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**FAMILY OF THE FUTURE
ASSOCIATION**

**STUDY OF
Cooper Iuds Sales To
Pharmacies And Physicians
In Cairo**

RESEARCH DEPT.

(3)

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PREFACE

Family of the future association, "F.O.F." continues to step forward in order to support the national population programme guided by the scientific way, relying on the results of a symmetrical series of scientific researches in the frame of an ambitious plan.

The research department in the "F.O.F." attempts to specify the subjects of researches under "F.O.F." supervision in a way to touch directly the fields of the various activities in order to provide through researches a practical recommendations which may-by execution - participate in the development of "F.O.F"'s activities and raising its efficiency.

The IUD 7 & T are considered among the most important methods adopted by the Association and works to raise the efficiency of their distribution as a natural entrance to spread the practice of using these IUDS.

There for, the "F.O.F"'s research department to carry out a general study on IUDs T & 7 distribution method among pharmacies & physicians in the scope of the Greater Cairo region.

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To achieve this study, a group of academic researchers participated under the supervision of Dr. Ibrahim Moharam, expert in the social Researches Centre at the American University in Cairo. And thanks to him as he under took the writing of the final report of the study.

The "F.O.F."s research department hopes that the results of this study take part in the evolution of IUDS; T & 7 distribution method among physicians & pharmacies to the better and the more efficient.

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INTRODUCTION

As Egypt encounters the problem of increase of population growth rates, a multiplied interest to raise the efficiency of the national programme for population, were noticed among governmental & public organizations.

Supply of contraception methods is considered one of the most important aspects gaining interest in order to help forward this national programme.

Although "Family of the Future" association (F.O.F) is considered one of the civil associations recently participating relatively in this programme, "F.O.F" aimed to play an important role in the field of supplying contraceptive methods and make publicity to use it.

Among the most important contraceptive methods on which "F.O.F" concentrated its efforts, was the copper IUD which occupied a distinctive situation.

Not only because the use of IUD is achieved by a physician who is by inserting it gives a greater effectiveness to IUD, but also as IUD helps the verification

of protection of women using it against pregnancy for relatively longer period (using one IUD) in comparison to other methods used in a relatively shorter period.

Moreover, the urgent need to speed up the spreading of practising contraceptive methods, means also the need to deal with millions of women, and that gives the IUD a great importance in the national programme as when inserted, it protects the woman for relatively longer period.

In such a way we do not have to continue to supply the woman with contraceptive methods, thus we avoid repetition of dealing with women to supply them with contraceptive methods, which necessitates unattainable financial & human sources within the national programme.

For all that and others "F.O.F." was interested to spread the use of copper IUD's among women.

On the other hand, the increasing tendency to use IUD's supplied at low prices may be sufficient to show the success of any organization if its goal was merely to increase size of sales, but the "F.O.F", considered

as an important brook which participates in helping forward the national programme for population, no doubt that "F.O.F." attempts not only to increase volume of sales of contraceptive methods, but also to rationalize the use of these methods and to raise its efficiency and increase its effectiveness in order to verify the national objectives desired.

Hence the research about the method through which contraceptive methods are distributed, specially IUD's is considered no of the main fields in which "F.O.F" is interested.

All those matters encouraged "F.O.F!"B" research department to perform the present study.

It is known that "F.O.F" adopts the spreading of using & distributing two kinds of copper IUDs, i.e. copper LUD T& copper IUD 7.

"F.O.F." distribution representatives pay cyclic visits to pharmacists & physiciaus in the geographical districts defined to each of them in order to provide

all with informations concerning IUDs T&7, and also fulfilling quantities of these IUDs demanded by them.

Objectives of the study:

This study basically aims at knowing the efficiency of the method of copper IUDs distribution - adopted by "F.O.F." - through pharmacies & physicians in the region of Greater Cairo & studying the probability of leaking these IUDs to non-Egyptians women.

In a more detailed form, the study aims at First:

Concerning pharmacies, : Identifying

1. Geographical distribution of pharmacies dealing in IUDs T&7 in the region of Greater Cairo.
2. Rates of IUD distribution among pharmacies according to pharmacies geographical distribution.
3. Scope of abundance of alternative IUDs in pharmacies dealing in copper IUDs and the manner in which these pharmacies deals with these kinds in comparison with copper IUDs.

4. Relative profitability for pharmacist dealing in IUDs T&7 compared with this profitability in case of alternative IUDs.
5. Rates of sales from these two IUDs compared to rates of sales of alternative IUDs.
6. Rates of sales to individuals, physicians & medical establishments.
7. Pharmacists suggestions for rationalizing & increasing efficiency of IUD distribution.

Second :

Concerning physicians, the study aims at knowing

1. Geographical distribution of physicians dealing with IUDs T&7 in the region of Greater Cairo.
2. Rates of IUDs distribution among physicians according to their geographical distribution.
3. Relation between rates of IUDs distribution among physicians & rates of IUDs distribution among pharmacists in same geographical zone.
4. Abundance of alternative IUDs by physicians dealing in IUDs T&7, and sources for obtaining them.

5. Most important causes of preference of physician to use IUDs T&7 or not using them, and also for alternative IUDs.
6. Relative profitability for physician dealing with IUDs T&7 in comparison with profitability when dealing in alternative IUDs.
7. T&7 IUDs insertion rates compared to alternative IUDs.
8. IUD insertion failure rates and reinsertion, either for copper IUDs or alternative.
9. Scope of presence of registers of following up cases of women using IUDs, in the clinic.
10. Physicians suggestions concerning rationalizing & raising IUD distribution efficiency.

