম ও জেলি :

এই সবগুলো একইভাবে ব্যবহার্য। যোনিপথের ভেতরে এগুলোর কোন একটা স্থাপন করতে পারলে এগুলো স্ত্রীর ডিম্বের কাছে পুরুষের শুক্রবীজ পৌঁছাতে দেবে না। যদি এগুলো ঠিকভাবে ব্যবহার করা যায় তাহলে এর ব্যবহার হবে আনন্দদায়ক ও কার্যকরী।



খ. ডায়াফ্রাম :

রাবারের তৈরী এই খাপটি দেখতে একটা ছোট টুপি মতো। এর সম্মুখভাগে ক্রীম বা জেলি লাগানো থাকে।

পরিবার পরিকল্পনা ও জন্ম নিয়ন্ত্রণ সম্পর্কে আরো তথ্য জানতে হলে
আপনার কাছের পরিবার পরিকল্পনা ক্লিনিক অথবা ডাক্তারের সাথে দেখা করুন।

জন্মায়ুর প্রবেশপথের ওপর এটা লাগিয়ে দিলে গুরুবীজ জন্মায়ুতে প্রবেশ বাধাপ্রাপ্ত হয়। তবে এই পদ্ধতির একটা অসুবিধা হলো, এটা ব্যবহারের জন্যে সর্বদা একজন ডাক্তারের তদারকির প্রয়োজন হয়। এই সমস্যা ছাড়া এই পদ্ধতি কিন্তু বেশ কার্যকর।



আই.ইউ.ডি

গ. আই, ইউ, ডি :

এ পদ্ধতিতে ছোট একটা নরম প্লাস্টিকের চাকতি জন্মায়ুতে স্থাপন করা হয়। এতে স্ত্রী ডিম্বের পক্ষে জন্মায়ুতে কার্যকরী হয়ে ওঠা সম্ভব হয় না। ফলে স্ত্রী ডিম্ব আর গর্ভ সঞ্চার হয় না।

ঘ. নিরাপদ সময় :

পরিবার পরিকল্পনার এই পদ্ধতিতে একজন মহিলাকে বের করতে হবে কখন তাঁর জন্যে রয়েছে নিরাপদ সময়। নারীর ঋতুচক্রের কোন সময়টিতে তাঁর ডিম্বাণয় থেকে ডিম্ব বের হবে না তা সঠিক জানার উপরই এই পদ্ধতির সাফল্য নির্ভর করে। পরিবার পরিকল্পনার এই পদ্ধতি নির্ভরযোগ্য নয় এবং নিরাপদ দিন বের করাও বেশ কষ্টকর।



বড়ি

এবার আমরা বড়ি নিয়ে আলোচনা করবো। বড়ি হচ্ছে সবচেয়ে নিরাপদ, নির্ভরযোগ্য ও খুব সহজসাধ্য পদ্ধতি। যে কোন দম্পতির জন্যে এটা উপযোগী, যারা সন্তান

পরিবার পরিকল্পনা ও জন্ম নিয়ন্ত্রণ সম্পর্কে আরো তথ্য জানতে হলে
আপনার কাছের পরিবার পরিকল্পনা ক্লিনিক অথবা ডাক্তারের সাথে দেখা করুন।

ধারণে দেবী করতে চান।

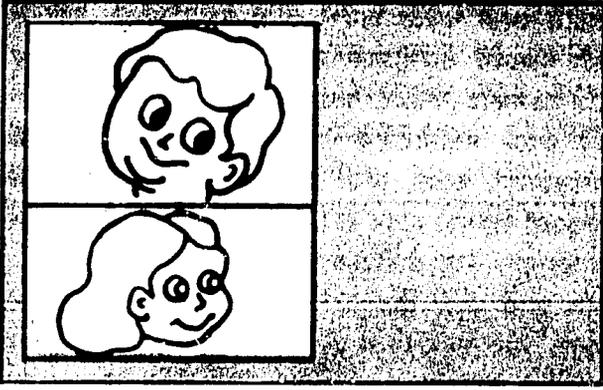
এটা পুরুষের গুরুবীজকে নারীর ডিম্বের সাথে মিলিত হয়ে গর্ভসঞ্চার করাতে বাধা দেয়।

