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MARKETING FAMILY PLANNING IN NEPAL:
A STUDY OF CONSUMERS AND RETAILERS

Principal Investigator
HEM B. HAMAL
General Manager, Nepal CRS Company



Publisher
Nepal CRS Company (P) Ltd.
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MARKETING FAMILY PLANNING IN NEPAL

Social Marketing is often the first element of Primary Health Care that can be made available to hard-to-reach communities, such as the more remote parts of Nepal. The Social Marketing of contraceptives has come of age as a successful and responsible way of distributing needed products. In a country such as Nepal where one woman may die for every 200 deliveries, the health benefits of all methods of contraception are outstandingly important. The Nepalese experience, like that of neighboring Bangladesh, demonstrates a rapid build-up in sales of Pills and Condoms and an extensive geographical coverage can be achieved. The Social Marketing of contraceptives has made a substantial contribution to the overall national family planning effort in Nepal and is likely to continue to do so for the foreseeable future. The addition of Jeevan Jal, oral rehydration salts, demonstrates that social marketing can also successfully enter the therapeutic field where simple diagnosis is necessary.

Marketing family planning in Nepal is a rich source of data on both the consumers and providers of family planning services and ORS. It covers many themes, from the impact of advertising on users to logistics of maintaining adequate supplies for providers in remote areas. On the whole, consumers have considerable insight into serious disease that might be contraindications to oral contraceptive use although, sadly, a surprising number of consumers in Nepal smoke.

Studies by FHI in Mexico demonstrate that there was no substantial difference in the health profile of consumers who receive oral contraceptives on prescription and those who get them from social marketing systems. Our increasing understanding of the benefits and risks of oral contraceptive use, and in particular the important protective effect of Pill use against developing uterine or ovarian cancer later in life fully justifies the widespread distribution of this method.

FHI is grateful to the Study Director, Ashoke Shrestha, and other staff of New ERA for conducting the survey. Dr. Jayanti M. Tuladhar, Technical Consultant, Dr. Vijaya Shrestha, Project Consultant, Dr. Thomas Kane and Dr. Shyam Thapa, both of FHI, also all gave freely of their time and skills. FHI would also like to thank Hem Hamal, General Manager, Nepal CRS Company, who worked as a principal investigator for this study. Finally, FHI wishes to thank AID in Kathmandu and Washington for financial support and professional encouragement.

Malcolm Potts
President
Family Health International, Inc., USA

FOREWORD

Marketing family planning was challenging in the rugged and exotic Kingdom of Nepal. The diverse, complex land of contrasts and dramatic topography made the total operation expensive, both money and timewise. Nevertheless nothing succeeds like success - selling contraceptive products and oral rehydration solution was fascinating in a society which from time immemorable reinforced having as many children as possible.

This piece of study is an effort made by all the three institutions involved in this study - the USA based Family Health International, Inc. (FHI), New ERA, Kathmandu and the Nepal Contraceptive Retail Sales Company (P) Ltd. This is one of the pioneering studies of its own kind ever conducted in the field of market research which is relatively new in Nepal. I am quite confident that the outcome of this study will tremendously help CRS to improve its marketing strategies on one hand and on the other family planning institutions in the country will be benefited from this work in improving their respective program operations.

I would like to acknowledge my sincere thanks to Dr. Thomas T. Kane of the Family Health International, Inc., who not only made our dream come true but also provided all the necessary technical support to complete this work. I would also like to take this opportunity to thank all the other persons at Family Health International who helped us in making this study a reality. The financial and other support provided for this study is in fact quite timely and FHI deserves heartfelt thanks for all the assistance it has provided.

My special word of appreciation goes to Mr. Ashoke Shrestha and all the staff members of New ERA for accomplishing this challenging task. They not only executed the total operation but also came up with an excellent product - the final report.

My appreciation also stands for all CRS staff members who assisted me in attaining this goal.

I likewise thank all the consumers and retailers of CRS products who willingly participated in this study and contributed towards national development and welfare.

Finally, all mistakes, limitations and shortfalls, if any in this study, will be my own liability and nobody could be blamed nor stand responsible for them.

Hem Hamal
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The New ERA research team would like to thank: Mr. Hem Hamal, General Manager of Nepal CRS Company, who worked as a chief investigator in this study and provided valuable comments and suggestions throughout the study; Dr. Thomas T. Kane of FHI, who monitored the study on behalf of FHI, assisted in data analysis and provided valuable comments and suggestions on the draft report; and Dr. Shyam Thapa of FHI, who helped in the sampling design and finalization of data collection instruments.

At FHI (USA) thanks also goes to Dr. Barbara Janowitz who reviewed the first draft of the final report and provided valuable comments, Mr. Gaston Farr, who helped in the data preparation and table generation, and Ms. Cyndi Spinden who arranged for travel and other administrative support to the Project Director.

Mr. Jay Anderson (USAID/Kathmandu) also provided some useful suggestions for the final report.

New ERA also acknowledges Family Health International and USAID for their financial support for this study.

Last but not least we would also like to thank the CRS sales representatives for their help with the field surveys and to all of the women respondents and retailers who so generously gave of their valuable time for the interviews.

New ERA Research Team

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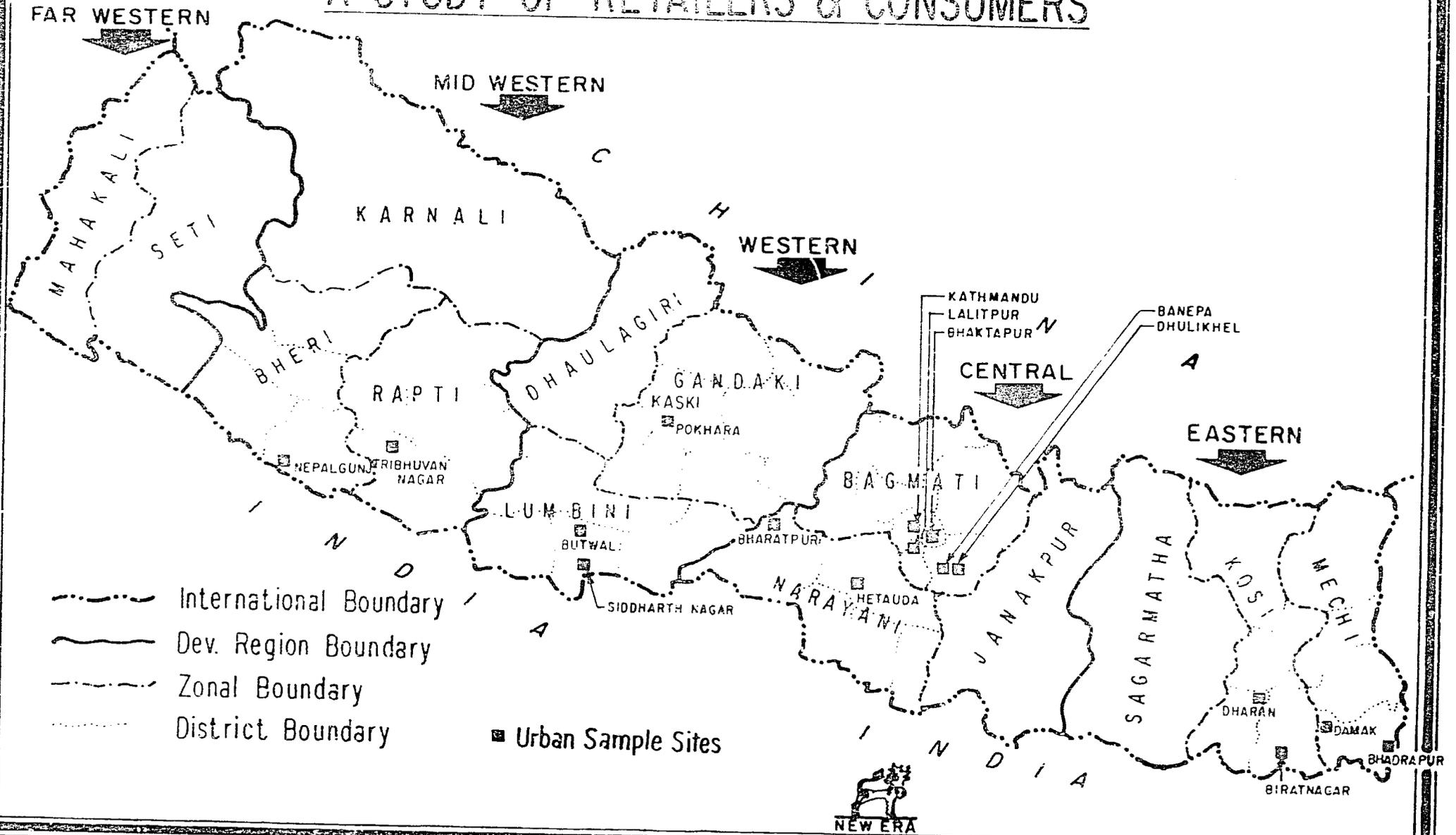
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MARKETING FAMILY PLANNING IN NEPAL: A STUDY OF RETAILERS & CONSUMERS



1.0 INTRODUCTION

1.1 National Population Policies

The long term goal of Nepal is to attain a total fertility rate of 2.5 per woman by the year 2000 A.D. By the end of Seventh Five Year Plan (1985-1990), the government hopes to reduce the total fertility rate to 4.0 per woman from the current total fertility rate of 6.3*. Five policies have been adopted under the Seventh Plan (HMG, 1985)**. They are to.

- expand family services and meet unfulfilled demand for such services;
- integrate population programs with development programs;
- emphasize women's development programs;
- increase the participation of panchayats and the class organizations; and
- control the flow of immigration.

1.2 Agencies Providing Family Planning Services

At present there are a number of government and non-government organizations involved in family planning, with the object of reducing population growth. Two government agencies under the Ministry of Health are actively involved. These are; the Nepal Family Planning and Maternal Child Health Project (Nepal FP/MCH project) and the Integrated Community Health Services Development Project (ICHSDP). The Nepal FP/MCH Project which was established in 1968 provides services to 52 of the country's 75 districts. The ICHSLP, which was established in 1974 with the objective of integrating all health services, including family planning, covers the remaining 23 districts.

The Family Planning Association of Nepal (FPAN) provided family planning information as early as 1959. FPAN provides information and services in Nepal by means of 19 branches.

There are other private organizations such as Mothers Clubs, the Ex-servicemen's Organization and the Nepal Red Cross Society. These agencies provide educational and motivational services and distribute oral pills and condoms to eligible couples.

* Nepal FP/MCH Project (1977), "Nepal Fertility Survey, 1976", First Report, Ministry of Health (Although more recent TFR figures are not available, a more recent study which examined the total marital fertility rates, suggest that there has not been much change in fertility. See New ERA (1986) "Fertility and Mortality Rates in Nepal".)

** HMG (1985), the Seventh Plan 1985-90 (A Summary), Part 1, National Planning Commission, Nepal.

1.3 The Nepal CRS Company

The Nepal Contraceptive Retail Sales (CRS) Company was officially inaugurated as a private, not for profit, contraceptive social marketing* company in 1973 AD. The company assists the national family planning activities by marketing temporary contraceptives at nominal cost through existing retail outlets, including medical shops and other general shops.

The objectives of the Nepal CRS Company are as follows:

- To help reduce Nepal's population growth rate by increasing awareness and availability of contraceptives through a full scale marketing program.
- To supplement and complement the national family planning and primary health care programs by marketing contraceptive products and non-prescription drugs through commercial retail outlets in Nepal.
- To help reduce the infant mortality rate by marketing oral rehydration solution packets in the country.
- To increase contraceptive sales by at least 10 percent each year.
- To market non-contraceptive health products like ORS in order to supplement the primary health care program in the country.
- To make the Company a cost-effective program and to eventually progress towards self sufficiency.
- To continue Community Based Retail Sales Program to reach rural mass.

The Nepal CRS Company currently markets four contraceptive products, namely, "Dhaal", coloured lubricated condoms, "Gulaf", medium dose oral pills, "Nilocon", low dose oral pills, and "Kamal", vaginal foaming tablets. The Company also markets "Jeevan Jal", an oral rehydration salt. "Jeevan Jal" and "Dhaal" are made available to consumers through approximately 10,000 retailers scattered in 74 districts of the country (Nepal CRS, 1986)**, while CRS pills and Kamal are available in around 1,000 medical shops. At present, the company's retail prices are as follows:

Dhaal	-	6 units for	Rs. 1.50
Gulaf	-	1 cycle for	Rs. 2.00
Nilocon	-	1 cycle for	Rs. 5.00
Kamal	-	9 tablets for	Rs. 3.00
Jeevan Jal	-	1 packet for	Rs. 1.00

* Social marketing applies commercial or business principles and techniques for the promotion of socially desirable goals.

** Nepal CRS Company (1986), A Report, Kathmandu, Nepal.

Between 1978 and 1985, the Company made tremendous progress in the distribution of contraceptive products. In 1978, 160 thousand condoms and 9 thousand cycles of contraceptive pills were distributed through 751 retailers. The annual volume of contraceptive products distributed increased steadily (see Table 1.1), so that in 1985, 3.7 million condoms, 145 thousand cycles of oral pills and 178 thousand vaginal foaming tablets had been distributed through 10 thousand retailers. The Couple-Years-Protection provided in 1985 has reached almost 50 thousand which is twenty times higher than the figure for 1978.

1.4 Objectives of this Study

The overall objective of this study is to survey a sample of retailers and consumers to assess their knowledge, attitudes and usage of contraceptive products. The specific objectives are as follows:

1. To survey CRS retailers' and consumers' knowledge, attitudes, and use of certain CRS products (i.e., Gulaf and Nilocon oral contraceptives, and Kamal foaming vaginal tablets) sold at medical shops;
2. To assess retailers' previous training in family planning and their desire and need for more information and training regarding screening of potential pill users for contraindications, and for counseling and making referrals of CRS consumers who request information or complain of side effects associated with pill use;
3. To estimate the prevalence of contraceptive use among CRS retailers and what methods they personally use;
4. To determine the reasons why retailers and consumers use or do not use CRS products and why they may have switched to using CRS products from other sources or methods. To determine what retailers and consumers like and dislike about CRS methods;
5. To obtain a socio-demographic profile of CRS retailers and consumers;
6. To examine patterns of method usage among retailers and consumers using Gulaf, Nilocon, and Kamal contraceptives;
7. To establish a panel of CRS consumers for follow-up at a later date, to determine over time, their experience with side effects, continuation rates, and use-effectiveness and whether they switch methods or discontinue use altogether after they experience problems with a method;
8. To determine the consumers' sources of information and advice on family planning and where they would prefer to obtain information on correct use of CRS methods, side effects, contraindications, and method effectiveness;

9. To determine retailer interest and/or experience in selling other products such as Jeevan Jal (oral rehydration salt) injectable contraceptives, pregnancy detection kits and delivery kits; and
10. To compare the characteristics of consumers of CRS pills with consumers of other pill brands at the medical shops.

This study is funded by Family Health International, U.S.A.

Table 1.1 : Total Number of Retail Outlets, Total Annual Distribution of Various Contraceptives and Corresponding Couple Years of Protection, Nepal CRS Company, 1978-1985

Year	Total no. of retail shop	Volume of Contraceptives Distributed and Corresponding CYP						Total CYP	Per-cent changes in CYP
		Dhaal and Suki Units	Dhaal CYP	Gulaf and Nilocon Cycles	Gulaf CYP	Kamal Tablets CYP			
1978	751	160540	1605	9370	721	-	-	2226	-
1979	2194	953372	9534	20104	1546	-	-	11080	378.0
1980	3581	1036919	10369	27261	2097	-	-	12466	12.5
1981	217	1115000	11150	75684	5822	-	-	16972	36.1
1982	7300	2110326	21103	78102	6008	11808	118	27229	60.0
1983	8500	2621160	26212	105464	8112	161784	1618	35942	32.0
1984	9000	3327840	33278	111576	8583	165312	1653	43514	21.0
1985	10000	3690432	36904	145032	11156	177840	1778	49839	15.0

Source : Eight Year Report 1978-1986, Nepal Contraceptive Retail Sales Co. (P) Ltd., Kathmandu, Nepal, May, 1986.

- Note . 1 1978 figures represent only 7 months of sales as CRS program began from June 1, 1978.
- 2 Nilocon was launched on August 22, 1982 and Kamal on December 21, 1982.
- 3 1 couple year of protection (CYP) = 100 condoms or 13 cycles of pills or 100 foaming tablets.
- 4 Suki Dhaal packets, which has been distributed, contained two colourless condoms and sold for Rs. 0.25 per pack.

2.0 STUDY DESIGN AND IMPLEMENTATION

The purpose of this study is to survey a sample of retailers (or salespersons) and consumers from the total number of medical shops selling Gulaf, Nilocon and Kamal. A vast majority of the medical shops are concentrated in urban areas, therefore, the survey covered only urban areas.

In this chapter, sample selection procedures, questionnaires, pre-tests, training of enumerators, survey sample distribution, data processing and data analysis are discussed.

2.1 Sample Selection Procedures

2.1.1 Retailers/Salespersons

In Nepal, there are altogether 29 urban areas or town panchayats, which are distributed in 26 districts*. Firstly, these 26 districts were listed according to the total units (in dispensers) of Gulaf, Nilocon and Kamal supplies received** from the CRS Company during 1984. The units of Gulaf, Nilocon and Kamal received in each district was added to form a total column (Table 2.1), based on which percentages were computed. Those 13 districts that had received three percent or more of total supplies distributed were selected for this study. The selected 13 districts contained 16 town panchayats, all of which were covered by the survey.

Except for Kathmandu town panchayat, all medical shops in the other 15 town panchayats selling any one of the three CRS products under study, were included in the survey. In Kathmandu the procedure was slightly different. In Kathmandu there were altogether 209 medical shops selling at least one of the three CRS products. These shops were listed according to the supplies of Gulaf*** received in 1984. From this list 70 shops were selected using probability proportionate to volume of Gulaf supplies received from the CRS Company.

Owners or partners and salespersons working in the selected shops were interviewed.

2.1.2 Consumers

Consumers of Gulaf, Nilocon, Kamal and Indian brand pills were identified through various means. Specially designed consumer recruitment sheets

* Altogether there are 75 districts in Nepal.

** This information is used as a surrogate for volume of sales in the district, since there is no data on volume of sales.

*** A majority of shops had received a greater quantity of Gulaf than either Nilocon or Kamal.

were distributed to all the selected shops three weeks prior to the survey. Shop owners and salespersons were requested to note the names and addresses of consumers on the consumer recruitment sheets. Other means such as house to house visits, assistance from local authorities and organizations were also sought to identify consumers. This aspect is discussed in detail under Section 2.5 on field work.

Table 2.1 : Quantities of Gulaf, Nilocon, and Kamal Distributed in 1984 by District

District	Gulaf	Nilocon	Kamal	Total	Percent
1. Ilam	288	120	1368	1776	0.80
2. Jhapa	8544	1428	9360	19332	8.33
3. Morang	4368	528	10008	14904	6.42
4. Sunsari	2376	576	3888	6840	3.00
5. Dhankuta	576	168	576	1320	0.57
6. Saptari	1276	264	3096	4636	1.99
7. Siraha	796	60	1296	2152	0.93
8. Dhanusha	2688	324	0	3012	1.30
9. Kathmandu	22104	6600	50040	78744	33.92
10. Lalitpur	4008	1620	10656	16284	7.02
11. Bhaktapur	840	636	5688	7164	3.09
12. Parsa	2472	192	1728	4392	1.89
13. Bara	816	96	1440	2352	1.01
14. Chitawan	4176	540	5472	10188	4.39
15. Makawanpur	3144	408	3744	7296	3.14
16. Kaski	2832	888	3744	7464	3.22
17. Rupandehi	2592	1020	6840	10452	4.50
18. Palpa	672	276	1368	2316	1.00
19. Banke	2352	420	4680	7452	3.20
20. Sarkhet	384	132	792	1308	0.56
21. Lailali	1416	348	2448	4212	1.81
22. Gajuranpur	504	120	1008	1632	0.70
23. Kavre	2760	444	5832	9036	3.89
24. Dang	2736	384	2592	5712	3.00
25. Doti	96	0	0	96	0.04
26. Kapilvastu	576	96	1368	2040	0.88
Total	75392	17688	139032	232112	100.00

2.2 Questionnaires

Data was collected using two structured questionnaires; one was administered to consumers and the other to shop owners/partners and salespersons.