Research Methodology:

To provide necessary data for the study, two basic resources were relied upon :

1. Secondary resources for data :
Registers and office information available at the "F.O.F" administration.

2. Filling in two questionnaires schedules, one of which specified to pharmacists & the other specified to physicians, by personal interviewing the respondents of a representative sample of both professions under study.

Concerning registers and office informations, and as the "F.O.F" is relatively recently established, it was not available to obtain data including a large time-series which allows the application of some of the known market studying methods.

Only data for the period from 1 st January till 31 st March 1983 was obtainable which includes details about quantities distributed through "F.O.F"'s distributors of LUDs T&7 accompanied by their names and addresses.

Also data of survey achieved by "F.O.F" representatives to all pharmacies & physicians of Greater Cairo was obtainable and which was the basis of the study in its successive stages

Concerning the two research questionnaires, a special *Schedule* was designed for physicians, and another designed for pharmacists.

A preliminary test was made on a limited sample of each of physicians & pharmacists other than those included in the main study sample to ensure validity of both patterns.

In the light of this test, the two questionnaires were modified and put into their final form shown in the annex of the study .

Data of the two questionnaires were collected by a team of qualified researchers having previous experience in that field & who were trained adequately.

Sample of the study

Referring to the general survey achieved by "F.O.F" by distributors to pharmacies, gynecologists and general practitioners who perform IUD insertion, it was apparent that the number of registered pharmacies was 1415, and the number of registered physicians according to this survey

was 1476, and all of them were distributed among 27 districts of Greater Cairo.

According to the limitness of financial, human and temperal available for the study, it was difficult that study includes this relatively Large Society registered by the "F.O.F".

It was viewed to rely upon selection of a representative sample of each of the two professions in the limits of 7% approximately of the total society objective of study.

That decided the size of study sample to be 100 physicians & 100 pharmacies.

At the beginning, the study tended to select the sample in a completely random manner using random number tables, in fact, by using these table, 100 physicians & 100 pharmacies were selected.

Revising those randomly selected physicians & pharmacists, it was found that 40% of them were never visited by "F.O.F" distributors during study period, (Jan. - May 1983).

It was also apparent that only about 8% of selected sample elements demanded quantities of LUDs T&7 from "F.O.F" distributor, and this is a very low ratio which does not allow obtaining sufficient data to fulfill the study objectives, this ratio was decided not to be less than 60%.

Hence, the study followed the manner of selecting a new & final sample for research as follows :

1. Selection of 60 physicians, 60 pharmacies, who were visited and asked for quantities of LUDs T&7 during study period, this selection was carried on by *Stratified* random sample style through two tables containing names of pharmacies & physicians fulfilling that condition, i.e. 239 pharmacies & 155 physicians.
2. Selection of 40 physicians & 40 pharmacies out of the one hundred physicians and the one hundred pharmacies previously selected in the first *preliminary* sample, & those 40 physicians and 40 pharmacies were selected by *the basket* samples by using the tables of the preliminary sample ,

On the other hand, the research team . meditated the selection of an alternative sample in the same manner in which the original sample of physicians & pharmacies was selected, this alternative was not to be used except in case of difficulty to obtain information out of the original sample.

The stage of defining the elements of sample was followed by fixing their addresses which, supposed to be recorded on special cards for each physician or pharmacies previously enumerated by F.O.F. representatives.

But in many cases it was evident that these cards do not include detailed addresses.

Sometimes the name of the district is written without writing the street's name, other times the name of the street was mentioned without the number of the house, which formed a great difficulty to guide the collectors to this incomplete addresses.

This difficulty was multiplied because the districts division followed by "F.O.F" differs from the official

division of the state, according to which data of the Central Agency for: Public mobilization & statistics is issued, to which it was necessary to refer to define the number of inhabitants.

And hence number of married women in fertility age in each district, which by its turn needed concentrated effort to redistribute districts & divisions used by "F.O.F." on the official administrative divisions known in Greater Cairo.

Contents of the Study

The study includes besides this introduction four chapters, the first of which is concerned with presenting the results of analysing the data and official information obtained from the "F.O.F".

The second chapter includes the results of studying pharmacies according to data extracted from the questionnaire specified to pharmacies.

The third chapter contains the results of studying physicians according to the data included in those questionnaires specified to physicians.

The last and fourth chapter, a general discussion and the conclusion besides the annexes of the study.

Chapter I.

Distribution of Iuds T&7 among pharmacies and
physiciand in Greater Cairo.

Introduction:

This chapter includes presentation of results of analysing the rigistrated & clerical data concerned with the distribution of copper LUDS T&7 among physicians pharmiacies in the region of Greater Cairo through "F.O.F" distributors, which were gathered from the concerned departments at the "F.O.F" during the period for first of january uptill the end of March 1983. So this chapter contains:

1. Distribution of total number of pharmacies & physicians dealing with both IUDS.
2. Distribution of dealers with IUDS T & 7 according to their nature of work.
3. Distributed quantities from IUDS T&7 either among pharmacies or physicians.

4. Relation between ratio of pharmacies in district to the total number of pharmacies in Cairo, and the ratio of pharmacies dealing in district to the total number of pharmacies dealing in Cairo with respect to each of IUDS T & 7.
5. Relation between ratio of physicians in district to the total number of physicals in Cairo and the ratio of physicians dealing in district to the total number of physicians dealing in Cairo with respect to each of IUDS T&7.
6. Relation between the ratio of pharmacies dealing in district to the total number of pharmacies in Cairo and the ratio of quantities distributed in district among pharmacies to the total quantites distributed among pharmacies in Cairo with respect to each of IUDS T & 7 and representation of Lorenz curve expressing these two ratios.
7. Relation between ratio of physicians dealing in district to the total number of physicians in Cairo and the ratio of distributed quantities in district among physicains to the total quantities distributed

among physicians in Cairo with respect to each of IUDs T&7, and representation of Lorenz Curve expressing these two ratios.