এই রকম গর্ভনিরোধক বড়ি (যেমন : মায়া) খুবই নির্ভরযোগ্য, কারণ কোন মহিলা এই বড়ি খেলে তিনি কিছুতেই অসুস্থ হবেন না। স্ত্রী অপ্রত্যাশিত গর্ভধারণের আশঙ্কামুক্ত হয়ে স্বামীর ভালবাসায় সাড়া দিতে পারবেন। যদি স্বামী ও স্ত্রী ঠিক করেন যে, এবার তাঁদের সন্তান হোক, ঠিক তখন থেকে স্ত্রী বড়ি খাওয়া ছেড়ে দিলে তিনি গর্ভধারণ করবেন।

কিছু কিছু মহিলা হয়তো বড়ি খাওয়ার পর শরীরে নানা রকম সমস্যার মুখোমুখি হবেন। যেমন, মাথা ঝিমঝিম করা, বমিডাব বা মাথাব্যথা, শরীরের ওজনে তারতম্য ঘটা, স্তনে স্পর্শকাতরতা, ফোঁটা ফোঁটা রক্তস্রাব, এমন কি মাসিক ঋতুপ্রাবেও সামান্য অনিয়ম দেখা যেতে পারে। বড়ি ব্যবহারের প্রথম দু'এক মাসে এমনটি হলেও হতে পারে। এরকম প্রতিক্রিয়া দেখা গেলেও দু'মাস অস্তিত্বঃ বড়ি খাওয়া অব্যাহত রাখা উচিত। বড়ি সেবনকারী কেউ কেউ এমনও বলেছেন, বড়ি খাওয়ার আগেকার সময়ের চাইতে বড়ি খাওয়ার পরে তাঁদের ভালো লাগছে। তাঁদের কর্মশক্তি বেড়েছে, মাসিকে অনিয়ম দূর হয়েছে এবং তাঁরা জীবন ভালোই উপভোগ করছেন।

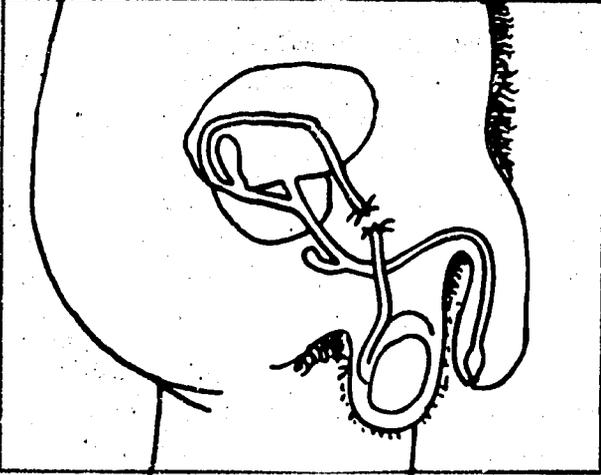
স্ত্রী যদি কোনদিন বড়ি খেতে ভুলে যান তাতে এমন কোন অসুবিধা হবে না। যখনই তাঁর তা মনে পড়বে সাথে সাথে বড়িটি খেয়ে নিলেই হলো। যদি দু'টো বড়ি খেতেও ভুল হয়ে যায়, তবু কোন ক্ষতি নেই। মনে পড়লে দু'টো বড়িই খেয়ে নেবেন। এছাড়া পরেরদিন আরও দু'টো বড়ি খেয়ে নেবেন এবং সেই সাথে নিরাপত্তার জন্যে পরিবার পরিকল্পনার অপর পদ্ধতি অর্থাৎ কনডম ব্যবহার করতে হবে ঐ বড়ির পাতা শেষ না হওয়া পর্যন্ত। মহিলাদের জন্যে সহজ হচ্ছে বড়ি খাবার একটা নির্দিষ্ট সময় নিয়মিত মেনে চলা, যাতে কিছুতেই ভুলে যেতে না হয়। যেমন, রাতে শোবার আগে বা সকালের নাশতার পর।