2.2.1 Consumer's Questionnaires

Women who used any of the three CRS products, Gulaf, Nilocon or Kamal, and those who use Indian brand pills were interviewed. The questionnaire covered the general characteristics of the consumers, their reasons for buying contraceptives at medical stores, reasons for using that particular brand of contraceptive, their consultation with retailers while buying the contraceptive, willingness to buy Gulaf, Nilocon, and Kamal if the price increases; their knowledge and method of use of pills and Kamal, previous method of contraception used, whether they had heard or seen advertisements on CRS contraceptives and knowledge of and interest in buying depo-provera and pregnancy detection kits at medical shops.

2.2.2 Retailer's Questionnaire

The retailers questionnaire contained two parts. The first part was directed at the owners and managers of the shop. Questions were asked on how long he had been selling contraceptives, what types of contraceptives were available at shop, his opinion on the volume of sales if the price of Gulaf, Nilocon and Kamal were to increase, whether prescriptions were used for pills, the general name used for the pill, their preferred brand of pill and the reasons for such preference. He was also questioned on the type of information sought by consumers regarding Gulaf, Nilocon and Kamal and whether anybody from the shop had received training from the CRS Company.

The second part of the questionnaire was administered to each individual salesperson. The questions covered the general characteristics of salespersons, type of contraceptive currently used by the salespersons themselves, knowledge of the side-effects of pills and Kamal, contraindications for pill use, method of using pills and Kamal, and their knowledge of low-dose pills and use of Kamal by a lactating mother, etc.

Both of the questionnaires are included in Appendix 1.

2.3 Pre-Test

The questionnaires were pre-tested in the urban areas of Kathmandu and Birgunj. Altogether six persons were involved in pre-testing for four days. During the pre-test, four medical shops in Kathmandu and 10 in Birgunj were covered. During these four days no consumers visited any of the Kathmandu or Birgunj medical shops to buy contraceptives. The consumer questionnaire was pre-tested on consumers identified by shop owners or salespersons.

After pre-testing, necessary modifications on wording, sequence and instructions on the questionnaires were made.

2.4 Training of Interviewers

The training for interviewers was initially designed for a week (February 3-10, 1986) but during the course, two additional days were spent on training. The training was held at New ERA's office in Kathmandu.

The training mainly focused on the objectives and methodology of the study. Enumerators and supervisors were given their training together and gained a thorough knowledge of each others' jobs.

2.4.1 Enumerator (Female)

The training of enumerators focused on working procedure and questionnaires, including collection of consumer's recruitment sheets from medical shops, identification of consumers, and an introduction to family planning devices. The training included role-playing, and actual practice interviews in Kathmandu. The retailer's questionnaire was also discussed among enumerators so that they could interview the female retailers, where necessary.

2.4.2 Supervisors (Male)

The supervisors were provided with training on interviewing retailers, identification of consumers, possible problems in data collection and data checking. Their training also included actual interviews with retailers in Kathmandu.

The role and functions of the supervisors, such as the arrangement of logistics, travel and accomodation, communication of field work, assignment of work among enumerators, contact with local authorities, etc, was also outlined during the training.

Two related subject specialists were invited during the training. The Chief Investigator for this study and General Manager of Nepal CRS Company introduced the CRS Company and described the objectives of the study. An expert gave the technical part of the training, such as the introduction of various family planning devices, side-effects, contra-indications, use of family planning devices, oral rehydration solution, pregnancy test kit and delivery kits. Related materials were distributed to the trainees. During the course, flip charts and other visual aids were used by trainers.

2.5 Field Work

2.5.1 Formation of Field Teams

The survey was carried out by seven field teams each consisting of 2-4 enumerators and one supervisor. Each team was assigned to cover 2-3 urban areas. The field teams were assigned areas based on their language ability and familiarity with the locations. The teams were supervised for three weeks by senior project staff.

The field work was carried out from February 14 to March 20, 1986. Data collection by the survey teams took between 33 to 42 days.

2.5.3 Alternative Approaches to Consumer Interviews

When the teams arrived in the field locations, they first collected the Consumers Recruitment Sheets which had already been distributed to the

medical shops. It was found that few sheets had been filled in, owing to consumers' objections and salespersons having insufficient time. Those sheets which were filled by retailers were not clear. Within a few days of attempting to interview consumers, it was realised that both incorrect and incomplete names and addresses had been given.

When these problems were encountered, the following measures were taken to maximise the number of consumer interviews.

- a. Interviewers in most areas were instructed to conduct a house to house visit in order to identify consumers.
- b. Interviewers also sought assistance from local authorities, Mother's Clubs and other organizations. A few consumers were collected through this approach.
- c. Many consumers recruited by medical shops lived outside the town panchayat areas. These people were interviewed wherever possible; at times this meant a walk of about four hours.
- d. After consultations with CRS Company staff, it was decided to print on envelopes the purpose of the study, a gift to be awarded and New ERA's contact address. These printed envelopes were distributed in 70 medical shops in Kathmandu and all medical shops in Lalitpur and were to be used to enclose the contraceptives bought by a customer. In other field areas outside of Kathmandu and Lalitpur these were not distributed since it was very difficult to arrange a contact address in those areas. Altogether 1500 envelopes were distributed. By the last day of survey, only one consumer had contacted New ERA for an interview as a result of the envelopes.
- e. Field teams also made a repeat visit to the town panchayats they were assigned.
- f. The teams drew attention of retailers to the survey by giving gifts to those who could supply the names and addresses of about 10 consumers. Towels and key-chains were provided by Nepal CRS Company to be distributed as gifts. Altogether 795 towels were distributed, of which 763 went to consumers as compensation for giving their time for an interview and 32 for other individuals who helped to identify the consumers. Tokens were given to consumers after the interview. Key-chains were given to the retailers as compensation for the time spent in writing names and addresses on the sheets. Of 2200 key-chains a few were given to individual people and most were distributed to retailers.

2.6 Sample Distribution

The distribution of the final sample of retail shops, salespersons (also referred to as retailers) and consumers by urban area and type of contraceptive used is presented in Table 2.2. It should be noted that while the sample of shops and salespersons/workers is representative of the universe, the same cannot be assumed in the case of consumers (please

refer to previous sections in sampling and data collection). Because of the difficulties in identifying consumers, the final sample of consumers is neither proportionate to the number of shops in the particular urban area, nor to the total population size of the area. For example, among the various town panchayats (urban areas), Kathmandu has the highest number of shops and the largest population, but in terms of the sample size of consumers it ranks in eighth position. Similarly, other anomalies are noticeable in the distribution of consumers. This caution should borne in mind while reading the findings from the consumers' survey.

Table 2.2 : Sample Distribution of Medical Shops, Retailers and Consumers by Locations and District

Urban Locations	District	No. of Medical Shops	No. of Shop Workers	Type of Consumers				Total
				Gulaf	Nilo-con	Kamal	Indian Pill	
Bhadrapur	Jhapa	12	15	10	28	10	-	48
Damak	"	9	18	21	21	1	-	43
Biratnagar	Morang	36	43	10	3	1	2	16
Dharan	Sunsari	20	28	16	25	2	-	43
Hetauda	Makawanpur	12	19	60	45	-	1	106
Bharatpur	Chitawan	12	15	12	7	4	-	23
Kathmandu	Kathmandu	61	65	18	16	5	4	43
Lalitpur	Lalitpur	21	21	10	13	-	2	25
Bhaktapur	Bhaktapur	11	11	56	29	5	11	101
Banepa	Kavre	3	4	15	5	2	7	29
Dhulikhel	"	2	2	1	2	1	-	4
Pokhara	Kaski	31	36	34	40	11	2	87
Butwal	Rupandehi	15	21	22	26	2	4	54
Siddharth Nagar	"	17	21	21	13	8	3	45
Tribhuvan Nagar	Dang	9	14	14	8	2	2	26
Nepalgunj	Nepalgunj	19	28	55	12	2	1	70
Total		290	361	375	293	56	39	763

2.7 Data Processing

All completed questionnaires were manually checked prior to coding on specially designed forms for entry into New ERA's computer. All coding sheets were also manually checked before entering data into the computer. Data entry, editing and tables generation were done mostly at New ERA using micro-computers. A packaged software called Survey Mate* was used for this purpose.

* Survey Mate, Henry Elkins and Associates, Inc., N.Y., 1985.

The data has been coded in three separate files. All of the information on the 763 consumers is contained in one file. Another two files contain data regarding medical shops. The shop level information (290 shops) is in one file, whereas, all individual information, regarding the 361 salespersons' knowledge is in another file.

The project director visited the office of Family Health International (FHI) in North Carolina, U.S.A., during the first half of July, 1986, with the raw data in floppy diskettes. This data was installed into the main frame computer at FHI and frequencies and preliminary tabulations were examined to get an insight on the data. Several tables generated at FHI using SPSS are also included in this report.

2.8 Review of Draft Report

As scheduled, the draft report for this study was completed by first week of September, 1986. Copies of this report were sent to Family Health International, USA, and Nepal CRS Company for review and comments. The draft report was also reviewed by a larger group of subject specialists during a discussion session organized by the Nepal CRS Company on October 23, 1986. The list of participants and agenda of the above discussion session are included under Appendix 2.

3.0 PROFILE OF CONSUMERS

3.1 Introduction

In this chapter, the characteristics of users of CRS products and Indian oral pills are presented. The study consists of 375 Gulaf consumers, 293 Nilocon consumers, 56 Kamal consumers and 39 Indian pill consumers.

3.2 Demographic Characteristics

The characteristics of the consumers involved in this study are presented according to the woman's age, number of living children, number of living sons and the desire to have more children. The first panel of Table 3.1 indicates that the majority of consumers, in the sample of all products, constitute women of the age-group 20-29 years. The data also indicates that Gulaf consumers are slightly older (29 years) than other product consumers. The mean age of Nilocon consumers is about 27 years while Kamal and Indian pill consumers both have a mean age of 26 years.

The second panel of Table 3.1 shows that the modal* number of living children is two for all products consumers. Less than four percent of all types of contraceptive consumers had no surviving children. However, 17 percent of Gulaf, 18 percent of Nilocon, 25 percent of Kamal, and 26 percent of Indian pills consumers had no living son and yet they were practicing birth control. This is a noticeable finding since there is a strong preference for at least one son in Nepal**.

On an average, Gulaf consumers have 3.2 living children, Nilocon consumers have 2.7, Indian pills consumers 2.6, and Kamal consumers 2.4. The differences in the mean number of living children by type of contraceptive used, are probably due to the differences in the mean age of various contraceptive users. For example, Gulaf consumers had the highest mean age and also the highest mean number of living children.

The modal number of living sons is one for all products consumers. The mean number of living sons is about 1.6 among Gulaf, 1.4 among Nilocon and 1.2 among both Kamal and Indian pill consumers.

The percentage distribution of consumers of all types presented in the last panel of Table 4.3 indicates that more than two-thirds (69%) of Gulaf consumers expressed their desire not to have more children i.e., they are 'limiters'. Slightly more than half of Nilocon, Kamal, and Indian pill consumers expressed similar views. Of those who desired more children i.e., 'spacers', a large proportion (74% of Gulaf, 78% of Nilocon, 84% of Kamal and 80% of Indian pill consumers) wanted to have only one more child (not shown in Table).

* From 'mode' which is defined as that datum value which occurs most frequently.

** Please see New ERA "Fertility and Mortality Rates in Nepal", 1986.

Table 3.1 : Distribution of Consumers by Selected Demographic Characteristics, 1986

Demographic Characteristics	Type of Product							
	Gulaf		Nilocon		Kamal		Indian Pills	
	N	%	N	%	N	%	N	%
<u>Age - Years</u>								
15-19	19	5.1	19	6.5	6	10.7	1	2.6
20-24	89	23.7	99	33.8	20	35.7	13	33.3
25-29	103	27.5	97	33.1	19	33.9	13	33.3
30-34	74	19.7	42	14.3	7	12.5	9	23.1
35-39	59	15.7	27	9.2	1	1.8	2	5.1
40-44	18	4.8	8	2.7	2	3.6	1	2.6
45+	13	3.5	1	0.3	1	1.8	-	-
Mean	28.9		26.6		25.8		26.5	
<u>Number of Living Children</u>								
0	9	2.4	7	2.4	2	3.6	-	-
1	49	13.1	66	22.5	10	17.8	8	20.5
2	90	24.0	82	28.0	22	39.3	13	33.3
3	75	20.0	68	23.2	11	19.6	11	28.2
4	67	17.9	35	12.0	7	12.5	3	7.7
5	50	13.3	14	4.8	3	5.4	3	7.7
6	17	4.5	13	4.4	1	1.8	-	-
7+	18	4.8	8	2.7	-	-	1	2.6
Mean	3.2		2.7		2.4		2.6	
<u>Number of Living Sons</u>								
0	65	17.3	53	18.1	13	23.2	10	25.6
1	130	34.7	129	44.2	23	41.1	15	38.5
2	109	29.1	79	27.1	17	30.3	9	23.1
3	43	11.5	21	7.2	2	3.6	5	12.8
4	20	5.3	6	2.0	1	1.8	-	-
5+	8	2.1	4	1.4	-	-	-	-
Mean	1.6		1.4		1.2		1.2	
<u>Desire to Have More Children</u>								
Desire more	107	28.5	117	39.9	17	30.4	17	43.6
Desire no more	258	68.8	171	58.4	34	60.7	21	53.8
Don't know	9	2.4	4	1.4	3	5.3	-	-
Not ascertained	1	0.3	1	0.3	2	3.6	1	2.6
Total	375	100.0	293	100.0	56	100.0	39	100.0

N denotes number of consumers or respondents.

3.3 Socio-economic Characteristics

Table 3.2 shows the distribution of consumers by selected socio-economic characteristics. The data indicates that the majority of Gulaf consumers (59%) are illiterate while the reverse is true in the case of other products consumers (Nilocon, Kamal, and Indian pills). The educational attainment of consumers (second panel of Table 3.2) shows that Gulaf consumers had less education than other products consumer. The average years of education is highest among Kamal consumers (6.8 years) followed by Indian pill consumers (5.9 years), Nilocon consumers (4.9 years) and lastly Gulaf consumers (2.9 years).

Table 3.2 : Distribution of Consumers by Selected Socio-economic Characteristics

Socio-economic Characteristics	Type of Product							
	Gulaf		Nilocon		Kamal		Indian Pills	
	N	%	N	%	N	%	N	%
<u>Literacy</u>								
Literate	153	40.8	175	59.7	42	75.0	25	64.1
Illiterate	222	59.2	118	40.3	14	25.0	14	35.9
<u>Years of Education</u>								
No schooling	219	59.2	121	41.4	15	26.8	9	23.1
1-5	54	14.6	41	14.0	4	7.1	10	25.6
6-8	41	11.1	32	11.0	8	14.3	5	12.8
9-10	45	12.2	71	24.3	21	37.5	7	17.9
11+	11	3.0	27	9.2	8	14.3	8	20.5
Mean	2.9		4.9		6.8		5.9	
<u>Radio Ownership</u>								
Own	234	62.4	241	82.3	47	83.9	33	84.6
Do not own	141	37.6	52	17.7	9	16.1	6	15.4
<u>Smoking Habit</u>								
Smoke	100	26.7	58	19.8	3	5.4	1	2.6
Do not smoke	275	73.3	235	80.2	53	94.6	38	97.4
Total	375	100.0	293	100.0	56	100.0	39	100.0

N denotes number of consumers or respondents.

Radio ownership and educational level indirectly indicate economic status. More than four-fifths of Nilocon, Kamal and Indian pill consumers owned a radio, while 62 percent of Gulaf consumers owned radios. In sum, it appears that Gulaf consumers come from a relatively lower socio-economic status group compared to consumers of Nilocon, Kamal and Indian brand pills.

The proportion of consumers who smoke is highest among Gulaf consumers (27%) followed by Nilocon (20%), Kamal (5%) and Indian pill consumers (3%). The instruction leaflet enclosed in every cycle of Gulaf and Nilocon pills explicitly states that these pills should not be used by women who smoke.

3.4 Other Characteristics

Information on the quantity of contraceptives purchased at one visit to a medical shop is presented in the first panel of Table 3.3. The data indicates that a large proportion of Gulaf consumers bought one cycle of oral pills (Gulaf) per visit. About one-fifth bought two to three cycles per visit. Only 3 percent of Gulaf consumers bought four or more cycles per visit. In one visit, an average of 1.5 cycles of Gulaf was purchased.

Like Gulaf consumers, a large majority of Nilocon (84%), Kamal (84%) and Indian pill consumers (74%) bought only one cycle per visit. It is to be noted that about one-tenth of Indian pill consumers bought three cycles per visit, while only 4-5 percent of Nilocon and Kamal consumers bought three cycles per visit. The mean number of cycles bought at one visit was 1.3 for Nilocon and Kamal and 1.6 for Indian pills consumers.

The second panel of Table 3.3 presents the distribution of consumers by duration of continuous use in months, by type of product. Slightly more than one-third (37%) of Gulaf consumers have been using this contraception for more than 12 months. About one-third of Nilocon consumers and two-fifths of Indian pill consumers reported using contraception for more than 12 months, while only one-tenth of Kamal consumers have been continuously using contraception for the same duration. The mean duration of use is highest among Gulaf consumers (20 months) followed by consumers of Indian pill (17 months), Nilocon (15 months) and Kamal (8 months), respectively.

3.5 Summary

There were noticeable differences in the demographic and socio-economic characteristics of consumers of the various contraceptive products. The Gulaf consumers were generally older, with more living children, longer duration of contraceptive use and a higher proportion were 'limiters' as compared to consumers of Nilocon and Indian brand pills. The levels of education and radio ownership imply that Gulaf consumers possibly come from a lower socio-economic group compared to consumers of Nilocon or Indian brand pills.

Two behavioural characteristics were common across different types of consumers; more than half of the consumers desired no more children and (yet) more than 70 percent normally bought only one cycle or pack (in the case of Kamal) of contraceptives at one visit to the medical shop.

Table 3.3 : Distribution of Consumers by Other Characteristics

Other Characteristics	Type of Product							
	Gulaf		Nilocon		Kamal		Indian Pills	
	N	%	N	%	N	%	N	%
<u>Quantity of Contraception Purchased at One Visit (Cycle/pack)</u>								
One	292	77.9	246	84.0	47	83.9	29	74.4
Two	39	10.4	29	9.9	5	8.9	3	7.7
Three	32	8.5	12	4.1	3	5.4	4	10.2
Four Plus	12	3.2	6	2.0	1	1.8	2	5.1
Don't know	-	-	-	-	-	-	1	2.6
Mean	1.5		1.3		1.3		1.6	
<u>Duration of Contraceptive Use (Months)</u>								
<1	24	6.4	12	4.1	12	21.4	3	7.7
1- 3	82	21.9	71	24.2	22	39.3	7	17.9
4- 6	60	16.0	49	16.7	6	10.7	7	17.9
7-12	69	18.4	59	20.1	10	17.9	5	12.8
13-24	62	16.5	56	19.1	3	5.4	12	30.8
25-48	39	10.4	31	10.6	1	1.8	3	7.7
49+	39	10.4	15	5.1	2	3.6	2	5.1
Mean	19.7		15.4		8.1		16.6	
Total	375	100.0	293	100.0	56	100.0	39	100.0

4.0 CONSUMERS' KNOWLEDGE AND USE PATTERNS OF ORAL PILLS

4.1 Knowledge of Contraindications

Interviewers read out separately six different contraindications* which were a replica of those used by Ministry of Health field workers. Consumers were asked whether they thought each was a contraindication or not. Table 4.1 includes the proportions of consumers, by type, who said that the items read were contraindications or conditions under which pills should not be taken by the women. The remaining proportion said that the condition read out was not a contraindication or that they did not know.

Overall, about half of all pill consumers mentioned that each of the items or conditions read out was a contraindication. Slightly higher proportions of Nilocon consumers identified the six conditions to be contraindications, as compared to Gulaf and Indian pills consumers.

Table 4.1 : Percent of Pill Consumers Who Said that the Conditions Read Out were Contraindications

Conditions or Contraindications Read Out	Percent of Consumers Saying that It was a Contraindications			
	Gulaf N=375	Nilocon N=293	Indian Pills N=39	Total N=707
Jaundice	48.5	63.5	55.8	55.0
Swollen legs and shortness of breath	44.2	62.5	46.2	51.9
Severe headache	45.6	54.9	43.6	49.4
Swelling of legs and pains during pregnancy	44.5	56.7	41.0	49.4
Diabetes	42.4	57.7	38.5	48.5
Lumps in Breast	45.6	59.7	53.8	51.9

Note: N indicates total number of consumer.