8. Relation between ratio of married women in fertility age in each district to the total quantities sold of IUDs T&7 to pharmacies & physicians.
9. The districts in which neither IUD T nor IUD 7 were distributed among pharmacies or physicians.

It is worthy to mention that the previously stated expressions "total physicians in Cairo" & "total pharmacies in Cairo" previously mentioned which will be frequently mentioned afterwards, mean total physicians & total pharmacies in Cairo according to enumeration prepared by "F.O.F" distributors and registered in its records regardless whether they dealt with "F.O.F." in distribution of IUDs or not.

It is not to be missed mentioning that the source of data for all tables presented in this chapter were the registers of "F.O.F" which naturally not published.

1.1 Total distribution of pharmacies dealing in IUDs T&7.

Data stated in table (1) points out that some pharmacies demanded only quantities of copper IUD T without demanding the copper IUD 7, and vice-versa in other cases, and the third part of pharmacies demanded both IUDs simultaneously.

Generally speaking, the number of pharmacies which demanded any of the two IUDs T & 7 either separately or together was 239 pharmacies which form the community of pharmacies dealing in copper IUDs distributed in greater Cairo region through Med. Rep. of the "F.O.F", This number of pharmacies equals to about 16.9% of the total number of pharmacies in Cairo enumerated by means of these medical representatives which were 1415 pharmacies of distributed in 27 districts included in Great Cairo region. Among the pharmacies dealing in copper IUDs through "F.O.F" medical representatives these were 95 pharmacies equal to 39.7% of the total (239) which dealt with copper IUD T only, on the opposite side, there were 41 pharmacies (17.2%) of total pharmacies dealing with both IUDs

which dealt with copper LUD 7 only.

And the number of pharmacies which dealt with both LUDs T & 7 was 103 equals about 43.1% of the total pharmacies.

So we can say that about 82.8% of pharmacies were dealing with LUD T either alone or in the presence of LUD 7 at the same time in the pharmacy.

Also about 60.3% of pharmacies dealt with, supplied copper LUD 7 either alone or in the presence of copper LUD T.

If we look at the total number of pharmacies dealing in copper LUDs related to total number of pharmacies in Greater Cairo, we find that the sum of pharmacies dealing with copper LUDs T&7 which was 239 did not exceed 16.9% approximately which point out that 83.1% of pharmacies of Cairo did not deal directly with "F.O.F." medical representatives to demand copper LUDs of any kind during study period.

In more detailed way it can be said also that the ratio of pharmacies among which copper LUD T was

distributed either alone or with IUD 7, was 14% only of the total number of pharmacies in Cairo, which means that in 86% of pharmacies in Cairo it is difficult to say that they have copper IUD T.

Concerning copper IUD 7, it is difficult to say that it is supplied to 89.8% of pharmacies because it was only distributed among 10.2% only of pharmacies in Cairo.

Generally speaking, this points out that there is a wide field not yet exploited in distribution of both IUDs among pharmacies.

Table No. (1) :

The sum of pharmacies dealing with copper IUDs T&7 in greater Cairo during study period.

Data	Number	%of total pharmacies in Cairo (1415)	%of total pharmacies dealing with two IUDs(239)
Pharmacies dealing with IUD T only	95	6.7	39.7
" " " " 7 "	41	2.9	17.2
" " " T&7, same time	103	7.3	43.1
Pharmacies dealing in T (alone or with 7).	198	1.0	82.8
Pharmacies dealing 7 (alone or with T).	144	10.2	60.3
Sum of pharmacies to which sold any of the two IUDs.	239	16.9	100.0

Table (2) : Total number of physicians to whom was distributed copper LUDs T&7 in great Cairo during study period.

Data	Number	%of total physicians in Cairo (1476)	% of sum of physicans dealing with both Kinds(155)
Physicians dealing with T only	88	6.6	56.8
" " " 7 "	26	1.8	16.8
" " in T&7	41	2.8	26.5
" " " T(alone or with 7).	129	8.7	83.2
Physicians dealing 7(alone or with T).	67	4.6	43.2
Total physicians dealing with either LUD	155	10.5	100.0
Total physicans in Cairo	1476	100	-

1.2 General distribution of physicians dealing with IUDs T&7.

Data given in table (2) shows that some physicians demand only quantities of copper IUD T without demanding copper IUD 7 and vice-versa in other cases, while the rest demanded both IUDs at the same time.

Generally speaking, the number of physicians who demanded any of the two IUDs either alone or together was 155, and these form the community of physicians dealing with copper IUDs distributed among them through the "F.O.F" medical representatives in the region of Greater Cairo.

This number of physicians equals about 10.5% approximately from the total number of physicians who can perform the operation of IUD insertion either they were gynecologists or some general practitioners who were enumerated by means of these medical representatives, this total number reaches 1476 physicians distributed among 27 districts in Cairo.

Among the total number of physicians who dealt with the copper IUDs through the "F.O.F" medical representatives

there were 88 physicians only who dealt only with copper IUD T & not IUD 7, their ratio is 56.8% of the total (155 physicians).