পরিবার পরিকল্পনা ও জন্ম নিয়ন্ত্রণ সম্পর্কে আরো তথ্য জানতে হলে
আপনার কাছের পরিবার পরিকল্পনা ক্লিনিক অথবা ডাক্তারের সাথে দেখা করুন।



বক্ষ্যাকরণ :

গর্ভনিরোধের এটা একটা স্থায়ী পদ্ধতি। পুরুষদের জন্যে



একটা ছোট অস্ত্রোপচার করতে হয়, যার নাম ডেসেক্টিমি। এ পদ্ধতিতে একজন ডাক্তার অণ্ডকোষ থেকে শুক্রবীজবাহী রুদ্র নালীটা কেটে ফেলেন। এটা কেটে ফেলার ফলে শুক্রবীজ জরায়ুতে প্রবেশ করতে পারে না। ডাক্তার খুব অল্প সময়ে ও সহজে এটি সম্পাদন করতে পারেন।

এই বক্ষ্যাকরণ অস্ত্রোপচারে পুরুষকে নষ্ট হওয়ার কোন সন্দেহ নেই। শুধু শরীর থেকে যে তরল পদার্থ নির্গত হয় তার মাঝে কোন শুক্রবীজ থাকে না।

পরিবার পরিকল্পনা ও স্বাস্থ্য নিয়ন্ত্রণ সম্পর্কে আরো তথ্য জানতে হলে
আপনার কাছের পরিবার পরিকল্পনা ক্লিনিক অথবা ডাক্তারের সাথে দেখা করুন।



SOCIAL MARKETING :
AN INNOVATIVE FAMILY PLANNING APPROACH IN BANGLADESH

By
Mr. Robert L. Ciszewski
(Paper presented by Mr. Alvin G. Edgell)

Paper presented at the National Workshop on
INNOVATIVE PROJECTS IN FAMILY PLANNING AND RURAL INSTITUTIONS
IN BANGLADESH

February 1-4, 1978
Dacca, Bangladesh.

Introduction:

Any discussion of innovations in delivery of family planning supplies or services anywhere in the world today must include more than passing reference to Bangladesh's Family Planning Social Marketing Project, an effort which is operating independently within the framework of the national family planning program and has attracted international attention for its success in distributing condoms and pills via retail stores throughout the country.

This Social Marketing Project by end 1977 was selling enough contraceptives to provide full time protection to more than 375,000 couples, at a lower per-couple cost than any other major family planning program anywhere.

What is Social Marketing?

"Social Marketing" is a term describing the use of business methods and commercial distribution channels to promote and deliver products — including ideas, goods and services — for the public benefit rather than for financial gain.

For Social Marketing to effectively reach large numbers of people, three primary factors must be present. First, the consumer price has to be right. It must be high enough to signify value in the mind of the buyer but low enough to be within economic reach of a majority of target consumers. In Bangladesh as in most countries with severe economic problems, a heavily subsidized consumer price is necessary. Second, to assure the business sector's interest and cooperation, a profit margin must be available at each link of the distribution chain. Finally, and absolutely essential to success, management -- that is, the marketing process, strategies for advertising and promotion as well as the physical delivery of the goods — must be in professional hands.

In most traditional public sector programs involving provision of products or services, sincere efforts are made to fulfill the price criteria. Government clinics, fair-price shops, school lunch programs and many others provide free or subsidized goods and services on a variety of levels. Social Marketing, however, has at least two distinct advantages

in this question: the attitude of respect the tradesman naturally offers to a valued client, and preservation of the pride and independence of the buyer. Most people do not want something free if they can get it at a price — both psychological and monetary — they can afford to pay.

Not widely separated from the factor of price is the necessity for profit motivation to assure smooth and efficient movement of the product through the distribution network to the final consumer. This efficiency, created by the profit motive, is the essence of commerce: without effective and economical provision of supplies and goods the business community would have long since ceased to exist. Social marketing, to make maximum use of these skills developed over the ages, provides normal profits to those who handle the goods enroute to the user. (The profit factor too is present, to a greater or lesser degree and somewhat abstractly, in public sector endeavor, where workers' promotions or other recognition may depend on their superiors' conception of their performance. Unfortunately, this sometimes leads to over-statement of performance, over-reporting of achievement, etc., and often turns out to be a constraint to program effectiveness rather than an incentive).