The proportions of various pill consumers who said that the conditions read out were contraindications, are presented by selected characteris-

* In each packet of pills, there is a leaflet which contains information on contraindications, instructions for use and side-effects.

tics in Table 4.2. Knowledge of contraindications for pills was higher among women under 25 years and among the literates. Longer duration of use was associated with greater knowledge about contraindications. As expected, higher proportions of consumers who had consulted a doctor or had their health examined prior to starting on pills, knew of the contraindications. Lastly, knowledge of contraindications was lower among consumers who did not buy the pills themselves.

4.2 Knowledge of Method of Use

Four questions were asked on consumers knowledge regarding the use of oral contraception pills. Consumers of various brands of pills were first asked: On what day of menstruation did you start taking the first oral pill? 47 percent of Gulaf users, 57 percent of Nilocon and 77 percent of Indian pill consumers responded correctly that they took their first pill on the fifth day of menstruation. According to the instructions, pill consumers should take the first pill on the fifth day. Table 4.3 indicates that two-fifths of Gulaf and one-third of Nilocon consumers start taking the pill on the fourth day. About half of the Gulaf consumers seem to have taken their first pill on the wrong day. This percentage is slightly lower in the case of Nilocon users (43%), and considerably lower among Indian pill consumers (23%).

Table 4.2 : Percent of Various Pill Consumers Who Said that the Conditions Read were Contraindications by Selected Variables

Selected Variables	Total number of consumers	Type of Contraindication					
		Jaundice	Swollen legs & shortness of breath	Severe Headache	Swelling of legs & pains during pregnancy	Diabetes	Lumps in Breast
<u>Age of Woman (years)</u>							
<25	240	61.3	61.3	56.3	55.8	52.7	59.6
25-34	337	54.6	51.0	45.8	48.2	49.7	50.4
35+	129	45.0	37.5	46.5	41.1	38.8	42.6
<u>Literacy</u>							
Literate	353	74.5	71.6	64.5	63.4	66.1	71.9
Illiterate	353	35.7	32.6	34.6	35.7	31.4	32.4
<u>Years of Education</u>							
None	347	37.5	35.0	37.8	38.1	33.5	34.8
1-8	183	60.7	59.9	51.6	54.4	52.7	58.7
9+	169	85.8	79.3	71.6	68.6	76.2	81.7
<u>Duration of Use (month)</u>							
<1	39	35.9	33.3	33.3	25.6	38.5	30.8
1-3	160	51.3	49.4	46.9	48.8	41.9	49.4
4-12	248	57.3	52.8	48.6	53.0	52.4	52.8
13-24	183	54.6	52.3	46.9	49.2	47.7	52.3
25+	129	62.0	59.4	62.0	51.2	54.3	60.5
<u>Health Examined</u>							
Yes	146	76.7	66.4	63.7	63.0	65.5	69.2
No	556	49.6	48.1	45.8	45.8	44.1	47.7
<u>Advised by Doctor</u>							
Yes	222	72.5	62.2	60.4	59.9	61.5	63.5
No	481	47.2	47.1	44.4	44.4	42.5	46.8
<u>Consulted With Salesperson</u>							
Yes	145	67.6	57.2	58.3	53.8	55.9	55.9
No	219	59.4	60.3	56.4	55.5	53.5	59.9
Do not Buy	342	47.1	44.6	40.9	43.9	42.7	45.6
Total	707	55.0	51.9	49.4	49.4	48.5	51.9

Table 4.3 : Percentage Distribution of Various Pill Consumers by Timing of First Oral Pill

Timing of First Pill From Menstruation	Type of Pills					
	Gulaf		Nilocon		Indian Pills	
	N	%	N	%	N	%
Between 1-3 day	13	3.5	3	1.0	-	-
4th day	154	41.1	98	33.4	6	15.4
5th day	178	47.5	163	55.6	30	76.9
Between 6+ day	20	5.3	26	8.9	3	7.7
Don't know	6	1.6	2	0.7	-	-
Not ascertained	4	1.1	1	0.3	-	-
Total	375	100.0	293	100.0	39	100.0

Note: N indicates number of consumers.

Pill consumers were asked how often they take a pill? An overwhelming majority of oral pills consumers responded that they took one everyday (first panel of Table 4.4). In response to the question: What do you do if you forget to take one pill?, approximately four-fifths of consumers said they would take the forgotten pill immediately upon remembering and take the remaining pills on a regular basis (second panel of Table 4.4). About one percent of Gulaf and Nilocon consumers said that they would stop oral pills and use some other method. This percentage is slightly higher among Indian pill consumers. In response to this particular question 6 percent of Gulaf, 4 percent of Nilocon and 15 percent of Indian pill consumers gave other responses which were incorrect. Less than 10 percent of all consumers were categorized as 'don't know' to this question.

Table 4.4 : Percentage Distribution of Various Pill Consumers by Method of Use

Method of Taking Pills	Type of PIIIs					
	Gulaf		Nilocon		Indian Pill	
	N	%	N	%	N	%
<u>Whether to take everyday</u>						
To take everyday	368	98.1	292	99.7	37	94.9
Other responses	6	1.6	1	0.3	2	5.1
No response	1	0.3	-	-	-	-
Total	375	100.0	293	100.0	39	100.0
<u>Measure to take for one forgotten pill</u>						
To take immediately	313	83.5	260	88.7	29	74.4
Stop pill and use some other method	3	0.8	3	1.0	1	2.6
Other responses	23	6.1	12	4.1	6	15.4
Don't know	36	9.6	18	6.1	3	7.7
Total	375	100.0	293	100.0	39	100.0
<u>Measure to take for 3 forgotten pills</u>						
To take immediately when remembered and continue as usual	100	26.7	62	21.2	2	5.1
Continue the rest	52	13.9	40	13.6	7	18.0
Stop using & continue use from next menstruation	31	8.3	61	20.8	7	18.0
Other responses	46	12.3	33	11.3	10	25.6
Don't know	146	38.8	97	33.1	13	33.3
Total	375	100.0	293	100.0	39	100.0

Note N indicates number of consumers.

Approximately one-third of oral pill consumers, irrespective of brands, did not know what to do if they forgot to take their pills for 3 consecutive days (third panel of Table 4.2). Only 8 percent of Gulaf, 21 percent of Nilocon and 18 percent of Indian pills consumers responded correctly i.e., stop using oral pill and continue use from next menstrua-

tion, if they forgot to take it for 3 consecutive days. About 27 percent of Gulaf, 21 percent of Nilocon and 5 percent of Indian pills consumers responded incorrectly that they would take the forgotten pills immediately upon remembering and continue the rest as usual.

4.3 Consultations Prior to Use

The data presented in Table 4.5 reveals that a large majority of Gulaf, Nilocon and Indian pills consumers reported not consulting medical doctors or nurses before starting the pill. Only 28 percent of Gulaf, 35 percent of Nilocon and 38 percent of Indian pills consumers were advised by medical practitioners or nurses. Less than one out of four women had a physical examination before using the pill (Table 4.5).

Table 4.5 : Percentage Distribution of Various Pill Consumers by Consultations Prior to Use

Consultation Status	Type of Pills					
	Gulaf		Nilocon		Indian Pills	
	N	%	N	%	N	%
<u>Whether consulted with medical practitioner</u>						
Yes	104	27.7	103	35.2	15	38.5
No	268	71.5	189	64.5	24	61.5
No response	3	0.8	1	0.3	-	-
Total	375	100.0	293	100.0	39	100.0
<u>Whether health examined before taking pills</u>						
Yes	71	18.9	68	23.2	7	17.9
No	301	80.3	223	76.1	32	82.1
No response	3	0.8	0.7	-	-	-
Total	375	100.0	293	100.0	39	100.0

Note: N indicates total number of consumers.

4.4 Use Patterns

The duration of use of the present contraceptive i.e., pills was discussed earlier in Chapter 3.0. In short, Gulaf consumers reported to have been continuously using it for an average of 19.7 months, while Nilocon and Indian pills consumers had been continuously using those brands for slightly shorter durations, on an average 15.4 and 16.6 months, respectively.

Three-fourths of Gulaf consumers had never used any contraception previously (Table 4.6). Similarly, slightly over half of the Nilocon and Indian pills consumers had never used a contraceptive before.

Among those who had used contraceptives before, the pill was the most common method used.

Table 4.6 : Percentage Distribution of Various Pill Consumers by Type of Contraceptive Previously Used

Type of Contraceptive Previously Used	Type of Pills					
	Gulaf		Nilocon		Indian Pills	
	N	%	N	%	N	%
None	279	74.4	169	57.7	22	56.4
Condom	19	5.1	27	9.2	4	10.3
Oral pills	45	12.0	62	21.2	11	28.2
Other modern methods	27	7.2	29	9.9	2	5.1
Traditional methods	3	0.8	6	2.0	-	-
Other methods	2	0.5	-	-	-	-
Total	375	100.0	293	100.0	39	100.0

Note: N indicates number of consumers.

Among those consumers who had previously used any contraceptive, most of them received them from medical stores or government centres, such as hospitals, health posts, family planning clinics, and health workers (Table 4.7).

Table 4.7 : Percentage Distribution of the CRS Products (Oral Pills) and Indian Pills Consumers Who Had Previously Used Contraceptives by Source of Previous Method

Source of Previous Method Used	Type of Pills					
	Gulaf		Nilocon		Indian Pills	
	N	%	N	%	N	%
Medical Store	42	45.2	66	55.9	10	58.8
Government Centre	28	30.1	38	32.2	6	35.3
Others	21	22.6	10	8.5	1	5.9
Don't Know	2	2.1	4	3.4	-	-
Total	93	100.0	118	100.0	17	100.0

Note: N indicates total number of consumers.

Consumers who had discontinued other methods of contraception were asked to give their reasons for discontinuation. Results are presented in Table 4.8. Side-effects was the most frequently mentioned cause among all types of consumers. The desire to have more children was also quoted. Consumers now using Gulaf and Nilocon gave failure of the previously used method as a reason for discontinuing their previous method.

Table 4.8 : Percentage of Consumers Who Have Previously Used by Reasons for Discontinuing Previous Method

Reasons for Discontinuing Previous Method	Type of Product		
	Gulaf (93)	Nilocon (120)	Indian Pill(17)
Costly	1.1	-	-
Side effects	38.7	52.5	70.6
Not available	4.3	4.2	-
Doctor advice	1.1	5.0	5.9
Friend advice	3.2	3.3	-
Failure	7.5	12.5	-
Desire more	22.6	5.0	-
Not effective	7.5	10.0	11.8
Husband disliked	1.1	8.3	-
Severe dissatisfaction	1.1	-	-
Others	15.1	9.2	-
Don't know/No response	-	-	11.8

Note: Figure in parentheses indicates the number of consumers who had previously used contraceptives.

. Percentage adding up to more than 100 is due to multiple reasons from a single consumer.

4.5 Side-effects

Information on side-effects was collected by asking; 'Did you experience any side-effects during the first month of use of the oral pill which you are using at present? Users who answered 'yes' to this question were asked: 'What side-effects? Did you consult medical doctors/nurse/health workers after you had side-effects? What did the doctor/nurse/health worker advise you to do?'

Around half of all pill consumers (51%) reported not experiencing any side-effect during the first month of use. Among those who reported experiencing side-effects (49%), two-thirds mentioned one or two side-effects.

Four side-effects were reported by consumers of the three contraceptive pills; they were, dizziness, vomiting, headache and bleeding. The Indian pills consumers cited less side-effects in all categories (Table 4.9).

Table 4.9 : Percentage of Pills Consumers Who had Experienced Side-effects by Selected Types of Specific Side-effects

Specific Side-effects	Type of Pills		
	Gulaf (375)	Nilocon (293)	Indian Pill(39)
Dizziness	44.0	37.2	25.6
Vomiting	21.1	22.2	7.7
Bleeding	9.9	9.6	5.1
Headache	20.5	17.1	15.4

Note: Number in parenthesis indicates denominator.

Less than one-third of those who had side-effects consulted a doctor/nurse/health worker (Table 4.10). Of those who consulted a doctor/nurse/health worker, a large proportion were advised to continue the oral pills (table not given).

Table 4.10 : Percentage Distribution of Consumers Who had Side-effects by Whether Consulted with Doctor

Whether Consulted Doctor	Type of Product		
	Gulaf (184)	Nilocon (146)	Indian Pill(12)
Yes	26.1	32.9	25.0
No	73.9	67.1	75.0

Note: Number in parenthesis indicates denominator.

4.6 Summary

Around half of all pill consumers correctly identified the contraindications of pill use. Knowledge of these contraindications was positively associated with literacy, education, duration of contraceptive use, prior consultation with a doctor or nurse and prior health examination.

In general, a large majority of pill consumers knew that a pill should be taken each day and what procedure should be followed in the case of one forgotten pill. However the precise and correct measure for three forgotten pills was known to very few pill consumers.

A large majority of the pill consumers had neither consulted with a medical practitioner nor had their health examined prior to starting on pills. Similarly, a majority of pill consumers did not consult a doctor even after experiencing side-effects.

5.0 CONSUMERS' KNOWLEDGE AND USE PATTERNS OF VAGINAL FOAMING TABLETS

The Nepal CRS Company introduced Kamal (vaginal foaming tablet) as a family planning method for women in 1982. It is sold in a pack of 9 tablets for Rs. 3.00 per pack. This report will attempt to discuss Kamal consumers' use patterns and knowledge and also presents information on reported side-effects.

5.1 Knowledge Regarding Method of Use

In each pack, an instruction sheet is included stating the method of use, caution and the advantages of Kamal. The results presented here are based on 56 Kamal consumers which is a small sample.

When asked how Kamal was to be used, all Kamal consumers knew the tablet was to be inserted in the vagina. When asked how many tablets to use at one time, 52 responded that only one tablet was to be used each time. Only three consumers believed that two tablets were to be inserted each time, one consumer did not respond to the question.

It was found that 36 Kamal consumers (64%), knew that the tablets were to be inserted 10 minutes prior to intercourse (third panel of Table 5.1); 9 consumers (16%) believed Kamal was to be inserted between 11-29 minutes prior to intercourse, the same proportion said 1-9 minutes and 2 said the tablets should be inserted just before intercourse.

The instruction sheet clearly indicates that the vagina should not be douched, or washed immediately after intercourse. It was found that only 37 Kamal consumers (66%) did not wash their vagina after intercourse. The remaining 19 consumers reported washing immediately after intercourse (fourth panel of Table 5.1).

Table 5.1 : Distribution of Kamal Users by Selected Variables on Method of Use, 1986

<u>Aspects of Method of Use</u>	<u>Number</u>	<u>Percentage</u>
<u>Method of using Kamal</u>		
Insert in vagina	56	100.0
<u>Number of Kamal tablet used at one time</u>		
One tablet	52	92.8
Two tablets	3	5.4
Not reported	1	1.8
Total	56	100.0

Cont...Table 5.1

Aspects of Methods of Use	Number	Percentage
<u>When to use Kamal</u>		
Just before intercourse	2	3.6
1-9 minutes before intercourse	9	16.1
10 minutes before intercourse	36	64.2
11-29 minutes before intercourse	9	16.1
<u>Whether to douche after intercourse</u>		
Yes	19	33.9
No	37	66.1
Total	56	100.0

5.2 Use Pattern

The study revealed that the mean duration of use amongst Kamal users in the study was approximately 8 months. Modal duration of use is 1-3 months according to this study (first panel of Table 5.3). It should be noted that 3 consumers reported using Kamal for 48 to 84 months. This indicates that these women may have been receiving the tablets from other sources, probably from the Family Planning Association of Nepal (FPAN) since CRS introduced it only in 1982. The remaining 53 consumers have been using Kamal for 24 months or less.

The data presented in Table 5.2 shows that 27 Kamal consumers (48%) had never used contraception previously. Out of 29 who had previously used contraception, 14 (48%) had used condoms and 9 used oral pills. Of the 27 who had used contraception previously, 17 (59%) had obtained the contraceptive from medical shop (second panel of table 5.3).

The reasons given by Kamal consumers for discontinuing their previous method of contraception were; 9, due to side-effects, 6, due to method failure, 2, due to desire for more children, and, 2, due to advice by friends or neighbours, while 9 gave reasons other than those listed above (third panel of Table 5.2).

Table 5.2 : Distribution of Kamal Users by Previously Used Method, Their Sources and Reasons for Discontinuation

Aspects of Use Patterns	Number	Percentage
<u>Type of previously used method</u>		
None	27	48.2
Condom	14	25.1
Oral pill	9	16.1
IUD	2	3.5
Injectable contraception	2	3.5
Vaginal tablets	1	1.8
Abstinence	1	1.8
Total	56	100.0
<u>Sources of previously used method</u>		
Medical store	17	60.7
Government centres	5	17.9
Non-government centres	3	10.7
Don't know	3	10.7
Total	28	100.0
<u>Reasons for discontinuing previously used methods</u>		
Side-effects	9	32.1
Method failure	6	21.4
Desire to have more children	2	7.1
As advised by friends/neighbours	2	7.1
Others	9	32.1
Total	28	100.0

5.3 Side-effects

Twenty out of the 56 Kamal consumers (36%) reported no side-effects when Kamal tablets were used (third panel of Table 5.3). Twenty-seven consumers complained of having 'vaginal burning'. Six consumers complained of 'burning to male'. No one reported 'sexual dissatisfaction'.

Though the Kamal instruction sheet spoke of greater effectiveness when used with condoms, only 7 out of 56 consumers have been using vaginal foaming tablets in conjunction with condoms.

Table 5.3 : Distribution of Kamal Users by Duration of Use, Number of Side-effects and Type of Side-effects

Variables	Percentage
<u>Duration of use (months)</u>	
<1 month	(12) 21.4
1-3 months	(22) 39.3
4-6 months	(6) 10.7
7-12 months	(10) 17.9
13+ months	(6) 10.7
<u>Type of side-effects</u>	
Burning sensation for female	(27) 48.2
Irritation to female	(3) 5.4
Burning sensation for male	(6) 10.7
Irritation to male	(1) 1.8
Others	(9) 16.1
No side-effects	(20) 35.7
<u>Type of other method used with Kamal</u>	
Condom	(7) 12.5
None	(49) 87.5
<u>Total</u>	(56) 100.0

Note: Figures in parenthesis denote number of cases.

5.4 Summary

A majority of Kamal consumers knew how to use Kamal tablets correctly. Slightly over half had previously used contraceptives. Only 13 percent were currently using Kamal in conjunction with condom for greater effectiveness.

6.0 MARKETING ISSUES

6.1 Introduction

This chapter discusses a number of issues related to the marketing of contraceptives, both current and future. It includes exposure to CRS advertisements, reasons for buying contraceptives, and choice of a particular brand of contraceptive and consumer-salespersons interaction.

According to its 1986 report, the CRS Company proposes to market four new items in the near future, namely, Panther (condom), Depo-provera (injectable contraceptive), de-worming drugs and soaps. In this context, consumers' awareness of, and intentions to buy depo-provera and a pregnancy detection kit (a potential new product) are also discussed in this chapter.

6.2 Heard/Seen CRS Advertisement

All consumers were asked if they had heard or seen any advertisement from the CRS Company concerning the particular type of contraceptive that they were using i.e., Kamal consumers were asked if they had seen advertisements about Kamal tablets. Overall, 77 percent of Kamal consumers and 72 percent of pills consumers reported having heard or seen such advertisements.

Exposure to advertisements was considerably higher among the literate and among those owning a radio, which is to be expected. The differentials were much greater in the case of 'own radio' versus 'not own radio' compared to 'literate' versus 'illiterate' (Table 6.1).

Table 6.1 : Percentage of Consumers Who Reported Having Heard or Seen Advertisements

Selected Variables	Kamal		Oral Pills	
	N	Percent	N	Percent
<u>Literacy</u>				
Literate	42	78.6	353	86.4
Illiterate	14	71.4	354	56.8
<u>Radio Ownership</u>				
Own radio	47	89.4	508	83.3
Not own radio	9	11.1	199	41.7
Total	56	76.8	707	71.6

Note: N refers to total number of consumers.

The percentage of pill consumers who had heard about the products from the 'radio' was much higher than any other media. The second most popular medium is 'poster'. 'Television' was the least popular media among oral pill consumers (Table 6.2). However, it should be noted that at present the Nepalese Television, which started broadcasting in mid 1985, is limited to the Kathmandu valley and very few people own television sets.