Oppositely there were 26 physicians who dealt with IUD 7 and not with IUD T, and their ratio is about 16.8% (of 155 physicians). Physicians dealing with both IUDs avrout to 41 of a ratio 26.5% of (total 155 physicians).

So we can say that 83.2% of physicians to whom copper IUDs were distributed, were dealing with IUD T either alone or together with 7 simultaneously, and also nearly 43.2% of these physicians to whom IUDs were distributed, dealt with IUD 7 either alone or together with IUD T .

But if we look at the number of physicians who dealt with copper IUDs, related to the total number of physicians in Greater Cairo, it is noticed that the number of physicians who were persuaded by Medical representatings to demand quantities of any of the two IUDs T&7, which was 155, this ratio does not exceed 10.5% approximately of the total number of physicians in Cairo

previously enumerated, which points out that nearly 89.5% of the specialized physicians in Cairo did not deal with "F.O.F" Med. Rep. directly to demand copper IUDs on any kind during study period.

It can be stated also that the physicians to whom copper IUD T was distributed either alone or together with IUD 7 represent a ratio of 8.7% of total number of physicians in Cairo. This means that by 91.3% of this sum, it is difficult to be sure that they have copper IUD T in their clinics.

Similarly for copper IUD 7, it is difficult to say that it is supplied in the clinics of about 95.4% of total physicians concerned, which generally points out that there is a vast field not yet exploited indistributing both IUDs to the clinics of physicians of high relations in Great Cairo.

1.3 Distribution of dealers in IUDs T&7 according nature of work.

Data given in Table (3) shows that Med. Rep. of

"F.O.F" had distributed the copper IUD T on 327 outlets for distribution, of which were 198 pharmacy i.e. 60.6% approximately of total outlets, and the rest were physicians where number was 129, i.e. 39.4% of total outlets.

On the other hand, total outlets for IUD 7 were 211, of which were 144 pharmacies in the ratio of 68.6% of total outlets, & 67 physicians representing 31.8% of total outlets.

Generally, this points out that pharmacies are considered the outlet more common to distribute these IUDs- uptill now-as they form a ratio of about 60.7% of total outlets for the two IUDs together whereas physicians represent a ratio of 39.3% of these outlets.

1.4 Quantities distributed of IUDs T&7 according to the nature of dealers work.

Data given in Table (4) reflects that the total sum of copper IUD T distributed during study period was about 7426 IUDs, 51.4% of this sum were distributed among pharmacies, & the rest (48.6%) was distributed among physicians.

And the total sum of copper IUD 7 distributed during study period was 3389 IUDs, 67.1% of this sum distributed among pharmacies, and the rest about 32.9% of total sum distributed among physicians.

It can be said that nearly 68.7% of quantity of IUDs distributed, was of the IUD T, and 31.3% of IUD 7.

It is also noticed that pharmacies shared nearly 56.3% of the total sum of quantities of copper IUDs distributed regardless of its kind, and the rest (43.7%) was the share of physicians.

All these matters reveal the relative dominance of copper IUD T, where the quantity distributed of this, kind exceeds 2/3 of the total quantity distributed of copper IUDs, against 1/3 only for IUD 7, and also show show the present importance of pharmacies as distribution outlets for both IUDs in general, and for copper IUD T in particular because they dealt in 2/3 of quantity distributed of this kind of IUD.

Table (3) Distribution of dealers with copper Iuds T&7 according to their nature in Great Cairo during test period.

Category of Dealers	IUD T			IUD 7			Total T&7	
	Number of Dealers	% of total dealers in kind T	% of total dealers in both kinds	Number of Dealers	% of total dealers in kind 7	% of Dealers in both kinds	Number of Dealers	% of Dealers in two kinds
pharmacies	198	60.6	82.8	144	68.6	60.3	239	60.7
Physicians	129	39.4	83.2	67	31.8	31.8	155	39.3
Total	327	100.00	-	211	100.00	-	394	100.00

Table (4) : Distributed quantities of IUDs T & 7 according to nature of Dealers in Great Cairo during study period.

Category of Dealers	Copper IUD T		Copper IUD 7		Total of both IUDs	
	No	%	No	%	No	%
Pharmacies	3815	51.4	2275	67.1	6090	56.3
Physicians	3611	48.6	1114	32.9	4725	43.7
Total	7426	100.00	3389	100.00	10815	100.00

Table (5): Distribution of districts of Great Cairo according to categories of ratio of number of pharmacies in each district to the total pharmacies in capital and according to categories of ratio of number of pharmacies distributing LUD T in each district to total number of pharmacies dealing in LUD T in Cairo during study period.*

% pharmacies to total number of pharmacies in Cairo % pharmacies dealing to total pharmacies in Cairo.	Less than 5%	5-10%	10-15%	Total
Less than 5%	6,8,12,4, 5,10,14, 17,19,22	21,26		12
5-10 %	20,23, 3,1	2,18		6
10-15%		24	13	2
Total	14	5	1	20

* Numbers inside table cells indicates the serial number of district as stated in annexes.

1.5. Relation between ratio of pharmacies in district
& ratio of pharmacies dealing with IUD T.

Data given in Table (5) shows that in 13 districts representing about 65% of number of districts in Cairo where IUD T was distributed, there was complete agreement between the ratio of numbers of pharmacies in each district to total number of pharmacies in Cairo relative to the ratio of number of pharmacies dealing in this IUD to the total number of pharmacies dealing with in Cairo.