Third (and this is where most family planning programs are weakest), is the need for highly-skilled professionals to do the job of convincing the consumer that he needs, wants and should make the effort to obtain the product or service being offered. In a program of contraceptive distribution, this process includes reaching the consumer with a message that will make him willing to spend the necessary time, money and effort to obtain and effectively use the contraceptives. The message which must reach the individual citizen is one which will convince him of the advantages, to himself and to his family and community, of having less children. At the same time the message must tell him how he can do this, again at the lowest psychological and monetary cost and with the least possible inconvenience to him personally. The commercial sector is uniquely qualified in the use of mass media and promotion techniques to get this persuasive message to the individual citizen (who, let us never forget, in the final analysis is the only one capable of the basic actions necessary to lower the birth rate) while simultaneously putting the physical goods within his convenient reach.

So in the ideal social marketing endeavor we would have an independent skilled management team utilizing all the various levels of the private commercial sector to provide the target consumer with a useful and desirable product, attractively packaged, correctly priced and available within convenient distance of every home.

The Bangladesh Program:

In Bangladesh, earlier efforts to create a contraceptive sales program in Comilla having been interrupted by the struggle for independence, Government received a proposal from Population Services International (PSI), a small non-profit agency dedicated to and with considerable experience in social marketing, to develop a program of nationwide distribution of contraceptives via commercial channels. This proposal, to be funded from abroad and costing Government nothing, was approved in 1973 and a Letter of Agreement was signed between Government and PSI. By mid-1974 PSI had arranged the necessary funding (in this case from USAID) and the first stage of the project was initiated.

Market Research:

Because of the paucity of information about the Bangladesh market for family planning supplies, the initial step was to undertake a series of marketing research efforts designed to define the market, to identify the target consumer and to decide how best to reach him with the most appropriate message and with products which would be attractive to him both in presentation and price.

Only locally owned and managed establishments were used for these studies, which by mid-1975 had progressed to the point of carrying out actual marketing trials in selected pilot areas to examine the validity of decisions made as a result of research.

The broad target group was defined as consisting of those married couples not already using a reliable family planning method. More specifically (research having shown that the higher-income group was already adequately served by normal commercial industry) the target would be couples of reduced economic circumstances but with some

Studies of the market place revealed that while condoms and pills were widely available in the major cities they were scarce in small towns and rural areas. They were by local standards very expensive, often out of economic reach of the target group. At that time only pharmacies stocked oral contraceptives; condoms, where available, were almost invariably kept under the counter and out of sight.

Concurrently with consumer and market studies, investigation was carried out to determine appropriate price levels and to choose brand names and design attractive packaging for the high quality condoms and low-estrogen (0.05 mg mestranol) pills to be marketed. Finally selected were RAJA condoms to sell at Tk.0.40 per package of 3 and MAYA pills for Tk.0.70 per cycle.

By late 1975, research and testing complete, packaging produced and products prepared for distribution, RAJA and MAYA were ready for national launch.

The Marketing Campaign:

Because of the peculiarities of the Bangladesh market and the lack of experience in promoting packaged goods to the chronically poor and predominantly illiterate population which the project hoped to serve, a diversified but intensive promotion campaign was developed by project management and local advertising agencies. This saturation campaign, using all available mass media and stressing the individual benefits to be derived from using RAJA and MAYA, began in December 1975.

In addition to the media campaign, emphasis was given to point-of-purchase display and to direct promotion of the products in the marketplace. Colorful product dispensers designed to hang from the walls of shops or to be exhibited prominently on counter or shelf were distributed to thousands of retailers during the opening months of the campaign, and shop keepers for the first time in Bangladesh actually featured contraceptives in their product displays. Meantime, teams of sales demonstrators travelling rural areas by bus, rickshaw and boat were attracting large crowds by use of the traditional combination of entertainment and salesmanship. RAJA and MAYA were attracting attention throughout Bangladesh.