When the percentages of pill consumers who had heard from specific media were classified by selected variables, it was found that 'literacy' and 'radio ownership' show differences between categories for all media (Table 6.2). A higher proportion of literate consumers and those owning radios had heard or seen advertisements regarding pills from the various media. In Kathmandu valley 'radio' and 'television' was more frequently mentioned than for other geographic areas, while the reverse was true in the case of other media such as 'signboards' and 'posters'.

Table 6.2 : Percentage of Oral Pill Consumers Who Have Heard or Seen Advertisement by Type of Media

Selected Variables	Total no. of Consumers	Radio	Television	Sign-board	Poster	Others
<u>Literacy</u>						
Literate	306	96.1	2.0	39.5	51.3	16.7
Illiterate	203	82.8	-	7.4	13.3	25.1
<u>Radio Ownership</u>						
Own radio	425	96.9	1.2	28.9	38.6	15.8
Not own radio	84	59.5	-	17.9	26.2	41.7
<u>Region of Residence</u>						
Kathmandu Valley	102	98.0	3.9	15.7	22.5	15.7
Hill	169	93.5	0.6	35.5	47.3	13.6
Terai	238	85.7	-	25.2	34.9	26.5
Total	509	90.8	1.2	23.8	36.5	20.0

6.3 Reasons for Buying Contraceptives from Medical Shop

The pill consumers were asked why they do not get their contraceptives free from Government services. Distance of the FP Clinic from home and work place was cited by slightly more than one-third (39.2%), lack of time to wait at the clinics was cited by 27.9 percent and 11.4 percent said that the products were not available at government clinics (Table 6.3).

Table 6.3 : Reasons for Buying Contraceptives at Drug Stores Instead of Obtaining them from FP Clinic by Type of Contraceptive Used

Reasons for Buying Contraceptives at Medical Stores	Type of Contraceptive Used				
	Gulaf N=375	Nilocon N=293	Kamal N=56	Indian Pills N=39	Total N=763
	%	%	%	%	%
Close to home/work place	37.6	45.7	25.0	25.6	39.2
No time to wait at clinic	32.3	27.3	14.3	10.3	27.9
Not available in clinic	8.5	13.3	14.3	20.5	11.4
Not aware of availability at clinic	8.8	8.2	14.3	7.7	8.9
High quality contraceptive	4.5	12.6	7.1	12.8	8.3
Good behavior of sales persons	1.6	3.8	1.8	-	2.4
Others	12.8	13.0	8.9	23.1	13.1
Don't know	17.1	9.2	28.6	15.4	14.8

Note: N indicates total number of respondents.

: Percentages add to more than 100 percent due to multiple reasons from few respondents.

6.4 Reasons for Using the Particular Brand of Contraceptive

Respondents were also asked their reasons for using that particular brand of contraceptive instead of using another brand. The possible reasons listed in the questionnaire were read out singly and the answers recorded and they were also asked if there were any reasons other than those listed for using a particular brand.

Table 6.4 : Reasons for Using the Particular Brand of Contraceptive by Type of Contraceptives Used

Reasons for Using the Particular Brand of Contraceptives	Type of Contraceptive Used				
	Gulaf N=375	Nilocon N=293	Kamal N=56	Indian pills N=39	Total N=763
	%	%	%	%	%
Effective	59.2	59.7	50.0	64.1	59.0
Fewer side-effects	33.1	52.2	46.4	53.8	42.5
Friends/neighbours advised	45.1	37.9	23.2	25.6	39.7
Easy to use	36.8	30.4	48.2	38.5	35.3
Easy to obtain	34.7	35.8	32.1	12.8	33.8
High quality	24.8	38.2	21.4	56.4	31.4
Not aware of other contraceptive	27.5	13.7	14.3	12.8	20.4
Doctor advised	16.5	21.5	5.4	17.9	17.7
Heard/seen from advertisements	13.3	21.2	8.9	5.1	15.6
Brought by husband	15.2	11.3	17.9	20.5	14.2
Cheap	23.2	4.1	3.6	2.6	13.4
Shop keeper advised	6.4	10.9	7.1	33.3	9.6
Other	5.3	4.4	14.3	5.1	5.6
Don't know	0.8	0.3	-	-	0.5

Note: N indicates total number of respondents.

: Percentages add up to more than 100 percent due to multiple reasons given by many respondents.

In general, the majority of consumers of various brand of pills said that their brand was 'effective'. Almost half of the Nilocon, Kamal and Indian pill consumers cited the fact that they have fewer side-effects while only one-third of Gulaf consumers said so. 'High quality' was a reason for use among a higher percentage of Nilocon and Indian pills

consumers compared to Gulaf consumers. On the other hand 'cheap' was a reason among a higher proportion of Gulaf consumers, compared to Nilocon and Indian pills consumers.

According to data presented in Table 6.4, 'friends and neighbours' also played an important role in the choice of Gulaf. Almost half of the Gulaf consumers said it had been recommended by friends/neighbours. In the case of other products users, the proportion who cited 'advised by friends and neighbours' was slightly lower. The consumers who gave 'doctor advised' as a reason for taking the pill were: 16 percent among Gulaf, 21 percent among Nilocon, and 18 percent among Indian pill consumers. This is much higher than those who use Kamal. Those who use contraception because it is bought by their husbands were: 15 percent among Gulaf, 11 percent among Nilocon, 18 percent among Kamal and 20 percent among Indian pill consumers (Table 6.4).

6.5 Consumers' Reactions to Price Increases

In order to measure the consumers willingness to pay for a particular contraceptive method, they were asked whether they were willing to buy if the price of the contraceptive increased. Indian pill consumers were not asked this question.

Price increments ranging from Rs. 0.50 to Rs. 1.50 to the current market price of Gulaf were made and consumers reactions sought. It was found that about 91 percent of Gulaf consumers would be willing to buy even if the price of Gulaf were Rs. 2.50, 85 percent at Rs. 3/- and 80 percent at Rs. 3.50 (Table 6.5).

Table 6.5 : Percentage of Gulaf Consumers Who Said They would Continue to Buy Gulaf by Different Price Increases

Price Increased To	Will buy	Will not buy	Don't know	No response	Not applicable	Total N=375
	%	%	%	%	%	%
Rs.2.50	90.9	5.3	3.2	0.5	-	100.0
Rs.3.00	85.3	5.6	3.2	0.5	5.3	100.0
Rs.3.50	80.3	4.3	4.0	0.5	10.9	100.0

N denotes total number of Gulaf consumers in the sample.

To the current market price of Nilocon price, increments ranging from Rs.1.00 to Rs. 3.00 were made. Like Gulaf consumers, 81 percent of Nilocon consumers would still buy even if the price were increased to Rs. 8.00 per cycle. However, approximately 90 percent would be willing to buy if the new rate were to be fixed at Rs. 6.00 per cycle (Table 6.6).

Table 6.6 : Percentage of Nilocon Consumers Who Said They would Continue to Buy Nilocon by Different Price Increases

Price Increased to	Will buy	Will not buy	Don't know	No response	Not applicable	Total N=293
	%	%	%	%	%	%
Rs.6.00	89.4	6.8	3.4	0.3	-	100.0
Rs.7.00	84.6	4.8	3.4	0.3	6.8	100.0
Rs.8.00	80.9	3.4	4.1	0.3	11.3	100.0

If the price of Kamal were to be increased to Rs.3.50 about 87 percent of its' consumers would buy it and 84 percent of consumers would still buy Kamal at Rs. 4.50 (Table 6.7).

Table 6.7 : Percentage of Kamal Consumers Who Said They would Continue to Buy Kamal by Different Price Increases

Price Increased to	Will buy	Will not buy	Don't know	Not applicable	Total N=56
	%	%	%	%	%
Rs.3.50	87.5	3.6	8.9	-	100.0
Rs.4.00	85.7	1.8	8.9	3.6	100.0
Rs.4.50	83.9	1.8	8.9	5.4	100.0

6.6 Consumer Retailer Interaction

6.6.1 Consultations With Salespersons/Retailers

Consumers were asked if they consulted salespersons or retailers while buying contraceptives. Only about 20 percent said they did. The proportion of respondents who consulted salespersons was highest among Indian pills consumers (28%) and lowest among Kamal consumers (7%) (Table 6.8).

Overall, half of the total sampled consumers did not buy the contraceptives themselves. This finding was considerably higher among Kamal consumers (73%) compared to other brands. This may be due to the fact that Kamal consumers (women) are slightly younger than their counterparts and also because Kamal is a relatively new and sensitive contraceptive introduced in 1982 and women may be embarrassed to approach the salespersons, who are usually males. The last point has been further supported by the data in Table 6.10.

Table 6.8 : Percentage of Respondents Who Consulted with Retailers While Buying Contraceptives, by Type of Contraceptives Used

Type of Contraceptive	No. of Respondents	Consultation with Salespersons		
		Yes	No	Do not buy myself
		%	%	%
Gulaf	375	22.1	28.0	49.9
Nilocon	293	17.7	36.9	45.4
Kamal	56	7.1	19.6	73.2
Indian Pills	39	28.2	15.4	56.4
Total	763	19.7	30.1	50.2

6.6.2 Types of Advice Sought and Received

Respondents who had consulted retailers were asked what type of information they sought from salespersons. A list of possible information, which included reliability, side-effects, method of use, price and contraindications of contraceptives was read out item by item.

The number of Kamal and Indian pill consumers who sought advice from retailers was very small. Therefore, discussion is limited to Gulaf and Nilocon consumers.

Two-thirds of the respondents were found to have asked for information on reliability and side-effects; 90 percent of respondents said that they asked about method of use and price, and less than half (45.3%) of respondents said they asked about contraindications (Table 6.9). Questions on reliability, side-effects and contraindications were asked by a higher proportion of Nilocon than Gulaf consumers.

Most consumers who asked salesperson for information reported having received it (table not given).

Table 6.9 : Percentage of Respondents Who Enquired About Various Information on Contraceptive by Type of Contraceptive Used

Type of Information	Type of Contraceptive User				Total
	Gulaf N=83	Nilocon N=52	Kamal* N=4	Indian Pills* N=11	
	%	%	%	%	
Reliability	57.8	75.0	-	-	64.7
Side-effects	60.0	78.8	-	-	66.7
Method of use	91.6	94.2	-	-	90.0
Price	92.8	88.5	-	-	90.0
Contraindications	41.0	53.8	-	-	45.3

Note: N indicates number of respondents.

* percentages not shown because total number of respondents was less than 15.

6.6.3 Reasons for Not Consulting with Salespersons

Respondents who did not consult salespersons (30.1%) were asked for their reasons. It was found that about half the consumers did not consult salespersons due to 'Shyness' (Table 6.10). The proportion of those who cited this reason was highest among Kamal consumers (82%) followed by Gulaf (50%), Nilocon (43%) and Indian pills consumers (17%). As noted earlier, the reasons for a greater reluctance on the part of Kamal consumers to consult with salespersons is probably due to the intimate nature of the product and the fact that most salespersons are men.

Table 6.10 : Reasons for Not Consulting with Salespersons by Type of Contraceptive Used

Reasons for Not Consulting	Type of Contraceptive Used					Total N=230
	Gulaf N=105	Nilocon N=108	Kamal* N=11	Indian Pills* N=6		
	%	%	%	%	%	
Shyness	50.5	43.5	-	-		47.8
Already knowledgeable	19.0	27.8	-	-		22.6
Consults with doctor	21.0	11.1	-	-		15.7
Assume salespersons has no knowledge	3.8	3.7	-	-		3.5
Salespersons is always busy	1.9	4.6	-	-		3.5
Others	7.6	10.2	-	-		9.6
Don't know	-	3.7	-	-		1.7
No response	1.0	1.9	-	-		-

Note: N indicates total number of respondents.

Percentages add to more than 100 percent due to multiple reasons from a few respondents.

* Percentages not shown because total number of respondents was less than 15.

6.7 Shortage of Contraceptive Supplies

The survey also collected information on availability of supplies. A large proportion of Gulaf, Nilocon and Indian pill consumers had never experienced a shortage of pills at the medical shops (Table 6.11). None of Kamal consumers had ever experienced a shortage of Kamal at the shops (not shown in table).

Table 6.11 : Percentage Distribution of Pills Consumers Who had Experienced Shortage of Pills

Ever Experienced a Shortage of Pills	Gulaf		Nilocon		Indian Pills	
	N	%	N	%	N	%
Yes	22	5.9	24	8.2	4	10.3
No	296	78.9	240	81.9	31	79.4
Don't know	57	15.2	29	9.9	4	10.3
Total	375	100.0	293	100.0	39	100.0

Note: N indicates total number of consumers.

6.8 Knowledge of and Intention to Buy Future Products

All consumers were asked: 'have you heard of an injectable contraception called depo-provera? Almost three-quarters of the consumers answered that they had heard about it. Of those who knew it, only one-fifth expressed their desire to buy it, if it were available at medical shops. About 7 percent of responded with "don't know".

Women who knew of the injectable contraceptive and were willing to have it, were asked to state the price they would be willing to pay for a single injection, which would give three months protection. The suggested price ranged from Rs. 2 to Rs. 50. However, more than four-fifths suggested the price could range from Rs.5 to Rs. 20. The average price suggested was around Rs. 13 per shot.

The pregnancy detection kit was explained to consumers. They were then asked whether they would use such a kit in future, if it was available at medical shops. A large proportion (76%) responded affirmatively to this question, 16 percent said "no" and about 9 percent answered "don't know". It might be that they did not fully understand the question or what the "kit" is.

A majority of the consumers involved in this study (56%) expressed their desire to have more information on contraceptives (not shown in table). Their desire for more information concentrated largely on wanting to know more about price, source of contraception, side-effects, contra-indication, method of use and effectiveness. Approximately three-fourths wanted information on "side-effects" of contraception (not shown in table). Almost one-half wanted information on "effectiveness". One-third desired to have information on "price", "method of use", and "contraindications". A little less than one-third wanted information on "sources" of contraceptives.

Respondents who wanted additional information on the above subjects, were asked through which media they would like this information. The survey found that almost one-third (31%) wanted information from the "radio" which was followed by "health worker" (29%), and "medical shop" (22%) (not shown in table). The proportion of consumers who wanted information through "Pamphlets" and "Mother's Clubs" was very small.

6.9 Summary

Around seven out of ten consumers had heard or seen advertisements on the products they were using and most of them had heard the advertisement over the radio. The most frequently cited reasons for obtaining contraceptives from medical shops were "close to home/work place" and "no time to wait at clinic". A majority of pill consumers reported "effectiveness" as a reason for choosing the particular brand of pills. Among Nilocon and Indian pill consumers "less side-effects" was a relatively more important factor in their choice of these brands, while in the case of Gulaf consumers "advised by friends/neighbours" was a relatively more important reason for their choice of Gulaf. A large

majority of the consumers of the different brand of pills expressed intentions to buy the pills even if prices increased.

Only one out of five consumers reported consulting/discussing with salespersons while purchasing contraceptives, and half the consumers did not buy the contraceptives themselves. "Shyness" was the major reason for not consulting about contraceptives with salespersons at the shop. Among those who did consult, "Method of use" and "Price" were the subjects most frequently discussed.

A majority of pill consumers reported never experiencing shortage of pill supplies at the shops. Three-quarters of the consumers had heard about *100-provera*, amongst whom one-fifth expressed their desire to buy it, if it were made available through medical shops. A large majority also expressed their desire to buy and use pregnancy detection kits, if they were to become available at the medical shops.

7.0 PROFILE OF RETAIL SHOPS

7.1 Introduction

As mentioned earlier in Section 2.2 of this report, the questionnaire for retailers was divided into two parts; the first part pertained to shop issues, such as the number of workers, business hours, trained workers, number of years contraceptives have been sold at the shop, types of contraceptives sold, as well as the owners'/partners' perceptions and views regarding consumers' possible reactions to price increases, and intentions to sell depo-provera (injectable contraceptive), delivery kits and pregnancy detection kits. In the second half of the questionnaire, the retailers' knowledge of contraceptives was examined. Owners/partners and workers/employees were interviewed individually. The results from the retailers' survey that relate to the shop as a unit are analysed in this part of the report.

7.2 Profile

The major marketing outlet for CRS brand pills (Gulaf and Nilocon) and vaginal foaming contraceptive tablets (Kamal) are medical retail shops. Thus it may be pertinent to provide a brief contextual profile of these shops as a backdrop for subsequent analysis of family planning and health related knowledge provided by the shops and their personnel. Such a profile has been presented in Table 7.1. The table is self-explanatory and only the highlights are mentioned in the text.

The average retail shop is a small business or enterprise, with a total of around two workers (inclusive of owners), opens 89 hours a week, which works out to around slightly less than 13 hours a day, 7 days a week. The average shop has been selling contraceptives for approximately five years and six out of ten shops had at least one worker trained by the CRS Company. Not all shops sold the entire variety of contraceptives under study. Gulaf was available in nine out of ten shops and such shops had an average of 3.3 Gulaf customers per week, while Indian pills were available in only four out of ten shops, but they received an average of 3.2 customers per week for Indian pills.

Table 7.1 : Profile of Sample Retail Shops

Characteristic	Retail Shops (N=390)		
	Number	Percentage	Mean
<u>Distribution by Area</u>			
Kathmandu Valley	93	32.1	
Hill	48	16.6	
Terai	149	51.4	
<u>Number of Workers</u>			
One	97	33.4	2.1 (290)
Two	109	37.6	
Three or more	84	29.0	
<u>Hours Opened/Week</u>			
25-84	116	40.0	88.7 (290)
85-98	126	43.4	
99-140	48	16.6	
<u>Duration Sold Contraceptives*</u>			
Up to 3 years	80	27.6	4.7 (290)
3-6 years	125	43.1	
7 or more years	74	25.5	
Don't know	11	3.8	
<u>Proportion of Shops Selling</u>			
Gulaf	274	94.5	
Niloon	248	85.5	
Kamal	211	72.8	
Indian Pills	119	41.0	
<u>Customers Last Week</u>			
Gulaf			3.3 (272)
Niloon			2.8 (246)
Kamal			1.7 (210)
Indian Pills			3.2 (118)
<u>CRS Trained Salespersons</u>			
Kathmandu Valley	65	69.9	
Hill	30	62.5	
Terai	76	51.0	

Note: * The no. of years since they started selling contraceptives at the shop.

() indicates number of valid cases i.e., number of shops.

N denotes total number of shops sampled for this study.

8.0 SERVICES PROVIDED BY RETAIL SHOPS

The primary purpose of medical retail shops is to provide a variety of health related facilities and services. However, the objective of this chapter is to examine only selected aspects such as the types of contraceptive and oral rehydration salts (ORS) currently available.

8.1 Family Planning

8.1.1 Types of Contraceptives Sold

Owners/partners from each of the 290 sampled retail shops were asked to state the different types of temporary contraceptives they sold. Gulaf and Dhaal were the most widely available CRS products (Table 8.1). Slightly more than nine out of ten shops sold these two CRS products. Nilocon was available in 86 percent of the sampled shops, Kamal in 73 percent and Indian pills in 41 percent of the shops.

The availability of different CRS products varied only slightly in different geographic areas. Indian pills were available in a higher proportion of shops in Kathmandu valley as compared to shops in other hill or terai areas. Understandably, Indian pills were more widely available in terai areas compared to hill areas (other than Kathmandu), since most of these areas are close to the Indian border.

Table 8.1 : Types of Contraceptives Available at Retail Shops by Geographic Location

Geographic Location	Total number of shops	Types of Contraceptives Available (Proportion of Shops Selling)				
		Gulaf	Nilocon	Kamal	Indian Pills	Dhaal
Kathmandu	93	98.9	80.6	74.2	60.2	93.5
Hill	48	93.8	85.4	68.8	22.9	89.6
Terai	149	91.9	88.6	73.2	34.4	91.9
Total	290	94.5	85.5	72.8	41.0	92.1

8.1.2 Stocks of Contraceptive

One important factor for successful marketing of any product is continuous availability of the product. Though this is not a longitudinal but a cross-sectional study, the current stock at the time of survey can provide an indication of continuous availability. The retailers' questionnaire included a question on quantities of various contraceptives in the shop.

The information presented in Table 8.2 reveals that most of the shops were fairly well stocked with various contraceptives. All shops currently had supplies of the particular brands or types of contraceptives in which they normally deal. This assumes that those who stated either "don't know" or "no response" had some supplies and were not trying to hide the fact that they had none.

Given an average of three or less customers per week, and the fact that the majority of the customers buy only a months supply (1 cycle) at a time, most of the shops appear to be well stocked in terms of various contraceptives.