In the remaining districts there was a great difference between these two ratios, in: Heliopolis El Wayli & Hadayek El Kobba , El Maady & Dar El Salam - Boulak El Dakroun) where in each of these districts exists nearly less than 5% of the total number of pharmacies in Cairo, but in each of these districts there was a ratio 5-10% of the total number of pharmacies dealing with IUD T in the whole of Cairo.

On the other hand, in the districts of Helwan & El Ahram which includes, each 5-10% of the total number of pharmacies in Cairo, but in each of these two districts

there were less than 5% of the total number of pharmacies dealing with IUD T in Cairo.

Similarly in district of Embāba which exists in the category of 5-10% of total number of pharmacies in Cairo, although the number of pharmacies dealing with IUD T was in the category 10-15% of total number dealing with this IUD in Cairo.

Table (6): Distribution of Great Cairo districts according categories of ratio, number of pharmacies in each district to total pharmacies in capital, & according category of ratio, number of pharmacies dealing with IUD to the total pharmacies dealing with it in Cairo during study period.

% Number of pharmacies in district to total pharmacies in Cairo Pharmacies dealing with IUD to total distributing pharmacies in Cairo.	Less than 5%	5-10%	10-15%	Total
Less than 5%	3,4,5,6,7,8,10,11,16,19,22,17	18,21 26		15
5 + 10%	1,4,20,23	2		5
10 - 15%		24	13	2
Total	16	5	1	22

1.6. Relation between ratio of pharmacies in district and ratio of pharmacies dealing with IUD 7.

Data given in Table (6) point out that in 14 districts of Cairo having pharmacies dealing with copper IUD 7 (22 districts), the percentage of pharmacies in one district to the total number of pharmacies in the Capital nearly equals the ratio of pharmacies dealing with IUD 7 in that district to total pharmacies dealing with that IUD in Cairo.

It is evident that Embaba district which lies in the category 5-10% of total pharmacies in Cairo, was distinguished by containing 10-15% of total pharmacies dealing with IUD 7 in Cairo, that means a relative concentration of pharmacies dealing with IUD 7 in this district.

That also happened in districts of Heliopolis, el Sahel, el Maady, Boulak el Dakrour, each of which contained less than 5% of total pharmacies in Cairo, nevertheless each of these districts contained 5-10% of number

pharmacies dealing with IUD 7 in Cairo.

On the other hand, in districts of El Dokki, Helwan, & el Ahram, each of which having 5-10% of total pharmacies in Cairo, but each contains pharmacies dealing with IUD 7 in a ratio less than 5% of total pharmacies dealing with it in Cairo.

Table (7): Distribution: Great Cairo districts according to categories of ratio of physicians in Cairo, & according categories of ratio of physicians dealing with IUD T to total physicians dealing with it in Cairo during study period.

% Number of physicians in district to total physicians in Cairo % Number of physicians dealing with IUD T to total physicians dealing in it	Less than 5%	5-10%	Total
Less than 5%	5-9-10-14-15-19-20-22.	3-13-17-25.	12
5-10 %	18-23	1-4-26	5
10-15 %	2-8		2
15-20%	24		1
Total	13	7	20

1.7. Relation between ratio of physicians in district and relation of physicians dealing with IUD T.

Data given in Table (7) reveals that among the twenty districts of Cairo, whose physicians demanded IUD T from "F.O.F" distributors, there were eleven districts in which there was a balance between ratio of number of physicians in district to total physicians in Cairo, and ratio of physicians dealing with IUD T in the district to total physicians in Cairo.

In the districts of : El Wayli, Shoubra, Kasr el Nil and el guiza, each of which include 5-10% of total physicians of Cairo, nevertheless ratio of physicians dealing with IUD T in each district to total physicians dealing in it in Cairo was less than 5%.

Oppositely, in the districts of el Matarya, Aabdeen, el Dokki, Boulak el Dakroul & Embaba, where there was less than 5% of total physicians in Cairo existing in each district, nevertheless dealing with it in Cairo was more than 5%.

Concerning the last district, i.e. Embaba, it is

noticed that, there were physicians dealing with IUD T & representing a ratio about 18% of total physicians dealing with it in Cairo.

Table (8) : Distribution: Cairo districts according categories of ratio of physicians in each district to total physicians in Cairo & according categories of ratio of physicians dealing with IUD 7 to total physicians dealing in it in Cairo.

% physicians in district to total physicians in Cairo. % physicians dealing with IUD 7 to total physicians dealing in Cairo.	Less than 5%	5-10%	Total
Less than 5	5-9-10-11 14-19-20	3-13-17 25-26	12
5-10%	8-18	1-4	4
10-15%	2-23		2
20-25%	24		1
Total	12	7	19

1.8. Relation between ratio of physicians in district and ratio of physicians dealing with IUD 7.

Datas given in Table (8), reflect that among the nineteen districts in Cairo, whose physicians demanded copper IUD 7 from "F.O.F" distributors, there were 9 districts having a balance between ratio of physicians in district to total physicians in Cairo, and the ratio of physicians in district dealing with IUD 7 to total physicians in Cairo dealing in this IUD.

In the districts of el Wayli & Hadayek el Kobba, Shoubra, Kasr el Nil, el Guiza, and el Ahram, each of which have 5-10% of the total physicians in Cairo, but the ratio of physicians in each district dealing with IUD 7 to total physicians in Cairo dealing with same IUD was less than 5%.

On the opposite side, the districts of el Matarya, Abdeen, el Dokki & el Agouza, Boulak el Dakrour, and Embaba, each has less than 5% of the total physicians in Cairo, but has also a ratio more than 5% of physicians dealing with IUD 7 relative to total physicians dealing with it in Cairo.