Because of the aggressive nature of the promotion and the wide and necessarily public exposure of contraceptive products, there inevitably arose some public reaction against the advertising campaign. Surprisingly enough, this reaction came not as expected from the rural and conservative sector, but from the urban wealthy, many of whom were uncomfortable with public discussion of "intimate" products. Complaints by this small but influential minority resulted in a brief interruption of advertising during the early months, but after minor adjustments in message (the word "lubricated" was removed from RAJA copy) and media (condom advertising via television was cancelled) the campaign proceeded.

The Project's Progress:

As expected, public demand for RAJA and MAYA began to develop. By October 1976, some 10 months after introduction, the Social Marketing Projects products were being distributed via more than 20,000 shops of every description. Large urban pharmacies, departmental stores, shoe shops, general and provisions stores, even cigarette, bidi and pan stalls were displaying and selling RAJA and MAYA. Sales by that time were sufficient to provide full-time contraception to about 150,000 couples.

Since that time, the progress of the Social Marketing Project has followed a more or less predictable commercial course. Demand continues to increase and the products themselves are widely known and used throughout the country. In a recent survey carried out by the Institute of Statistical Research & Training of Dacca University, more than 45% of rural contraceptors interviewed reported they used RAJA or MAYA. It is widely asserted that the names themselves are becoming generic: all condoms are beginning to be called "Raja" and any oral contraceptives "Maya".

Distribution has continued to increase. During December, 1977 more than 2.3 million RAJA condoms and 95,000 cycles of MAYA were sold. Some 32,000 retail outlets now stock one or both products. In terms of protection from unwanted pregnancy, the December 1977 statistics work out to a coverage of more than 375,000 couples.

Because of the efficiencies noted and the fact that the final user pays at least part of the total, delivery costs are extremely low: in the Bangladesh project, total program costs (not including the cost of donated contraceptives) during the last year, after deducting sales proceeds, averaged less than US \$ 1.80 per couple year of protection. On the broad assumption that four years' protection will avert one pregnancy, the Social Marketing Project could be said to be preventing a birth for less than US \$ 8.00, a remarkable achievement in today's world and even more impressive after only two years of product promotion and distribution. As program expenses diminish and sales increase, the requirement for subsidy will go down even further.

In addition to sales and cost factors, which as we have seen are most satisfactory, the Family Planning Social Marketing Project can claim at least some responsibility for a readily-evident change in attitudes towards contraceptives and family planning. From being difficult to find and embarrassing to discuss less than two years ago, condoms and oral contraceptives are today among the most prominently advertised and conspicuously displayed products in the country. They are sold in a wide variety of shops and are transported by foot, cart, bicycle and boat to remote village markets in every District of the country.

There can be little doubt that the widespread effect of the successful promotion campaign for RAJA and MAYA is in great measure responsible for a profound improvement in availability of contraceptives and in public awareness and acceptance of condoms and pills as normal market products. Sales statistics show that large numbers of RAJA and MAYA are being purchased, and because payment is involved at each level of the distribution process, it can be reasonably presumed that these statistics are accurate. There can also be assumed, by the same reasoning, a high degree of consistency between numbers of contraceptives purchased and numbers used.

Beyond this, the actual effect of the program on family planning practices and on the final goal of a lowered birth rate is subject to considerable speculation. Study is needed to determine how to evaluate the impact of

Social Marketing Projects in general and to better define their role in national programs. Still, from distribution and cost statistics alone it can be concluded that the project in Bangladesh is reaching large numbers of people with family planning messages and has succeeded in persuading a great many of them to purchase and use family planning products. This experience, together with that in other countries, strongly suggests that, given the flexibility and independence to operate dynamically in the marketplace, programs similar to Bangladesh's could be reaching untold millions of people throughout the world, not only with contraceptive knowledge and supplies but also with vitally-needed nutritional information, food products, medicines and a host of other socially desirable commodities and services.

The concept of Social Marketing is not a new one, but it has reached its greatest utility to date in Bangladesh. In the final analysis, however, this social marketing program will be judged not only on what is accomplished by the project itself, but on what is built from the Bangladesh experience.