Table 8.2 : Quantities of Contraceptives in Stock at Time of Survey

Stock of Contraceptives (in Dispensers)	Gulaf (N=274)		Nilocon (N=248)		Kamal (N=211)		Indian Pills (N=119)		Dhaal (N=267)	
		%		%		%		%		%
Less than 10	(4)	1.5	(13)	5.2	(6)	2.8	(21)	17.6	(0)	0.0
10-20	(73)	26.6	(181)	73.0	(138)	65.4	(49)	41.2	(25)	9.4
More than 20	(192)	70.1	(49)	19.8	(62)	29.4	(48)	40.3	(237)	88.8
Don't Know/ No response	(5)	1.8	(5)	2.0	(5)	2.3	(1)	0.8	(5)	1.9

Note: N denotes total number of shops.
() denote absolute number of shops.

dispensers.

<u>Gulaf</u>	<u>Nilocon</u>	<u>Kamal</u>	<u>Indian Pills</u>	<u>Dhaal</u>
1 D=24 cycles	1 D=12 cycles	1 D=8 boxes (9 tablets to a box)	1 D=10 cycles	1 D=12 set (6 pieces to a set)

where,

D=dispenser

8.1.3 Professional Medical Assistance

The availability of professional medical assistance at the shop in the form of a doctor or health aide, was examined in the retailers' questionnaire. Six out of ten sampled retail shops reported having professional medical assistance available at their shops. As expected, one finds a relatively higher proportion of shops within Kathmandu valley having such a facility (Table 8.3).

Table 8.3 : Availability of Professional Medical Assistance at Retail Shops

Geographical Location	Total Number of Retail Shops	Proportion of Shops Saying Yes	
		Number	Percentage
Kathmandu Valley	93	73	78.5
Hill	48	31	64.6
Terai	149	72	48.3
Total	290	176	60.7

8.2 Oral Rehydration Salts (ORS)

Almost all (289 out of 290) retail shops sold 'Jeevan Jal', an ORS manufactured in Nepal and marketed by the CRS Company. Besides 'Jeevan Jal', other brands of ORS were sold in 69.7 percent of the retail shops (Table 8.4). In Kathmandu and the Terai, alternatives to Jeevan Jal were available in a higher proportion of shops than in the hills.

Table 8.4 : Availability of Other Brands of ORS Aside from 'Jeevan Jal'

Geographical Location	Total Number of Retail Shops	Proportion of Shops Selling Other Brands of ORS	
		Number	Percentage
Kathmandu Valley	93	72	77.4
Hill	48	21	43.8
Terai	149	109	73.2
Total	290	202	69.7

8.3 Intention to Provide Other Services

The CRS Company is exploring the possibility of expanding its services to include other health and family planning related products. The three different types of products or items under initial consideration are depo-provera (aninjectable contraceptive), a pregnancy detection kit and a delivery kit. The present survey solicited shop owners'/partners' knowledge and intentions of selling the above items in the future.

Similar to other contraceptives, depo-provera is already available free from government and non-government agencies that provide family planning services. It was assumed that all shop owners/partners were aware of depo-provera and thus all 290 respondents were asked about their willingness to sell depo-provera. Shopowners/partners were first asked if they had heard about pregnancy detection kit and delivery kit. Those who answered positively were asked about their willingness to sell these items in their respective shops. Overall, 39 percent of owners had heard about the pregnancy detection kit and 34 percent had heard about the delivery kit.

The shop owners/partners intentions are presented in Table 8.5. In general, 73 percent of all owners were willing to provide depo-provera and 68 percent and 52 percent of those who had heard about the pregnancy detection kit and delivery kit respectively, were willing to include these items in their shops.

Table 8.5 : Intentions to Provide Other Services

Shop Characteristics	Percentage of Shop Owners Willing to Sell		
	Depo-provera (N=290)	Pregnancy Detection Kit* (N=112)	Delivery Kit* (N=100)
<u>Geographic Location</u>			
Kathmandu Valley	82.8	66.7	31.6
Hill	50.0	66.7	54.2
Terai	74.5	68.4	57.9
<u>Medical Assistance</u>			
Available	77.7	74.3	54.5
Not available	66.7	55.3	43.5
Total	73.1	67.9	52.0

Note: N denotes total number of shop owners/partners.

* only those shop owners/partners who had heard of pregnancy detection kit and delivery kit were asked about their willingness to sell these items.

The owner/partners intentions to sell these three items varied by geographic location and the presence or absence of a professional medical person at the shop. Owners from hill areas and those not having medical assistance at their shops were relatively more reluctant to sell depo-provera. In the case of those who were willing to sell the pregnancy detection kits, there was no variation by geographic location, but a higher proportion of shop owners with medical assistance available were willing to sell the kit.

A smaller proportion of owners from Kathmandu valley were willing to sell delivery kits compared to owners from other areas. This is probably due to the fact that a smaller percentage of deliveries (births) in Kathmandu valley take place at home, and that medical/hospital facilities are easily accessible in the Kathmandu valley.

In sum, the availability of professional persons at the shop appears to be an important factor governing shop owners' willingness to sell the three items under consideration. This is understandable given that these items require close professional medical supervision and/or assistance for their proper utilization.

3.4 Summary

The four CRS contraceptive products, Gulaf, Nilocon, Kamal and Dhaal, were available in a large majority of the sampled medical shops and the shops were well stocked with these contraceptives at the time of the survey. Six out of ten shops had professional medical assistance at their shops.

Almost all the sampled shops carried Jeevan Jal and two-thirds of the shops also had other brands of CRS. A majority of the shopowners or partners who had heard about delivery kit, pregnancy detection kit and depo-provera were willing sell these items.

9.0 SHOP OWNERS' PERCEPTIONS AND VIEWS

9.1 Introduction

The shop owners/partners are the people who decide which items are to be placed for sale at the shop. Moreover, their views and opinions are also likely to influence those of the workers/salespersons at the shop. In this chapter, the owners' perceptions regarding changes in the volume of sales due to price increases, the proportion of pill buyers with prescriptions and enquires about contraceptives and the owners' views regarding various types of oral pills are discussed. In many ways this chapter is similar to chapter 6.0, in that the information could provide insights to improve the marketing of contraceptives.

9.2 Effect of Price Changes on Contraceptive Sales

Shop owners were asked to assess the probable effect of 50 percent and 100 percent price increases on the sales of Gulaf, Nilocon and Kamal. Among those (shops) selling Gulaf and Kamal, around three out of ten owners thought that the sales of these items would slightly decrease if prices were increased by 50 percent. A majority were of the opinion that sales would not be affected. Among those selling Nilocon, 45 percent of owners were of the opinion that sales would decrease slightly (Table 9.11). With a 50 percent price increase, only 4 percent of owners selling Gulaf, 5 percent of those selling Nilocon and 11 percent of those selling Kamal, thought that sales would decrease sharply. This finding is corroborated by the discussions in Section 6.5 on consumers' reactions to price increases. However, with a 100 percent increase in prices, 39 percent, 54 percent, and 51 percent of owners were of the view that sales would decrease sharply. The above findings conform with observations made in other reports which have generally observed that while small price increases usually do not affect sales substantially, doubling the prices may do so*.

9.3 Prescriptions for Oral Contraceptives

The non-requirement of a prescription has been identified as one of the factors contributing to the successful sale of oral contraceptives**. It must be mentioned that a successful sale does not necessarily result in successful use, in terms of correct usage and continuation rate. On the contrary, lack of screening could lead to a higher proportion of discontinuation and improper use.

* Population Report (1985) "Contraceptive Social Marketing: Lessons from Experience", Series J, Number 30, July/August, Population Information Program, the John Hopkins University, USA.

** Boone, M.S., John U. Ferley and Steven J. Samuel, "A Cross-Country Study of Commercial Contraceptive Sales Programmes: Factors that lead to success", Studies in Family Planning, Vol.16, No.1, Jan/Feb, 1985.

All the interviewed shop owners were asked to estimate what proportion of their pill buying customers had prescriptions. A large majority (85%) of owners said that Gulaf and Nilocon buyers usually did not have a prescription. In the case of Indian pill buyers, 36 percent of owners said that all of them had prescriptions, 2.5 percent said about half had prescriptions and 16 percent said about a quarter of them had prescriptions (Table 9.2).

In sum, it appears that a higher proportion of Indian pill buyers have prescriptions, compared to those buying CRS brand pills.

Table 9.1 : Shop Owners' Perceptions Regarding Changes in Volume of Sales of CRS Products Due to Increases in Prices

Shop Owners' Perceptions Regarding Changes in Volume of Sales	Gulaf (N=274)		Nilocon (N=248)		KamaI (N=211)	
	By 50%	By 100%	By 50%	By 100%	By 50%	By 100%
Sharp decrease	4.4	38.7	5.2	53.6	10.9	50.7
Slight decrease	34.7	32.5	44.8	29.4	32.2	30.3
No changes	59.1	25.5	47.6	13.3	55.9	17.1
Slight increase	1.1	0.7	1.2	0.8	0.0	0.0
Sharp increase	0.4	0.4	0.4	0.0	0.5	0.0
DK/NR	0.4	2.2	0.8	2.8	0.5	1.9
Total	100.0	100.0	100.0	100.0	100.0	100.0

N= Total number of shops selling that particular CRS product. N sizes vary according to the total number of shops, within the sample, which sold that particular brand of contraceptive.

DK= Don't Know
NR= No Response

Table 9.2 : Shop Owners' Perceptions Regarding Proportion of Pill Buyers Who Have Prescriptions

Shop Owners' Perceptions Regarding Proportion of Pill Buyers with Prescription	CRS Brand Pill Buyers i.e., Gulaf and Nilocon (N=233)	Indian Brand Pill Buyers (N=119)
	%	%
Almost all	1.4	36.1
About half	0.4	2.5
About one quarter	12.4	16.0
None	85.2	43.7
NR/DK	0.7	1.7

9.4 Use of Brand Name and Quantities Purchased

A measure of the awareness of CRS products is the use of a specific product name by consumers during purchase. Shop owners were asked their opinion regarding whether consumers asked for oral contraceptives pills by specific brand name or some general term. Around 90 percent (260) of shop owners said that pill customers used specific brand names and about 9 percent of owners said that consumers used a general term such as 'family planning tablets'.

Shop owners were also asked their opinion as to what quantities of pills (any brand) and Kamal tablets the consumers normally bought during a single visit to the shop. Eight out of ten owners said that pill buyers usually bought only one cycle at a time, while another 17 percent of owners said customers bought two cycles. With regard to Kamal, nine out of ten owners said that customers bought only one box (9 tablets) at a time and 6 percent of owners said they bought two boxes. In Table 3.3 consumers verified that a large majority bought only one cycle of each visit.

9.5 Enquiries from Customers

One of the objectives of the CRS program is to assist in educating and motivating individuals to select and correctly use the appropriate CRS product for family planning. One of the channels for this purpose are the owners and salespersons of medical shops through their personal contacts with consumers of CRS products.

Shop owners were asked two questions pertaining to their interaction with customers; firstly, if they, in general, received any enquiries about contraceptives; and secondly, if yes, what types of enquiries. Overall, 108 (37.2%) of shop owners said they received enquiries about contraceptives from consumers.

The types of enquiries received according to type of contraceptives sold by the owners are presented in Table 9.3. Since this was a multiple response question, percentages add up to over 100. The most frequently received enquiries were about "method of use", followed by "side-effects" and then "effectiveness" for all retailers of the three CRS products. Enquiries about price were cited by the lowest proportion of retailers.

When owners were specifically asked if they had ever received enquiries about depo-provera, six out of ten retailers replied in the affirmative.

Table 9.3 : Shop Owners' Perceptions Regarding Enquiries from Customers About Contraceptives

Types of Enquiries	Percentage of Shop Owners by Type of Contraceptive Sold		
	(N=274) Gulaf (n=106)	(N=248) Nilocon (n=96)	(N=211) Kamal (n=88)
About side-effects	(85) 30.2	(72) 75.0	(60) 68.2
About effectiveness	(65) 61.3	(58) 60.4	(56) 63.6
About prices	(43) 40.6	(40) 41.7	(32) 36.4
About method of use	(89) 84.0	(74) 77.1	(62) 70.5
About contraindications	(65) 61.3	(50) 52.1	(35) 39.8

n denotes number of shopowners who sell the particular brand of contraceptives and said that they received enquiries from customers about contraceptives. A total of 108 (37.2%) shop owners claimed they received such enquiries from customers.

N denotes the total number of owners who sell that particular brand of contraceptive.

9.6 Brand of Pills Recommended by Owners

Owners were asked which brand of oral contraceptive pills they would recommend in the event that they were asked by customers, and their reasons for their recommendations. Their views are presented in Table 9.4. In general, 214 (74%) shop owners said they would recommend Nilocon, another 38 (13%) said they would recommend Gulaf, only one said Indian brand pills, while 30 (10%) said they would not recommend any of the above brands.

Among those recommending Gulaf, the price ('cheap') was the most important factor for recommendation followed by other reasons such as 'fewer side-effects' and 'popular/common'. On the other hand, among those recommending Nilocon, 'fewer side-effects' was the most important reason, followed by 'effective/high quality'.

Table 9.4 : Shop Owners' Recommended Brand of Contraceptive Pills and Their Reasons for Recommendations

Reasons for Recommending the Particular Brand	Type of Oral Pills Recommended		
	Gulaf (N=38)	Nilocon (N=214)	Indian Brand (N=1)
Less side-effects	(14) 36.8	(201) 93.9	(0) 0.0
Cheap	(24) 63.2	(12) 5.6	(0) 0.0
Effective/high quality	(10) 26.3	(96) 44.9	(1) 100.0
Easily available	(9) 23.7	(19) 8.9	(0) 0.0
Advised by doctor	(1) 2.6	(6) 2.8	(0) 0.0
Popular/common	(13) 34.2	(6) 2.8	(0) 0.0
Higher profit	(1) 2.6	(5) 2.3	(0) 0.0
Others	(1) 2.6	(5) 2.2	(0) 0.0

Note: Two shop owners did not sell oral pills at all;
 Five shop owners responded 'don't know';
 Thirty shop owners responded 'none'.

9.7 Summary

In conformity with consumers' responses, a majority of shopowners also believed that small price increases would not affect the volume of sales of Gulaf, Nilocon and Kamal. However, doubling the prices of these products would considerably affect volume of sales. Although a large majority of pill consumers did not have prescriptions for pills, most of them asked for pills by a specific brand name. Again, in conformity with consumers' responses, shopowners also reported that a majority of consumers only bought one cycle or pack per visit to the medical shop.

Slightly more than one-third of the shopowners reported encountering enquiries about contraceptives and most of the enquiries related to method of use, side-effects, effectiveness and contraindications.

Three out of four shopowners said that they would recommend Nilocon to customers because it has less side-effects and is more effective.

10.0 PROFILE OF SALESPERSONS

10.1 Profile

Selected characteristics of all 361 salespersons are presented in Table 10.1. The sampled salespersons were predominantly male with a mean age of 32 years. A large majority of salespersons had a high school education of at least grades 9 or more, and around six out of ten had received training in the marketing of contraceptives from the CRS Company. Among the 361 salespersons, 65 percent were currently married, amongst whom 55 percent were practicing some form of deliberate contraception; they had an average of 2.7 children and around seven out of ten said they wanted no more children.

Table 10.1 : General Characteristics of Salespersons

Characteristics	Distribution of Salesperson	
	Number	Percentage
<u>Age (years)</u>		
< 19 yrs	27	7.5
20-24	75	20.8
25-29	83	23.0
30-34	55	15.2
35-39	33	9.1
40-44	30	8.3
45-49	23	6.4
50+	35	9.7
Mean Age = 32.00		
<u>Sex</u>		
Male	353	97.8
Female	8	2.2
<u>Marital Status</u>		
Married	234	64.8
Unmarried	125	34.6
Widow/widower	2	0.6
<u>Education</u>		
Literate		
1-8	4	1.1
9-10	11	3.0
11-12	167	46.3
I.A.* or above	178	49.3
No Response	1	0.3

* I.A.= Intermediate of Arts which normally requires 2 years after high school.

Cont...Table 10.1

Characteristics	Distribution of Salesperson	
	Number	Percentage
<u>Number of Living Children</u>		
None	19	8.1
1	39	16.7
2	57	24.4
3	54	23.1
4	37	15.8
5	11	4.7
6	7	3.0
7	8	3.4
8 or above	2	0.8
Mean Number of Children = 2.71		
<u>Current Use of Contraceptives</u>		
Gulaf (Pills)	7	3.0
Nilocon (Pills)	9	3.8
Indian Pills	2	0.9
Kamal (Foaming tablet)	5	2.1
Dhaal (Condom)	30	12.8
I.U.D.	5	2.1
Depo-provera	3	1.3
Vasectomy	28	12.4
Laprosopy	31	13.2
Natural method*	8	3.4
All Methods (N=234)	128	54.7
Not using any contraceptive	106	45.3
<u>Desire More Children</u>		
None	171	73.1
1	35	15.0
2	25	10.7
3	3	1.3
<u>Received Training from CRS</u>		
Not received	149	41.2
Received	212	58.8
Total	361	100.0

* denotes rhythm, withdrawl and abstinence.

11.0 SALESPERSONS' KNOWLEDGE OF ORAL PILLS

In this chapter the salespersons' knowledge about oral contraceptive pills in terms of contraindications, method of use, common side-effects, and their advice to customers about side-effects are discussed.

11.1 Contraindications

All 361 salespersons were asked to specify the contraindications for oral contraceptive pills i.e., under what circumstances or conditions a women should not use the pill. Unlike the consumers' questionnaire, salespersons were not prompted regarding the various contraindications.

The salespersons' knowledge of contraindications by selected background characteristics are presented in Table 11.1. Altogether, the salespersons identified ten conditions for which a women should not use oral pills. Among them, the three most commonly cited contraindications were jaundice, diabetics and lumps in breasts. But no single contraindication was mentioned by more than 50 percent of salespersons. Furthermore, one-fifth of salespersons said they did not know any contraindications.

Variations in the proportion of salespersons mentioning any contraindication display a consistent pattern by selected background characteristics. Salespersons who were more aware of contraindications than their counterparts were generally older, had completed more than grade ten, had married and had received training from CRS Company.

11.2 Method of Use

Four questions were asked to assess a salespersons' knowledge of the use of oral contraceptive pills. The first two asked how the pills are used and on which day to commence taking pills. The two remaining questions asked what should be done if pill consumers forgot to take the pill for one day and for three days, respectively.

In response to the general question on how to use pills, almost all salespersons (99.5%) said that a pill should be swallowed each day. Table 11.2 presents salespersons' responses to the question on which day a first time user should take the first pill. A large majority (78.4%) of salespersons said the fifth day of the menstrual period, which, according to the CRS leaflet, is the correct answer. An overwhelming majority of consumers had known that are pill should be taken each day (Table 4.4) but knowledge of when to start the pill was not as good (Table 4.3).

Table 11.1 : Salespersons' Knowledge of the Contraindications of Oral Contraceptive Pills

Background Characteristics	Total no. of salespersons	Percentage of Salespersons Mentioning the Following Contraindications									
		Jaundice	Diabetes	Lumps in breast	Severe headache	Swollen legs and shortness of breath	High blood pressure	Swelling of legs and pain during pregnancy	Heart disease	Breast-feeding a child	Epilepsy
<u>Age (year)</u>											
Less than 25	102	32.4	25.5	33.3	17.6	16.7	7.8	11.8	4.9	3.9	4.9
25-34	138	43.5	44.2	39.3	21.0	21.7	23.2	14.5	8.7	5.8	5.8
35 or more	121	52.1	49.6	41.3	24.8	23.1	22.3	14.9	13.2	3.3	2.5
<u>Education (completed grade)</u>											
0-10	132	34.1	32.4	34.1	15.4	17.0	14.8	8.8	9.3	3.8	4.1
More than 10	178	52.2	48.9	42.7	27.0	24.7	22.5	19.1	9.0	5.1	4.5
<u>CRS Training</u>											
Not received	149	36.9	32.9	33.6	19.5	18.8	13.4	12.8	6.0	2.0	3.4
Received	212	47.6	46.2	42.0	22.6	22.2	22.2	14.6	11.3	6.1	5.2
<u>Marital Status</u>											
Never married	125	31.2	24.4	25.6	12.8	17.6	14.4	10.4	8.0	4.0	6.4
Ever married	236	49.6	48.3	45.3	25.8	22.5	20.8	15.7	9.7	4.7	3.1
Total	361	43.2	40.7	38.5	21.3	20.8	18.6	13.9	9.1	4.4	4.1

Note: Altogether 69 (19.1%) of salespersons cited other contraindications which included, tuberculosis, cancer, pregnant women, weakness, ulcers/stomach problems, heavy smoking, bone disease, gynecological problems, liver problems, heavy bleeding, vitamin deficiency, V.D., kidney problems, skin problems and leprosy.