Concerning the last district, i.e, Boulak el Dakrour, it contained nearly 21% of the total physicians in Cairo dealing with IUD 7.

Table (9): Distribution: Great Cairo districts according to percentage of Quantity of IUD T distributed among district pharmacies to total quantity distributed among Cairo pharmacies of this IUD, and according to the percentage of distributing pharmacies in district to total distributing pharmacies in Cairo of same IUD T.

% pharmacies in district to total distributing pharmacies in Cairo.	% quantity distributed in district to total quantity distributed in Cairo.			
	Less Than 5%	5-10%	15-20%	Total
Less Than 5%	6-8-12-4 5-10-14- 17-19-21 -22-26.			12
5-10 %	18	20-1-3- 23-2		6
10-15 %		24	13	2
Total	13	6	1	20

1.9 Relation between dealing pharmacies & distributed quantity in district of IUD T.

Data given in Table (9), show the balance between the percentage of quantity distributed in that district of IUD T of total pharmacies distributing this IUD in Cairo.

Through this, we can say that in 19 districts of the 20 districts whose pharmacies dealt with IUD T, there was conformity between the two ratio previously referred to.

The remaining district, i.e., el Dokki & el Agouza, although it contained nearly 5.1% of total pharmacies distributing IUD T in Cairo, its share of quantity distributed among these pharmacies of that IUD was only about 2.7%.

Table (10): Distribution: Great . Cairo districts according to percentage of quantity of IUD 7 distributed among Cairo pharmacies, and according to percentage, number of dealing pharmacies in district to total distributing pharmacies in Cairo.

% quantity of IUD 7 distributed in district Number of pharmacies dealing in district to total distributing pharmacies in Cairo pharmacies to total quantity of pharmacies in Cairo	Less than 5%	5% - 10%	10% - 15%	15% - 20%	Total
Less Than 5%	3-4-5-6-7-8 10-11-21-22 -26-16-17- 18-19.				15
5 - 10%	2 - 14	1-20	23		5
10-15%			13-24		2
Total	17	2	1	2	22

1.10. Relation between ratio of dealing pharmacies and distributed quantity in district of IUD 7

Data given in Table (10) shows that among the twenty two districts in Cairo having pharmacies which dealt with copper IUD there were 17 districts where nearly the ratio of pharmacies in each district dealing with IUD 7 to total pharmacies distributing this IUD in Cairo was nearly equal to the ratio of quantity distributed of this IUD among district pharmacies to total quantity distributed in Cairo pharmacies of this IUD.

In the other five districts, for two of them (el Zaher & el Sahel), the ratio of quantities distributed decreased than the ratio of pharmacies distributing in each of them.

As for the districts of Boulak el Dakrour, Shoubra and embaba, each of which contains 5-10% of pharmacies dealing with that IUD totally in Cairo, pharmacies in each of them received the ratio of 10-15% of total quantities distributed among pharmacies dealing with IUD 7 in Cairo.

1.11. Concentration of IUD T quantity distribution among pharmacies.

Data given in Table (11) points out that the districts of Shoubra & Embaba which contain together about 22% of total pharmacists dealing with IUD T with "F.O.F" distributors in Cairo, about 29% of the total quantity distributed among all pharmacies of Cairo dealing IUD T, was distributed in the pharmacies of these two districts.

If we add to these two districts, Heliopolis el Matarya, el Wayli, el Maadi & Boulak el Dakrour, it is noticed that the ratio of number of pharmacists dealt with in these seven districts was 57% of the total pharmacists dealt with in Cairo, among them was distributed nearly 62% of the total quantity distributed in Cairo among pharmacies from IUD T.

Figure (1): shows Lorenz Curve, from which can be known the concentration ratio of IUD T distribution among different pharmacies dealing with it in Cairo .

It shows that the concentration ratio of distributing this IUD in pharmacies was about 14%, which means that the distribution method is far from the ideal position by the ratio of 14% only.

This ideal position in which ratio of quantity distributed of the IUD equals the ratio of the number of pharmacies dealing with the IUD in all districts or at least in each group of districts.

1.12. Concentration of IUD 7 quantity distribution among pharmacies.

Also data given in Table (12) show that districts Shoubra, Boulak el Dakrour, & embaba which together contained about 35% of total number of pharmacists dealing with "F.O.F" distributors with IUD 7 in Cairo, Together, their pharmacies received about 49% of the quantities distributed of this IUD in pharmacies of Cairo.

If we added to previous districts another three districts : Heliopolis, El Zaher, el Maadi, it is

noticed that ratio of pharmacies dealt with in the six districts was about 54% of total pharmacies dealt with in Cairo, and among them was distributed nearly 66% of total quantity of IUD 7 distributed among pharmacies in Cairo. Figure (2) shows Lorenz Curve drawn to know the ratio of concentration in distributing IUD 7 among pharmacies in Cairo, and by calculating ratio of concentration of this distribution, it was about 21%, which means a difference equal to 21% only between the present method of distribution & the ideal position.