A total of 75 (20.8) salespersons said "Don't know".

Salespersons' knowledge regarding when to start the pills varied only slightly by their marital status, education and CRS training status (Table 11.2).

Table 11.2 : Salespersons' Knowledge Regarding the Day on Which to Take the First Pill When Starting to Use Oral Contraceptives for the First Time

Background Characteristics	Total no. of salespersons	The day on which to start taking pills (after commencement of menstruation)				
		1-3	4	5	6-8	Don't Know
		%	%	%	%	%
<u>Marital Status</u>						
Never married	125	4.0	11.2	73.6	8.8	2.4
Ever married	236	3.0	12.7	80.9	2.1	1.3
<u>Education (completed grade)</u>						
0-10	182	2.7	12.6	77.5	4.9	2.2
More than 10	178	3.9	11.8	79.2	3.9	1.1
<u>CRS Training</u>						
Not received	149	3.4	14.1	75.2	4.7	2.7
Received	212	3.3	10.8	80.7	4.2	0.9
Total	361	3.3	12.2	78.4	4.4	1.7

In response to the question on measures to be taken in case a consumer misses one pill, 84 percent of salespersons gave the correct answer, i.e., take the forgotten pill immediately and continue to take the next pill at the regular time on the same day. The number of salespersons who gave incorrect answers was 10 percent while another 6 percent said 'Don't Know'.

The salespersons' knowledge regarding what measures a consumer should take in case she forget the pills for three consecutive days is presented in Table 11.3. Only around half the salespersons gave the correct answer, i.e., stop taking the pills and continue use from next menstruation, but use another temporary birth control method until then. Around one out of four salespersons gave incorrect answers, while a similar proportion said "don't know". While the great majority of consumers knew what measures to take if one pill was forgotten, less than one out of five know the correct procedure if those pills were forgotten (Table 4.4). Knowledge of the correct measure was higher among married salespersons and those who had received training from CRS Company.

Table 11.3 : Salespersons' Knowledge Regarding Measures to be Taken in Case a Consumers Forgets to Take the Pills for Three Consecutive Days

Background Characteristics	Total no. of sales person	Measures Cited by Salespersons (Percentage)		
		Stop use and continue from next menstruation	Others	Don't Know
<u>Marital Status</u>				
Never married	125	44.0	24.0	32.0
Ever married	236	53.0	24.2	22.9
<u>Education (completed grade)</u>				
0-10	182	48.4	22.0	29.7
More than 10	178	51.7	26.4	21.9
<u>CRS Training</u>				
Not received	149	43.6	28.9	27.5
Received	212	54.2	20.8	25.0
Total	361	49.9	24.1	26.0

11.3 Side-effects

Apprehension about side-effects is one of the main reasons for non-use or discontinuation of oral contraceptive pills*. Salespersons could play an important role in dispelling rumours about the pill and giving advice to consumers regarding the side-effects of pills. In this survey all salespersons were asked to name the various common side effects of the pill. Altogether eight side effects were mentioned, among which 'dizziness'/ 'headache', 'nausea/ vomiting', and 'irregular bleeding' were most frequently mentioned. These side-effects were also reported by consumers (Table 1.9). Overall, 13 percent of salespersons said they did not know a single side-effect (Table 11.4).

* New ERA 'Fertility and Mortality Rates in Nepal', National Commission on Population, Kathmandu, 1986.

Table 11.4 : Salespersons' Knowledge Regarding the Side-effects of Oral Contraceptive Pills

Types of Side-effects	Percentage of Salespersons Who		
	Mentioned	Didn't Mention	Said Don't Know Any
Dizziness/headache	(250) 69.3	(65) 18.0	(46) 12.7
Nausea/vomiting	(190) 52.6	(125) 34.6	(46) 12.7
Irregular bleeding	(114) 31.6	(201) 55.7	(46) 12.7
Weakness/weight loss	(51) 14.1	(264) 73.1	(46) 12.7
Weight gain	(46) 12.7	(269) 74.5	(46) 12.7
Menstruation stopped	(32) 8.9	(283) 78.4	(46) 12.7
Swollen breasts	(30) 8.3	(285) 78.9	(46) 12.7
Weakness of vision	(27) 7.5	(288) 79.8	(46) 12.7

Differentials in the three most frequently cited side effects are presented in Table 11.5. Consistent with earlier patterns, a higher percentage of those who were married, with education above grade 10, and those who had received training from CRS Company mentioned the three side effects as compared to their unmarried, less well educated and untrained counterparts. Education was also a factor affecting pill consumers' knowledge of side-effects (Table 4.2).

11.4 Advice to Consumers Regarding Side Effects

A very general question was asked to salespersons regarding what advice they offered when a consumer complained of side effects. It should be noted that the question did not specify what kind of side effect and, therefore, it is not known what the respondents had in mind when they gave their answers. Table 11.6 shows that a majority of salespersons said they would advise consumers with side-effects to consult a doctor, but few consumers experiencing side-effects actually did so (Table 4.10). Around one-fourth said they would advise consumers to stop taking pills. All other responses were cited by less than four percent of salespersons.

Table 11.5 : Differentials in Salespersons' Knowledge Regarding the Side Effects of Oral Contraceptive Pills

Background Characteristics	Total no. of salespersons	Dizziness/ headache	Nausea/ Vomiting	Irregular bleeding
<u>Marital Status</u>				
Never married	125	58.4	47.2	20.0
Ever married	236	75.0	55.5	37.7
<u>Education (completed grade)</u>				
0-10	182	63.2	50.5	28.0
More than 10	178	75.3	55.1	34.8
<u>CRS Training</u>				
Not received	149	61.1	46.3	35.6
Received	212	75.0	57.1	28.8
Total	361	69.3	52.6	31.6

Table 11.6 : Type of Advice Given by Salespersons to Consumers of Oral Contraceptive Pills

Type of Advice Given	Number	Percentage
1. Consult doctor	211	58.4
2. Stop taking pills	97	26.9
3. Continue use; the side-effects will not last	14	3.9
4. Continue pills for at least 3 months and if problems persist stop taking pills	6	1.7
5. Use another brand of pills	5	1.4
6. Others	1	0.3
7/ Don't know	27	7.5

11.5 Low Versus Standard Dose Pills

The CRS Company introduced Nilocon, a low dose oral contraceptive pill, as an alternative to women who experience severe side effects from Gulaf, a standard dose pill. It is important that salespersons are aware of the difference in the two CRS products. Table 11.7 indicates that a large majority (89%) of salespersons know that Nilocon is the lower dose pill. Proportions giving the correct answer varied only slightly by salespersons' marital status, educational level and whether or not they had received training from CRS Company.

Table 11.7 : Salespersons' Knowledge Regarding the Relative Doses of CRS Contraceptive Pills

Background Characteristics	Total no. of salespersons	Percentage of Salespersons Who Said the Following was the Lower Dose Pills			
		Gulaf	Nilocon	Both	Don't Know
<u>Marital Status</u>					
Never married	125	7.2	87.2	1.6	4.0
Ever married	236	5.5	89.4	0.4	4.7
<u>Education</u>					
0-10	182	5.5	89.0	1.1	4.4
More than 10	178	6.7	88.2	0.6	4.5
<u>CRS Training</u>					
Not received	149	9.4	85.2	0.7	4.7
Received	212	3.8	91.0	0.9	4.2
Total	361	6.1	88.6	0.8	4.4

11.6 Summary

Among the sampled salespersons, the three most commonly cited contraindications for pills were 'jaundice', 'diabetes' and 'lumps in breast'. None of the contraindications was mentioned by more than 50 percent of salespersons.

A large majority of salespersons knew when to start taking the pill, how many pills to take each day, the measure to be taken in the case of one forgotten pill and that Nilocon was the relatively lower dose pill compared to Gulaf. But only around half the salespersons knew the correct measure in the case of three forgotten pills.

The two most frequently mentioned side-effects of pills were "Dizziness/headache" and "Nausea/vomiting". Most of the salespersons reported that they would advise pill consumers with side-effects to consult a doctor.

12.0 SALESPERSONS' KNOWLEDGE OF CONTRACEPTIVE VAGINAL TABLETS

Salespersons' knowledge of contraindication, method of use and side-effects of Kamal tablets are discussed in this chapter.

12.1 Contraindication

Though there was no specific question on the contraindications of Kamal, salespersons' opinions were solicited on whether Kamal could be used by women who are currently breastfeeding. Theoretically, there is no restriction among breastfeeding mothers on the use of Kamal. Table 12.1 indicates that only four out of ten salespersons knew definitely that Kamal could be used by breastfeeding mothers. Thirty percent of the salespersons said "Don't Know", while another 30 percent believed that breastfeeding mothers should not use Kamal.

Knowledge of the correct answer was once again relatively higher among married salespersons and those with higher educational levels. In this particular instance, there was no variation by whether or not salespersons had received training from CRS Company.

Table 12.1 : Salespersons' Perceptions Regarding Whether Kamal Can be Used by Breastfeeding Mothers

Background Characteristics	Total no. of salespersons	Percentage of Salespersons Saying		
		Can be used	Can't be used	Don't know
<u>Marital Status</u>				
Not married	125	29.6	32.0	38.4
Ever married	236	45.3	28.0	26.7
<u>Education (completed grade)</u>				
0-10	182	34.6	30.2	35.2
More than 10	178	45.5	28.1	26.4
<u>CRS Training</u>				
Not received	149	38.9	23.5	35.6
Received	212	40.6	32.1	27.4
Total	361	39.9	29.4	30.7

12.2 Method of Use

Salespersons were asked three questions on the usage of Kamal, namely, how many tablets to use each time, when the tablet should be inserted into the vagina and whether a woman who has just used Kamal should douche or wash her vagina after intercourse.

A large majority of salespersons correctly stated that one tablet of Kamal should be used each time (96% not shown in table) and that it should be inserted ten minutes before intercourse (Table 12.2). Thirteen percent gave incorrect answers while nine percent said 'Don't know'. Slightly lower percent of consumers (60%) knew the correct time to insert Kamal (Table 5.1 third panel). Contrary to the differentials noted in the section on contraindications of pill use, the proportion of salespersons with training who gave the correct answer was considerably higher than their counterparts, while there were only slight variations by marital status and educational levels.

Table 12.2 : Salespersons' Knowledge Regarding When to Insert Kamal

Background Characteristics	Total no. of salespersons	Percentage of Salespersons Who Gave the Following Answers		
		10 minutes before intercourse	Others	Don't Know
<u>Marital Status</u>				
Not married	125	75.2	16.0	8.8
Ever married	236	79.6	11.9	8.5
<u>Education (completed grade)</u>				
0-10	182	76.4	13.7	9.9
More than 10	178	79.8	12.9	7.3
<u>CRS Training</u>				
Not received	149	70.5	14.8	14.8
Received	212	83.5	12.3	4.2
Total	361	78.1	13.3	8.6

The leaflet enclosed in every box of Kamal explicitly states that the vagina should not be washed immediately after the use of Kamal. Only half the salespersons were aware of this fact, while 30 percent said that the vagina could be washed and another 20 percent said 'Don't know' (Table 12.3). Two-thirds of the consumers were aware the vagina should not be washed immediately after use of Kamal (Table 5.1 fourth panel).

Level of education, marriage and CRS training appear to have a positive effect on knowledge of salespersons.

Table 12.3 : Salespersons' Views Regarding Whether Vagina Can be Washed After the Use of Kamal

Background Characteristics	Total no. of salespersons	Percentage of Salespersons Who Said		
		Can Wash Vagina	Cannot Wash Vagina	Don't Know
<u>Marital Status</u>				
Not married	125	32.0	43.2	24.8
Ever married	236	28.3	53.8	17.8
<u>Education (completed grade)</u>				
0-10	182	32.4	43.4	24.2
More than 10	178	27.0	56.7	16.3
<u>CRS Training</u>				
Not received	149	28.9	47.7	23.5
Received	212	30.2	51.9	17.9
Total	361	29.6	50.1	20.2

12.3 Side-effects

Theoretically Kamal tablets should have no side-effects on the health of the practising woman. Nevertheless, a question about the side-effects of Kamal was asked of the salespersons. Slightly less than one-fourth of the salespersons said that Kamal had no side-effects (Table 12.4) and a third (33.3%) said 'Don't know'. Most of the side-effects mentioned were really physical or mental discomforts attached to the use of Kamal, or in other words disadvantages of using Kamal, rather than medical side-effects per se.

Sexual dissatisfaction was given by some salespersons as a possible side effect of using Kamal (Table 12.4). When Kamal consumers were asked about side-effects none mentioned sexual dissatisfaction. It is possible that this was due to embarrassment at talking about such a personal subject. Salespersons were less embarrassed as it was, not directly related to their personal behaviour.

Table 12.4 : Salespersons' Views Regarding the Side-effects of Kamal

Side-effects of Kamal	Percentage of Salespersons Who Mentioned the Side-effects
1. No side-effects	22.5
2. Heat sensation/burning for female	35.8
3. Heat sensation for male	7.5
4. Itching	7.2
5. Female irritation	6.1
6. Sexual dissatisfaction for female	3.6
7. Sexual dissatisfaction for male	3.1
8. Male irritation	3.1
9. Don't know	33.3

12.4 Summary

Only four out of ten salespersons thought that Kamal could be used by breastfeeding mothers. A large majority of the salespersons knew that one tablet of Kamal should be used each time and that it should be inserted ten minutes prior to intercourse. However, only half knew that the vagina should not be washed immediately after intercourse.

"Heat sensation/burning for female" was the side-effect mostly frequently mentioned by salespersons. Around one-fifth of the salesperson believed that Kamal had no side-effects.

13.0 SALESPERSONS' INFORMATION AND TRAINING NEEDS

13.1 Information Needs

Towards the end of the interview all salespersons were asked if they felt that they had an adequate store of knowledge about Gulaf and Nilocon to draw on to respond to the queries from customers. Those who answered in the negative were asked to indicate their information needs in terms of broad aspects such as side-effects, method of use, contraindications, effectiveness, and prices. Each aspect was read out to the salespersons and their responses recorded.

Salespersons' responses to the first question are presented in Table 13.1. Around one third (119) of salespersons believed that they needed further information about Gulaf and Nilocon. The need for further information was proportionately higher among those who had not received training from the CRS Company, compared to those who had received training. Even among those who had received training, slightly over one fourth said they needed further information.

Table 13.1 : Salespersons' Need for Additional Information on Gulaf and Nilocon

<u>Background Characteristics</u>	<u>Total no. of Salespersons</u>	<u>Percentage of Salespersons Who Saw the Need for Further Information</u>
<u>Marital Status</u>		
Not married	125	36.3
Ever married	236	31.5
<u>Education (completed grade)</u>		
0-10	182	32.6
More than 10	178	33.9
<u>CRS Training</u>		
Not received	149	41.2
Received	212	27.5
Total	361	33.0

The kinds of additional information desired about Gulaf and Nilocon is shown in Table 13.2. Aside from information on 'prices', all remaining information was desired by the majority of the salespersons who felt they needed further information.

Table 13.2 : Additional Information Desired by Salespersons About Gulaf and Nilocon

Kinds of Information	Percentage of Sales (N=119)
Side effects	(109) 91.6
Method of use	(101) 84.9
Contraindications	(99) 83.2
Effectiveness	(84) 70.6
Prices	(43) 36.1

13.2 Training Needs

Owners/partners were asked several questions pertaining to the training received from the CRS Company and what further training was needed. The questions focused on whether or not there was currently a person trained by CRS working at the shop and if yes, how many had received such a training, and lastly if they felt further training was desirable.

Out of the 290 sampled shops, 171 (59%) had at least one person who had received training from the CRS Company. Altogether 611 persons, inclusive of owners/partners, were working at the above 290 shops. According to the responses of owners/partners, out of the total of 611 workers or salespersons, 225 (36.8%) had received training from the CRS Company.

In response to the question on future training, two out of three owners felt that they would like additional training from the CRS Company, while 12 percent said that all their staff had already received such a training (Table 13.3). The table also indicates that a higher proportion of owners from the Terai desired further training. This is consistent with the earlier finding that a lower proportion of shops from the terai had at least one person in the shop trained by CRS Company (please refer to Table 7.1), compared to other geographic locations.

Table 13.3 : Desire for Future Training from CRS Company

Geographic Location	Total No. of Owners	Percentage of Shopowners Who Said			
		All staff already trained	Want training	Do not want training	Don't Know
Kathmandu	93	19.4	59.1	17.2	4.3
Hills	49	8.3	58.3	27.1	6.3
Terai	149	8.1	76.5	10.7	4.7
Total	290	11.7	67.9	15.5	4.8

13.3 Summary

A third of the shop owners/partners saw the need for further information regarding Gulaf and Nilocon and two thirds of the shop owners expressed the view that they would like the CRS Company to conduct more training sessions for salespersons.

14. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

14.1 Summary Background

The Nepal Contraceptive Retail Sales (CRS) Company is a private not-for-profit organization involved in the social marketing of selected contraceptives and health products. This Company currently markets four contraceptive products, namely 'Dhaal', coloured lubricated condoms, 'Gulaf', medium dose oral pills, 'Nilocon', low dose oral pills, and 'Kamal' vaginal foaming tablets. It also sells 'Jeevan Jal', an oral rehydration salt (ORS). 'Dhaal' and 'Jeevan Jal' are available to consumers through approximately 10,000 retail shops scattered throughout the country, while Gulaf, Nilocon and Kamal are sold in approximately 1000 medical shops.

In January 1986, the CRS Company, utilizing funds provided by Family Health International (USA) commissioned New ERA, a private non-profit research organization to conduct a research study on social marketing of contraceptives through medical shops in Nepal. The primary objective of this study was to survey a sample of urban retailers and consumers to assess their knowledge, attitudes and usage of Gulaf, Nilocon and Kamal.

Those districts of Nepal which had received more than three percent of the total supplies distributed by the CRS Company in 1984 were selected for this study. There were 13 such districts and they contained 16 town panchayats or urban locations, all of which were covered by the survey. In Kathmandu town panchayat one third of the 209 medical shops were selected for the study, using probability proportionate to volume of Gulaf supplies received from the CRS Company in 1984. In the remaining town panchayats all the medical shops selling any one of the three CRS products under study were included in the survey. At the selected shops owners/partners and salespersons/retailers were interviewed.

In the selected urban locations, consumers were identified through the recruitment sheets filled out by the salespersons/retailers and through house-to-house visits. Local authorities and organizations also helped. All interviewed consumers were given a small token of appreciation.

Two different questionnaires were used. One for consumers and the other for retailers. The first part of the retailer's questionnaire was directed at shop owners/partners and the later part at all the salespersons working at the shop. Both questionnaires were pretested in Kathmandu and Birgunj, a town panchayat located approximately 180 km. south of Kathmandu.

The survey was carried out between February 14 and March 26, 1986. Seven teams, each consisting of one male supervisor and 2-4 female enumerators, carried out the survey. Altogether 763 consumers of Gulaf, Nilocon, Kamal and Indian pills, and 361 salespersons/retailers (including owners/partners) from 290 medical shops were interviewed.

14.2. Summary of Findings

14.2.1 Consumers

The survey included 375 consumers of Gulaf, 293 consumers of Nilocon and 39 consumers of various brands of Indian pills. The majority of consumers of all three oral pill products were between 20 and 29 years old, had histories of over 12 months of continuous use of the pills and had more than two surviving children. Most were 'Limiters' i.e., they did not want any more children. Around seven out of ten of the consumers normally bought only one cycle of contraceptive pill at one visit to the medical shop. The prevalence of smoking among Gulaf and Nilocon consumers was approximately 27 percent and 20 percent, respectively.

The demographic and socio-economic characteristics of Gulaf consumers were distinctively different from those of Nilocon or Indian pill consumers. The Gulaf consumers were generally older, had more living children and a longer duration of pill use. Also, a higher proportion were 'limiters'. The differences in level of education and radio ownership indicate that compared to Nilocon and Indian pill consumers, the Gulaf consumers probably come from a lower socio-economic status group.

The average Kamal consumer was 26 year old, had two living children and seven years of schooling. Six out of ten were 'limiters' and the average duration of use of Kamal was about eight months. There was a pre-dominance of radio owners among Kamal users, while the prevalence of smoking was fairly low. Like pill consumers, they normally bought only one pack of Kamal per visit to the medical shop.