Lorenz curve of TIUD distribution among Cairo Pharmacies

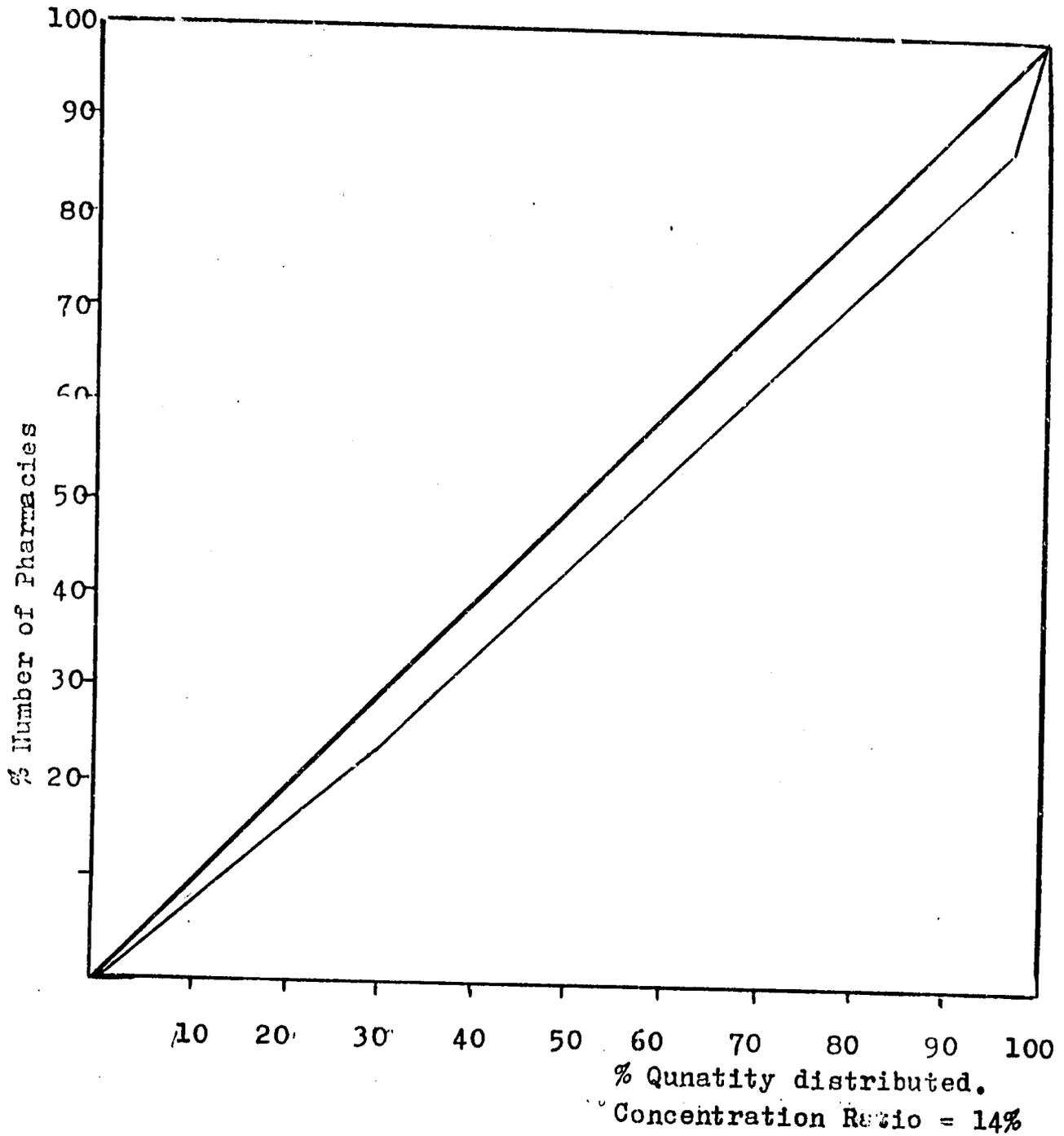


Figure (1)

Source: Data of table (11)