In most aspects, pill consumers' knowledge of contraindications and method of use of pill was considerable; a large majority knew how many pills to take each day and what measures should be taken in the case of one forgotten pill. About half knew the various contraindications to use of pills and on which day of menstruation a first-time pill user should start taking the first pill. However, knowledge of the correct measures to be followed in the case of three forgotten pills was poor; less than ten percent of Gulaf consumers and around 20 percent of Nilocon and Indian pill consumers knew the correct measure.

Consultation with a doctor or medical practitioner or having a health examination prior to starting pill use was not common among pill consumers. Previous use of contraception was also limited to a minority of pill consumers. Among those who had used contraceptives earlier, oral pills was the most common birth control measure used. Around half of those with prior experience of contraceptives had obtained the contraceptives from medical store i.e., bought them, while around 30 percent had previously obtained contraceptives free of cost from government sources/centres. The major reported reason for discontinuation of the previous method was adverse side-effects.

The pill consumers who had experienced side-effects reported symptoms such as 'dizziness', 'vomiting', 'headache', and 'bleeding'. Fifty-one

percent of the consumers reported that they had experienced no side effects whatsoever. Of the 49 percent who did report side-effects, two-thirds reported 1 or 2 side effects only. Only around one quarter of pill consumers who had experienced side-effects had consulted with a doctor.

The survey included only 56 Kamal consumers. Most of them knew that one Kamal tablet should be inserted ten minutes prior to intercourse, and that they should not douche immediately after intercourse. Around half had previously used contraceptives which were obtained mostly from medical stores. A 'burning sensation for the female' was the most commonly reported side-effect of Kamal. Around one third of the Kamal consumers said that Kamal had no side effects. Only seven out of 56 Kamal consumers (13%) reported that their husbands used condoms in conjunction with Kamal.

Around seven out of ten consumers of all four contraceptive products had heard or seen advertisements for the products they were using, mostly through the radio. The most important factor influencing a consumers' decision to buy contraceptives from medical shops, as opposed to getting them from government sources, was convenience in terms of proximity to work or home, and less waiting time.

A majority of pill consumers cited 'effectiveness' as a reason for their choice of the particular brand they were using. Among Nilocon and Indian brand pill consumers 'fewer side-effects' was a relatively more important reason for their choice of these brands, while in the case of Gulaf consumers, 'advised by friends/neighbours' was an important reason for choosing Gulaf. A large majority of all consumers expressed their intention to continue buying the pills even if prices increased.

Only one out of five consumers reported consulting/discussing with salespersons/retailers while purchasing the contraceptives, and half of the consumers did not buy contraceptives themselves. The major reported reason for not consulting with salespersons/retailers was 'shyness'. Among those who did consult with salespersons/retailers, 'method of use' and 'price' were the subjects most frequently discussed.

Most pill consumers said they had never experienced a shortage of pill supplies at the shops.

Three-quarters of the consumers had heard about depo-provera. Of this group one-fifth expressed their desire to buy it, if it were made available through medical shops. A large majority expressed their desire to buy pregnancy detection kits, if they were to become available at medical shops.

14.2.2 Retailers

A brief profile of medical/retail shops is presented. The average retail shop has a total of two workers (inclusive of owners/partners), is open 89 hours a week and has been selling contraceptives for five years. Sixty percent of shops had at least one person trained by the CRS

Company. Gulaf, Nilocon and Kamal were available in most shops, while Indian pills were available in 40 percent of the shops. The medical shops received an average of seven pill customers (all brands combined) and two Kamal customers per week.

At the time of the survey most of the shops were well stocked with various contraceptives. Professional medical assistance was available at six out of ten shops.

Almost all shops carried 'Jeevan Jal' and two-thirds also carried other brands of ORS. A majority of the shopowners or partners who had heard about the pregnancy detection kit, delivery kit, and depo-provera were willing to stock and sell them at their shops.

Most shopowners believed that small price increases would not affect the volume of sales of Gulaf, Nilocon and Kamal, but doubling the current prices would. According to the shopowners, a large majority of CRS pill consumers did not have prescriptions for oral contraceptive pills, but they did ask for pills by a specific brand name. The shopowners reported that most consumers (all types) bought only one cycle or pack of contraceptive per visit to the medical shop.

Slightly more than one-third of the shopowners reported encountering enquires about contraceptives from consumers and most of the queries related to method of use and side-effects. In response to the question, 'which oral contraceptive brand would you recommend to customers', three-fourths of the shopowners said that they would recommend 'Nilocon' to consumers because they thought it has fewer side-effects and is more effective.

The sampled 361 salespersons/retailers, inclusive of owners/partners, were predominantly male, with a mean age of 32. Most salespersons/retailers had at least a high school education, i.e. grade 9 or above, and around four out of ten had received training from the CRS Company. Sixty-five percent of all salespersons/retailers were currently married. Of those married, around half were presently practicing contraception, mainly sterilization and condoms. The currently married salespersons/retailers had an average of 2.7 living children and seven out of ten said they did not want any more children.

When salespersons/retailers were questioned to test their knowledge of the contraindications to pill use, the three most frequently reported contraindications were 'jaundice', 'diabetes', and 'lumps in breast'. Each contraindication was mentioned by less than half of the salespersons/retailers. One-fifth stated 'Do not know' to the question on contraindications to pill use. Surprisingly, very few retailers reported smoking among women 35 years and over as a contraindications to pill use.

In general, most salespersons/retailers knew when a woman should start taking pills, how many she should take each day, the measures to be taken in case of one forgotten pills and which was the relatively lower dose pill between Gulaf and Nilocon. However, only around half of the sales-

persons/retailers knew the correct procedures a woman should follow in the case of three forgotten pills.

When questioned about their knowledge of possible side-effects of pill use, most salespersons/retailers reported 'dizziness/headache' and 'nausea/vomiting'. Most salespersons/retailers said they would advise consumers with side-effects to consult a doctor.

As with their knowledge of the oral contraceptive pills, most salespersons/retailers knew the basics of Kamal use, i.e., how many tablets a woman should use and when to use them. However, only half of the salespersons knew that women using Kamal should not douche immediately after intercourse and only four out of ten knew that Kamal could be used by breastfeeding mothers.

Around one-fifth of the salespersons/retailers believed that Kamal had no side-effects. Among the side-effects mentioned, 'Heat sensation/burning for females' was the most frequently mentioned.

Around one third of all owners/partners felt that they needed additional information on Gulaf and Nilocon to respond to the queries of consumers, mostly on side-effects, method of use, contraindications and effectiveness.

14.3 Conclusions and Recommendations

1. The CRS Company has been successful and should be commended for providing easily accessible and convenient retail sales outlets for couples in urban areas who wish to buy and use temporary contraceptives. A large majority of the medical shops which sell CRS products sell all four of their contraceptives, i.e. Gulaf, Nilocon, Kamal and Dhaal brand condoms. Moreover, it was discovered that most shops had adequate stocks of these products. Hardly any consumers reported being unable to buy them when they wanted to because of lack of supply. Therefore, it is not surprising that most consumers said they chose to purchase CRS contraceptives from shops, rather than obtain them free from government distribution centres. Consumers said the shops were easily accessible, 'proximity to home or work' and convenient, 'no time to wait in clinics'.
2. The CRS advertising campaign has been successful in reaching its target audience; slightly more than seven out of ten consumers had heard or seen CRS advertisements and nine out of ten shop owners reported that consumers asked for CRS contraceptives by specific brand name.
3. The study indicates that almost three fourths of Gulaf consumers and about half of Nilocon and Kamal consumers were first time users of contraceptives. This implies that the CRS program is tapping into a new group of people for family planning.
4. The profiles of different CRS products consumers indicate that Gulaf consumers are of relatively lower socio-economic status than consumers

of Nilocon and Kamal. This difference should be borne in mind when formulating communication strategies or considering price increases.

5. The findings of the present study indicate that both salespersons/retailers and consumers do have a basic understanding of the contraindications, method of use and side-effects of oral contraceptive pills and of Kamal vaginal foaming tablets. However, both consumers and salespersons/retailers need to be better informed about certain critical aspects of contraindications, method of use and side-effects. We believe this would improve effectiveness, acceptance by consumers and discourage consumer discontinuation of temporary contraceptive use.

Specifically, we recommend that the salespersons/retailers need to be better informed and educated about the contraindication for pills, and especially the measures to be taken by a woman if she misses three consecutive pills. Salespersons/retailers also need to be informed that Kamal can be used by breastfeeding mothers and that Kamal users should not douche immediately after the use of Kamal. The CRS Company could adopt various measures or approaches to disseminate such information to salespersons/retailers. One approach would be to emphasize the above points in future training programs for salespersons/retailers. Another approach would be to prepare special instructional materials for salespersons/retailers. A periodic newsletter to keep salespersons/retailers up to date on CRS products and activities could be initiated. This newsletter would enhance communication with salespersons/retailers on a continuing basis. Both the instructional materials and the newsletter could be mailed or distributed through CRS regional representatives to salespersons/retailers.

6. The prevalence of smoking among CRS pill consumers is quite high. Over one fourth of Gulaf consumers and one fifth of Nilocon consumers reported that they smoke. Smoking among pill consumers tended to increase with age. Over one third (36%) of Gulaf consumers 35 years and over and almost half (47%) of Nilocon consumers 35 years and over reported that they smoke. As per instructions smoking is contraindicated for pill consumers 35 years and over. Overall, six percent of all Gulaf consumers and eight percent of all Nilocon consumers fall into this contraindicated category, i.e., smoking and aged 35 years and over. Thus, there is a need to discourage smoking among pill consumers aged 35 years and over or to advise them to consider an alternate method of contraception if they wish to continue smoking.

7. The study found both the salespersons/retailers and consumers lacking in their knowledge about what to do in case of three consecutive forgotten pills. Examination of the instruction leaflets enclosed in both Gulaf and Nilocon packets revealed that the instructions about what to do in the case of two or more forgotten pills is unclear. The Gulaf leaflet has instructions only in Nepali, while the Nilocon leaflet has instructions in both Nepali and English. The Nepali instructions in both leaflets state that if you have forgotten to take pills for "many" days then do not take all the forgotten pills and

stop taking pills till the next menstruation; in the mean time use another temporary contraceptive e.g., Dhaal condoms. The word "many" is not defined and therefore both consumers and salespersons/retailers may have been confused as to whether or not three days was included in this category. The leaflet should be revised to explicitly state what a woman should do in case she forgets more than one pill. We also recommend that the leaflet include a list of the advantages of the particular contraceptive. In addition the leaflet should clearly state that immediately after finishing the first cycle of 28 pills the consumer should continue with a second cycle irrespective of whether she has had her menstruation or not.

8. A considerable proportion of shopowners expressed interest in selling depo-provera, pregnancy detection kits and delivery kits. We recommend that CRS company initiate procedures to test-market these items.
9. The training provided by the CRS Company for salespersons/retailers has had a positive effect in their knowledge of contraindications, method of use and side effects of temporary contraceptives. The CRS Company should continue the training of salespersons/retailers with special emphasis on the aspects discussed under item 5 of this section. In this regard, the study has revealed that the unmarried and less educated salespersons/retailers were less knowledgeable about contraceptives compared to their married, higher educated counterparts. Thus, this consideration should be borne in mind while selecting salespersons/retailers for training and while designing training materials.
10. If the CRS Company intends to rely more heavily upon salespersons/retailers to promote their products and help educate consumers in the proper use of their products, it may be necessary to inform consumers of this fact. In addition to using the regular channels of communications such as radio messages, signboards, posters etc, one possibility is to install a poster/sign at the medical shop stating that consumers consult with the salespersons/retailers or with a doctor if available at the shop, about the contraindications, method of use and possible side-effects of various CRS products.
11. The study found that one out of every eight Kamal consumers used Kamal in combination with condoms. Since the effectiveness of Kamal is increased when used with condoms, such combined use should be emphasized during the advertisement and promotion of Kamal.
12. A large proportion of Gulaf (69%), Niloon (58%) and Kamal (61%) consumers stated that they desired no more children. Thus, it appears that the majority of CRS pill and Kamal consumers are using these contraceptives to limit rather than space their births. We, therefore, recommend that more emphasis be placed in CRS advertising and promotional materials about the benefits of spacing births.
13. The shopowners reported that a much higher proportion of Indian pill consumers had prescriptions compared to CRS pill consumers. Medical

doctors and other professional medical persons should be kept well informed about the various CRS products and encouraged to play a larger role in prescribing CRS products.

14. We recommend that further research be conducted in the following three areas:
 - a. One year follow-up of a sub-sample of the Gulaf and Nilocon consumers included in the present study to examine discontinuation, failure rates, and problems associated with pill use.
 - b. test-market study of depo-provera dispensed through medical shops.
 - c. price response study for various CRS products.

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APPENDIX 1.1

SOCIAL MARKETING OF CONTRACEPTIVES IN NEPAL:
A STUDY OF RETAILERS AND CONSUMERS
F.H.1/CRS/New ERA
1986

CONSUMERS' QUESTIONNAIRE

Information from Recruitment Sheet

(Note: Fill out Q. 1-5 from recruitment sheet)

1. Town panchayat/village panchayat: _____

2. Name of medical shop: _____

2.1 Address: _____

3. Name of the consumer: _____

3.1 Address: _____

Panchayat: _____

Village: _____

Ward No.: _____

Block No: _____

4. Serial number of the consumer: _____

5. Type and quantity of contraceptive purchased by the consumer:

Type of Contraceptive Purchased

Quantity

<input type="checkbox"/> Gulaf	_____ Packet (Cycle)
<input type="checkbox"/> Nilocon	_____ Packet (Cycle)
<input type="checkbox"/> Kamal	_____ Box (9 tablets)
<input type="checkbox"/> Indian made pills	_____ Packet (Cycle)

Background Informations

6. How old are you ?

_____ Years (completed)

7. Can you read and write?

Yes (Go to Q. No. 8)
 No

7.1 Have you ever attended to school?

- Yes
- No (Go to Q. No. 9)

8. What is the highest grade that you have passed?

- _____ Grade
- _____ Literate only

9. Do you smoke?

- Yes
- No

10. Is there radio in your home?

- Yes
- No

11. How many living children do you have?

_____ Sons _____ Daughters _____ Total

12. How many more children do you want?

_____ Children

- None
- Whatever birth takes place/as God wishes
- Don't know/can't say

13. What are your reasons for buying contraceptives at the medical shop instead of getting them from the government health/family planning clinic?

- Close to home/work place
- Not available at clinic
- Don't have to wait as long as at clinics
- Can consult the doctor nearby
- Better quality contraceptive
- Friendly behaviour of pharmacist/staff
- Others (specify) _____

14. Normally, while buying contraceptives, do you discuss/consult with the salesperson?

- Yes (Go to Q.No. 15)
- No
- Don't buy myself (Go to Q.No. 15)

14.1 Why don't you discuss?

- Feel shy
- Assume seller may not know about contraceptives
- Seller too busy to answer
- Prefers to consult a doctor
- Others (specify) _____
- Don't know

15. Have you ever asked the salesperson for the following information on Pills/Kamal tablet? Did you receive the informations? (Read out the type of information one by one and tick in appropriate box).

Type of information	Requested Information		Received Information	
	Yes	No	Yes	No
Effectiveness				
Side-effects				
Correct usage				
Price				
Contraindications				

16. What are your reasons for using this particular brand of contraceptive instead of another brand? (Read out the reasons one by one and tick in appropriate boxes).

- High quality
- Cheap
- Effectiveness
- Less side-effects
- Don't know of other brands
- Heard/seen in advertisement
- Suggested by doctor
- Suggested by friends
- Suggested by pharmacist
- Easy to obtain
- Easy to use
- Others (specify) _____

17. (Note : Ask Q. No. 17 only to Gulaf/Nilocon/Kamal users)
If the prices per cycle/box of the contraceptive you are currently using is increased to the following prices would you be interested to buy? (Read the price increase of the contraceptive being used by the consumer one by one and tick in appropriate boxes).

Gulaf			Nilocon			Kamal		
Price	Will Buy	Will not Buy	Price	Will Buy	Will not Buy	Price	Will Buy	Will not Buy
Rs.2/50			Rs.6/-			Rs.3/50		
Rs.3/-			Rs.7/-			Rs.4/-		
Rs.2/50			Rs.8/-			Rs.4/50		

18. Type of contraceptive currently being used by the consumer:
(Tick according to Q. No. 5 and ask questions accordingly)

- Gulaf/Nilocon/Indian made Pills (Go to Q. No. 19)
 Kamal (Go to Q. No. 31).

Knowledge and Use-Pattern of Pills

19. When you first started on the pills from which day after monthly menstrual cycle, did you start to take the pill?

_____ Day

20. How often do you take the pill?

- Each day
 Only if planning to have sexual intercourse on that day.
 After each act of sexual intercourse
 Others (specify) _____
 Don't know

21. What do you do, if you forget to take the pill for one day?

- Take upon remembering and continues the rest as usual
 Stops using pill and use alternate birth control measure for the rest of the menstrual cycle
 Others (specify) _____
 Don't know

22. What do you do, if you forget to take the pill continuously for three days?

- Take the three pills at once and continue the rest as usual
 Do not take these pills but continues the rest as usual
 Discontinue pills but use another family planning method and after next menstruation starts taking pills again
 Others (specify) _____
 Don't know

23. Were you advised to take the pill by a doctor/nurse/health worker?

- Yes
- No

24. Did you have your health examined before starting to take pills?

- Yes
- No

25. Can a woman having the following diseases/symptoms take the pill? (Ask the diseases/symptoms one by one and tick in appropriate boxes).

Type of Diseases/Symptoms	Yes	No	Don't Know
1. Jaundice			
2. Swelling of legs and shortness of breath			
3. Severe headaches			
4. Swelling of legs and pain during pregnancy			
5. Diabetes			
6. Lumps in breast			

26. How long have you been using pills continuously?

_____ Days _____ Months

27. Did you experience any problems in the first months of use of your current pill brand?

- Yes
- No (Go to Q. No. 28)

27.1 What are side-effects you experienced?

- Dizziness/weakness
- Nausea/vomiting
- Irregular bleeding
- Discontinuation of menstruation
- Headache
- Weight gain
- Blurred vision
- Swelling of or soreness in breasts
- Others (specify) _____

27.2 Did you consult a doctor/nurse/health worker for any of these problems?

- Yes
- No (Go to Q. No. 26)

27.3 What did the doctor/nurse/health worker suggested to you?

- Continue taking pills
- Stop taking pills
- Stop taking pills and switch to other methods of family planning
- Others (specify)
- Don't know

28. What was the last method of family planning devices you used before taking the current brand of pill?

- None (Go to Q. No. 29)
- Abstinence
- Rhythm/withdrawal (Go to Q. No. 28.2)
- Condom
- I.U.D.
- Pills (specify the brand name) _____
- Depoprovera
- Vaginal tablets (specify the brand name)
- Other methods (specify) _____

28.1 Where did you get that method?

- Medical store where currently obtain pills
- Other medical store
- Ministry of Health (FP/MCH clinic)
- FPAN family planning clinic
- ICHSDP clinic
- Hospital
- Mother's club
- Others (specify) _____
- Don't know

28.2 Why did you stop using that contraceptive?

- Too expensive/cheaper brand available
- Side effects
- Not easily available
- Doctor/nurse suggested to stop using
- Friends/relatives suggested to stop using
- Method failure
- Wanted another child
- Not effective
- Husband disliked the method
- Sexual dissatisfaction with method
- Others (specify)
- Don't know

29. Have you ever heard/seen advertisements about Gulaf/Nilocon?

- Yes
- No (Go to Q. No. 30)

29.1 Where did you hear/see?

- Radio
- Television
- Bill board
- Poster
- Others (specify) _____

30. Has there ever been a shortage of your brand of pills at the medical store?

- Yes
- No
- Don't know (Go to Q. No. 41)

30.1 What did you do when you could not get your brand of pill?

- Bought another brand of pill
- Visited next medical store to buy the same brand of pill
- Waited until the brand was available and did not use any methods during that period
- Used other contraceptives until the brand was available
- Went to FP clinic to get pills
- Others (specify) _____
- Don't know

Knowledge and Use Pattern of Kamal

(Note: Ask Q. No. 31-40 only to the Kamal users)

31. How do you use Kamal?

32. How many tablets of Kamal do you use each time you have a sexual intercourse?

----- tablets

33. When do you insert Kamal?

- 30 minutes before sexual intercourse
- 11-29 minutes before sexual intercourse
- 10 minutes before sexual intercourse
- 1-9 minutes before sexual intercourse
- Immediately before sexual intercourse (less than 1 minute)
- Immediately after intercourse
- Same time at each day regardless of intercourse
- Others (specify) _____
- Don't know

34. Do you wash your vagina immediately after an intercourse using Kamal?

- Yes
- No

35. How long have you been using Kamal continuously?

_____ Days _____ Months

36. What types of side-effects have you experienced when using Kamal?

- Vagina burning/heat sensation
- Female over excitement
- Male over excitement
- Burning for male
- Female dissatisfaction from sex
- Male dissatisfaction from sex
- Others (specify) _____

37. What was the last method of family planning you used before using Kamal?

- No method Go to Q. No. 38)
- Abstinence
- Withdrawal/Rhythm (Go to Q. No. 37.2)
- Pills
- Condom
- I.U.D.
- Depoprovera
- Vaginal tablets (specify name) _____
- Other methods (specify) _____

37.1 Where did you obtain that contraceptive?

- Medical store where currently buy Kamal
- Other medical store
- Ministry of health (FP/MCH clinic)
- FPAN family planning clinic
- ICHSDP clinic
- Hospital
- Mother's club
- Others (specify) _____
- Don't know

37.2 Why did you stop using that contraceptive?

- Too expensive/cheaper contraceptives available
- Side-effects
- Not easily available
- Doctor/nurse suggested to stop
- Friends/relatives suggested to stop
- Method failure
- Wanted another child
- Others (specify) _____

38. Have you ever heard/seen advertisement of Kamal?

- Yes
- No (Go to Q. No. 39)

38.1 Where did you hear/see?

- Radio
- Billboard
- Poster
- Others (specify) _____

39. Has the medical shop ever been out of stock of Kamal when you wanted to buy it?

- Yes
- No (Go to Q. No. 40)

39.1 What did you do when the medical shop did not have Kamal tablets?

- Bought another brand
- Went to next medical store to buy Kamal
- Waited until Kamal was available and did not use anything in the meantime
- Used another method of family planning
- Went to FP clinic to get Kamal
- Others (specify) _____

40. Do you sometimes use Kamal tablet combined with some other contraceptive?

- Yes
- No (Go to Q. No 41)

40.1 If yes, what contraceptives do you use?

- Condom
- Pills
- Jelly
- Others (specify) _____

Additional information

(Note: Ask Q. No. 41-45 to all respondents)

41. Have you ever heard of depoprovera (injectable) a temporary family planning method for women?

- Yes
- No (Go to Q. No. 42)

41.1 If depoprovera was available at medical stores, would you be interested in using it?

- Yes
 - No
 - Can't say
 - Don't know
-](Go to Q. No. 42)

41.2 One shot of depoprovera prevents pregnancy for 3 months; how much would you like to pay for it?
_____ Rs.

- Don't know
- Can't say

42. (Note: Explain what is a pregnancy detection kit)
Would you be interested in using a pregnancy detection kit?

- Yes
- No
- Can't say
- Don't know

43. Do you need additional information about temporary family planning methods?

- Yes
- No (Go to Q. No. 44)

43.1 If yes, what type of additional information are you interested to receive?

43.2 What will be the convenient way for you to receive this information?

- FP clinic
- Medical stores
- Health workers
- Mother's club
- Radio
- Pamphlets
- Others (specify) _____
- Don't know

44. Do you know any woman who is currently using pills or Kamal? If yes, please give us her name and address?

User's Name _____ Husband's Name _____
Address: Panchayat _____ Street _____ Ward _____ Block No _____

45. We are trying to improve on contraceptive services so would you be willing to help us by allowing an interview for 2 or 3 times more over the next two years?

- Yes
- No

Information on Interview Given
(Note: Fill Q. No. 46-48 by yourself)

46. Degree of cooperation from respondent:

- Very cooperative
- Somewhat cooperative
- Not cooperative

47. Quality of interview:

- Good
- Average
- Bad

48. Status of Interview:

Times Inter-viewed	Name of Inter-viewer	Date of Inter-view	Date of Checking by Super-visor	Status of Interview (Code)	Time taken for Inter-view (in minutes)	Place of Inter-view (Code)
First						
Second						
Third						

Code for Status of Interview

1. Interview completed
2. Postponed
3. Refused for interview
4. Not found at home
5. Already shifted from that place
6. Others (specify) _____

Code for Place of Interviewed

1. Respondent's home
2. Medical shop
3. Respondent's friend's/ neighbour's/home
4. Others (specify) _____

APPENDIX 1.2

SOCIAL MARKETING OF CONTRACEPTIVES IN NEPAL:
A STUDY OF RETAILERS AND CONSUMERS
 F.H.I/C.R.S/New ERA
 1986

RETAILERS' QUESTIONNAIRE
 (To be asked to shop owner/manager/salesman)

Note: For the first part of this questionnaire try to interview owner/manager or partner.

A. General Informations

1. Town/village panchayat : _____
2. Name of the medical shop: _____
 2.1 Address of the medical shop: _____
3. Name of the respondent: _____
 3.1 Post of the respondent: [] Owner [] Manager
 [] Partner [] Saleperson
4. Total number of persons working at the medical shop _____ Persons
5. Daily store hours: _____ to _____ (Sunday - Friday)
 _____ to _____ (Saturday)

B. Information on Shop

6. How long has this shop been selling contraceptives?
 _____ Months _____ Years [] Don't know

7. What type of contraceptives are currently available in this shop?

Name of Contraceptives	Available		How many consumers in the last week?	How many in stock now? (in dispensers)	
	Yes	No			
1. Indian made pills	1	2			If yes, go to Q.No.8
2. Nilaf	1	2			
3. Nilocon	1	2			Go to Q.No.9
4. Kamal	1	2			
5. Dhaal	1	2			
6. Others (specify)	1	2			

8. Besides Nilocon and Gulaf, at what price do you sell the other pills ?

<u>Name of other brand pills</u>	<u>Rs. per packet (cycle)</u>
1. Overall plain	Rs. _____
2. Overall "L"	Rs. _____
3. Lindol	Rs. _____
4. Others (specify) _____	Rs. _____

9. In your opinion, what would happen to the volume of sales of Gulaf, Nilocon and Kamal if the price increased at the following rate ? (read out the price increase of each contraceptive one by one).

Effect on sale	If the price increases by 50%		If the price becomes double	
	Gulaf	Nilocon	Kamal	Kamal
1. Sales will decrease dramatically	_____	_____	_____	_____
2. Sales will decrease to some extent	_____	_____	_____	_____
3. There will be no change in sales	_____	_____	_____	_____
4. Sales will increase to some extent	_____	_____	_____	_____
5. Sales will increase dramatically	_____	_____	_____	_____
9. Don't know	_____	_____	_____	_____

10. About what proportion of those who purchase pills at your shop, have a prescription from a doctor ?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Most of them | <input type="checkbox"/> Half of them |
| <input type="checkbox"/> About quarter | <input type="checkbox"/> None |

11. Generally, how do most of the customers, who buy pills at your medical shop, ask for pills ?

- Ask by brand name
 Ask by oral contraceptive of family planning
 Others (specify) _____

12. If you have to recommend a particular brand of pill, which one would you prefer?

- Gulaf
- Nilocon
- Indian made pills
- Others (specify) _____
- Do not recommend
- Don't know (Go to Q. No. 13)

12.1 What are the reasons for recommending that brand of pills ?

- Due to less side-effects
- Cheap
- Due to high quality/reliable
- Always/easily available
- Due to recommendation by doctors
- Popular
- High profit margin
- Others (specify) _____
- Don't know

13. Usually, how many cycles of pills are purchased by a single consumer at one visit ?

- One cycle per visit
- Two cycle per visit
- Three cycle per visit
- Four or more cycle per visit (specify) _____
- Don't know/can't say/it varies

14. Usually how many packets of Kamal are purchased by a single consumer at one visit? _____ packets (boxes)

15. Do customers buying pills or Kamal at your shop, ask you for any information concerning these products ?

- Ask Don't ask (go to Q.No.16)

15.1 What do they ask about? (Read out the information one by one)

Information	Gulaf		Nilocon		Kamal	
	Ask	Do not ask	Ask	Do not ask	Ask	Do not ask
1. Side effects	1	2	1	2	1	2
2. Effectiveness (reliability)	1	2	1	2	1	2
3. Price	1	2	1	2	1	2
4. Method of use	1	2	1	2	1	2
5. Contraindications	1	2	1	2	1	2

Retailer's Training

16. Have you or any of your staff received training from the CRS Company?

Yes No (Go to Q.No. 17)

16.1 If yes, how many of you have taken training ?

_____ Persons

16.2 When was the last training ?

_____ Date

17. Would those staff who have not yet taken training from the CRS Company be interested in taking training ?

All staff are trained
 Yes
 No
 Can't say/don't know

C. Information on Health and Other Contraceptives

18. Do you sell "Jeevan Jal" ?

Yes (Go to Q. No. 19)
 No
 Don't know (Go to Q.No. 19)

18.1 If no, would you be interested in selling it ?

Yes
 No
 Don't know

19. Besides "Jeevan Jal" do you sell other brands of oral rehydration salt?

Yes
 No (Go to Q. No. 21)

19.1 If yes, which brand and how much does it cost?

<u>Name of brand</u>	<u>Price (in Rs.)</u>
<input type="checkbox"/> Elector powder	_____
<input type="checkbox"/> Prolite	_____
<input type="checkbox"/> Lectolite	_____
<input type="checkbox"/> Regulate	_____
<input type="checkbox"/> Others (specify) _____	_____

20. Do your customers mostly buy CRS "Jeeval Jal" or other brand of oral rehydration salt?

- Most buy Jeevan Jal
- Most buy other brand of ORS
- Both same

21. Have any of your customers ever asked about depoprovera?

- Yes
- No
- Don't know

22. If you or your staff are given proper training would you or your staff be interested in giving/administering injectable contraceptive at your medical shop?

- Yes
- Can't say (specify reason) _____
- Don't know
- No

23. Have you heard about delivery kits?

- Yes
- No (Go to Q. No. 24)

23.1 If yes, would you be interested in selling delivery kits ?

- Yes
- No
- Don't know

24. Have you heard about pregnancy detection kits ?

- Yes
- No (Go to Q. No. 25)

24.1 If yes, would you be interested in selling it ?

- Yes
- No
- Don't know

25. Does any doctor/nurse/compounder work in or have a clinic at your medical shop?

- Yes
- No

26. Do you have anything to say about your interests, problems or needs regarding CRS products ?

1. Information from Salespersons

Note : Ask Q.No. 27-48.1 to all workers (owner, partner, manager and salespersons) separately at the shop.

Questions	Owner	Serial No.of salesmen			
	Partner Manager	1	2	3	4
27. How old are you?	-----	-----	-----	-----	-----
	age	age	age	age	age
28. Sex of the respondent	-----	-----	-----	-----	-----
Code : 1=Male	sex	sex	sex	sex	sex
2=Female					
29. What is the highest grade that you have passed ?	-----	-----	-----	-----	-----
	class	class	class	class	class
30. Marital status:	-----	-----	-----	-----	-----
Code : 1=Married					
2=Unmarried]	Go to			
3=Widow/widower]	Q. No.			
4=Separated]	35			
5=Divorced]				
31. How many sons and daughters do you have ?	-----	-----	-----	-----	-----
32. How many more children do you want ?	-----	-----	-----	-----	-----
33. Are you or your spouse currently using any family planning method?	-----	-----	-----	-----	-----
Code : 1=Yes					
2=No (Go to Q.No. 35)					
34. If yes, what method are you or your spouse currently using?	-----	-----	-----	-----	-----
Code	<u>Name of FP method</u>				
01	Gulaf				
02	Nilocon				
03	Indian made pills				
04	Kamal				
05	Dhaal (condom)				
06	Loop (I.U.D)				
07	Injectable (depoprovera)				
08	Vasectomy				
09	Leproscopy				
10	Rhythm/withdrawal				
11	Other (specify) _____				

Cont'd...

Questions	Owner	Serial No. of salesmen			
	Partner Manager	1	2	3	4
<u>Knowledge of Gulaf and Nilocon</u>					
35. What are the side-effects of pills (check all that are mentioned)					
1. Dizziness/headache	[]	[]	[]	[]	[]
2. Nausea/vomiting	[]	[]	[]	[]	[]
3. Irregular bleeding	[]	[]	[]	[]	[]
4. Amenorrhoea	[]	[]	[]	[]	[]
5. Blurred vision	[]	[]	[]	[]	[]
6. Weight gain	[]	[]	[]	[]	[]
7. Sensitive or sore breasts	[]	[]	[]	[]	[]
8. Others (specify) _____	[]	[]	[]	[]	[]
9. Don't know	[]	[]	[]	[]	[]
36. What would you advise a woman who is taking pills if she experienced side-effects (e.g. chest pain, shortness of breath)? (check all that are mentioned)					
1. Stop using the pills immediately	[]	[]	[]	[]	[]
2. Continue taking pills for 3 months and if the problem continues stop taking pills	[]	[]	[]	[]	[]
3. Continue using pills (these problems will not last long)	[]	[]	[]	[]	[]
4. Consult a doctor	[]	[]	[]	[]	[]
5. Use another brand of pills	[]	[]	[]	[]	[]
6. Others (specify) _____	[]	[]	[]	[]	[]
98. Don't know	[]	[]	[]	[]	[]
37. In event of what type of diseases/ symptoms should a woman not take pills? (check only that are mentioned)					
1. Jaundice	[]	[]	[]	[]	[]
2. Leg swollen and shortness of breath	[]	[]	[]	[]	[]
3. Headache	[]	[]	[]	[]	[]
4. Leg swollen and pain during pregnancy	[]	[]	[]	[]	[]
5. Diabetes	[]	[]	[]	[]	[]
6. Lumps in breasts	[]	[]	[]	[]	[]
7. Others (specify) _____	[]	[]	[]	[]	[]
98. Don't know	[]	[]	[]	[]	[]

Cont'd...

Questions	Owner Partner Manager	Serial No. of salesmen			
		1	2	3	4
38. When a woman takes the pills for the first time, on what day of her menstrual cycle should she start to take pills?	----- day	---	---	---	---
39. When should a woman take the pills? (code the answer) Code : 1=Each day 1 tablet 2=Others (specify) _____	-----	---	---	---	---
40. What should a woman do when she forgets to take pills for one day? (code the answer) Code : 1=Take it as soon as she remembers and continue the rests 2=Others (specify) _____	-----	---	---	---	---
41. What should a woman do if she forgets to take pills continuously for 3 or more days? (code the answer) Code : 1= stop taking pills and use other methods of family planning 2= Others (specify) _____	-----	---	---	---	---
42. Among the CRS oral contraceptives (Gulaf and Nilocon) which one is the low dose pill? (code the answer) Code : 1=Gulaf 2=Nilocon 3=Both 98=Don't know	-----	---	---	---	---
<u>Knowledge about Kamal</u>					
43. When should a woman use Kamal (code the answer) Code : 1=10 minutes before the sexual intercourse 2=Others (specify) _____	-----	---	---	---	---

Cont'd...

Questions	Owner	Serial No.of salesmen			
	Partner Manager	1	2	3	4
44. How many tablets of Kamal should be used at one time of sexual intercourse? (code the answer)	-----	---	---	---	---
Code : 1=One tablet at each time 2=Others (specify) _____					
45. Should a mother who is breast-feeding use Kamal or not?	-----	---	---	---	---
Code : 1=Yes 2=No 98=Don't know					
46. When using Kamal tablet, should a woman wash her vagina immediately after intercourse? (code the answer)					
Code : 1=Yes 2=No 98=Don't know					
47. What are the side-effects of Kamal? (check only that are mentioned)					
1. Vagina burning	[]	[]	[]	[]	[]
2. Heat sensation to female	[]	[]	[]	[]	[]
3. Over-excitment for female	[]	[]	[]	[]	[]
4. Female dissatisfaction from sex	[]	[]	[]	[]	[]
5. Burning to male	[]	[]	[]	[]	[]
6. Male dissatisfaction from sex	[]	[]	[]	[]	[]
7. Over-excitment for male	[]	[]	[]	[]	[]
8. Others (specify) _____	[]	[]	[]	[]	[]
9. No side-effects	[]	[]	[]	[]	[]
98. Don't know	[]	[]	[]	[]	[]
48. Do you feel your knowledge about CRS pills or Kamal is adequate?	-----	---	---	---	---
Code : 1=Yes (Go to Q.No. 49) 2=No					

Cont'd...

Questio.	Owner	Serial No.of Salesmen			
	Partner Manager	1	2	3	4
49. If not, in what areas do you feel that additional information concerning CRS pills or Kamal tablets would make you more able to serve your customers effectively (check all that are mentioned)					
1. Side-effects	[]	[]	[]	[]	[]
2. Effectiveness(reliability)	[]	[]	[]	[]	[]
3. Price	[]	[]	[]	[]	[]
4. Proper method of use	[]	[]	[]	[]	[]
5. Contraindications	[]	[]	[]	[]	[]
<u>Interviewer's Comments and Status of Interview</u>					
50. Degree of cooperation from respondent	-----	---	---	---	---
Code : 1=Very cooperative 2=Somewhat cooperative 3=Not cooperative					
51. Quality of interview given	-----	---	---	---	---
Code : 1=Good 2=Average 3=Bad					
52. Interviewer's opinion about the interview:	----- -----				

53. Status of the Interview:

Times Interviewed	Name of the Interviewer	Date	Date Checked by Supervisor	Status of Interview (Code)	Time Taken for Interview (in minutes)
First					
Second					
Third					

Code for Status of Interview

- 1 = Completed
- 2 = Refused
- 3 = Postponed
- 4 = Shop was closed
- 5 = Shopkeeper absent from the shop
- 6 = Owner to give decision on permission
- 7 = Interviewed but not completed
- 8 = Others (specify) _____

APPENDIX 2.1

A DISCUSSION SESSION ON THE CRS/FHI/NEW ERA STUDY OF CRS
CONSUMERS AND RETAILERS

Date : Thursday, 23 October, 1986
Time : 2.00 p.m.
Place : Hotel Shangrilla, Lazimpat

A G E N D A

- I. Introduction of the Participants, and the Background and Objective of the Study/Session
 - Mr. Hem Hamal
General Manager
Nepal CRS Company Pvt. Ltd.
- II. Remarks on the Study/Session
 - Dr. Thomas T. Kane
Technical Monitor
Family Health International, Inc.
- III. Highlights of the Study
 - Mr. Ashoke Shrestha
Research Officer
New ERA
- IV. Floor Open for Discussion
- V. Vote of Thanks
 - Mr. Hem Hamal
General Manager
Nepal CRS Company Pvt. Ltd.

APPENDIX 2.2

A DISCUSSION SESSION ON
CRS-FHI-NEW ERA STUDY ON
CRS CONSUMERS AND RETAILERS

Date : Thursday, 23 October 1986
Time : 2.00 p.m.
Place : Hotel Shangrilla, Lazimpat

LIST OF PARTICIPANT

- | | |
|---|-------------|
| 1. Mr. Harihar Pradhan, Statistician | |
| 2. Mr. Sunder Gopal Mulepati, Evaluation Director | FPAN |
| 3. Mr. Gokarna Regmi, Acting Division Chief,
Evaluation Division | FPAN |
| 4. Dr. Pramila Sharma, Deputy Chief, Services Division | FP/MCH |
| 5. Dr. Bhakta B. Gubaju, Demographer | FP/MCH |
| 6. Dr. A.S. David, Executive Director | FP/MCH |
| 7. Ms. Eileen McGinn, FP Advisor | INTERFACE |
| 8. Bal Gopal Vaidya, Executive Director | JSI |
| 9. Mr. Ashoke Shrestha, Research Officer and Study Director | New ERA |
| 10. Mr. Bharat Bon, Deputy Research Officer | New ERA |
| 11. Mrs. Meera Aryal, Incharge, Health and FP | New ERA |
| 12. Dr. Tom Kane, Research Associate and Technical
Monitor of the Study | W.D. Centre |
| 13. Mr. Subarna J. Thapa, Deputy General Manager | FHI |
| 14. Mr. Ranjan Poudyal, Communication Manager | CRS |
| 15. Mr. Purna B. Chettri, Sales Manager | CRS |
| 16. Mr. Pan B. Gharti, Computer Programmer | CRS |
| 17. Mr. Krishna B. Rayagajhi, Medical Representative | CRS |
| 18. Mr. Hem Hamal, General Manager and Principal
Investigator of the Study | CRS |
| 19. Mr. Jyoti B. Sharma, Executive Secretary | CRS |
| | CRS |