Lorenz curve of 7 IUD distribution among Cairo Pharmacies

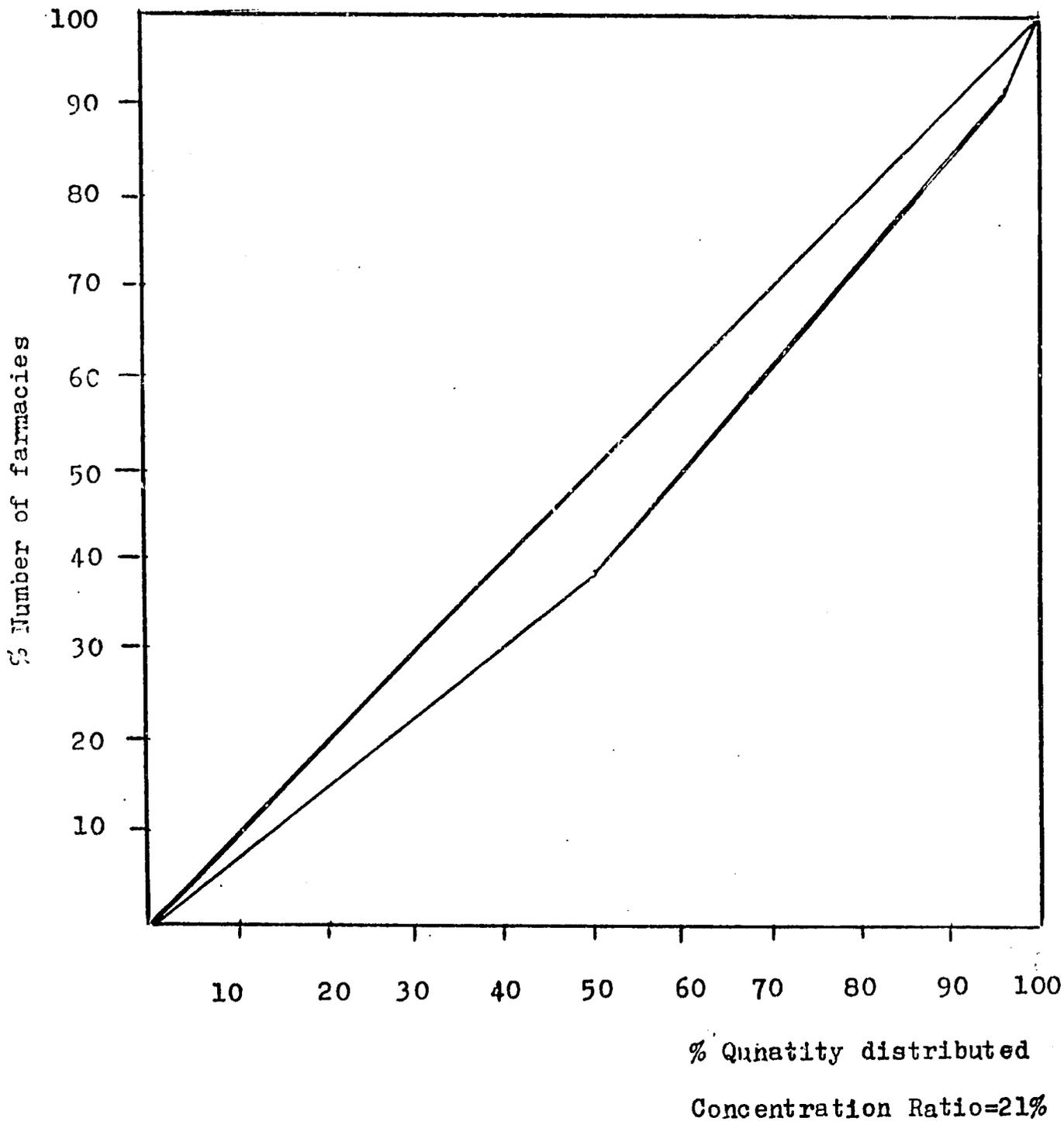


Figure (2)

Source: Data of table (12)

Table (11): Cairo districts according to distributed quantities of IUD T among pharmacies during study period.

Districts	Quantity distributed of IUD T		Number of Pharmacists dealing		Ascending Cumulative for Quantity	Ascending Cumulative for Pharmacies
	Quantity	%	No	%		
Shoubra & Embaba	1091	28.6	44	22.2	28.6	22.2
Heliopolis, Matarya, et Wayli el Maady, Boulak el Dakrour	1288	33.8	68	34.3	62.4	56.5
et Zayteon, el Zaher, el Khalifa, el Dokki, Misrel Kadima, Helwan, Shoubra el Kheima, el Ahram.	1119	29.3	65	32.9	91.7	89.4
Remaining Districts	317	8.3	21	10.6	100.00	100.00
Total	3815	100	198	100	-	-

Table (12) Cairo districts according to distributed quantities of IUD 7 among pharmacies during study period.

Districts	Quantity distributed of IUD ?		Number of pharmacists dealing		Ascending Cumulative for Quantities	Ascending Cumulative for Pharmacies
	Quantity	%	Number	%		
Shoubra, Boulak el Dakrour Embaba	1109	48.7	51	35.4	48.7	35.4
Helipolis, el Zaher, el Maady El Sahel, el Matarya, el Wayli	385	16.9	26	18.1	65.6	53.5
El Sayeda, Aabdeem, el Khalifa, Kasr el Nil, Misr el Kadima, Helwan, Shoubra el Kheima	684	30.1	53	36.8	95.7	90.3
Remaining Districts	97	4.3	14	9.7	100	100
Total	2275	100	144	100	-	-

Table (13): Distribution of Great Cairo districts, according to percentage : Quantity distributed of IUD T among district physicians to total quantity distributed of it among Cairo physicians, & according percentage: Number, of districts physicians dealing with it to total physicians dealing in Cairo, during study period.

% quantity distributed among district physicians to total quantity distributed of IUD T among Cairo physicians. Number of district physicians dealing in IUD T to total physicians dealing with it in Cairo	Less Than 5%	5-10%	10-15%	15-20%	Total
Less than 5%	5,9,10,13 14,17,19, 20,22,25, 15	3			12
5-10%	26	4,23	1	18	5
10-15%		2	8		2
15-20%			24		1
Total	12	4	3	1	20

1.13 Relation between ratio of physicians dealing & distributed quantity in district, of IUD T.

Datas shown in table (13), clear that there is balance between quantity distributed of copper IUD T among physicians & between number of those physicians in different Cairo districts.

These datas reveal that, in 14 of the twenty districts whose physicians dealt with that kind of IUD, there was coincidence between ratio of quantity of IUD T distributed among physicians of certain district & the ratio of physicians dealing with that kind relative to total physicians dealing with it, in Cairo.

The remaining six districts did not verify this balance in varying degrees.

In the district of el Ahram which contains 5-10% of the total number of physicians dealing with IUD in Cairo, the quantity of IUD T distributed among them was less than 5% of total quantity of this IUD distributed in Cairo.

Similarly in Matarya which contained 10-15% of total

physicians dealing with this kind of IUD, but they only got 5-10% of total quantity distributed among physicians.

The most distinctive case of unbalance, appeared in district "Dokki & el Agouza ", which included only 5-10% of number of physicians dealing with IUD T, but it obtained 15-20% of total quantities of this IUD distributed among physicians in Cairo.

Table (14), Distribution: greater Cairo districts according percentage distributed of IUD 7 among district physicians to total quantity distributed of it among Cairo physicians & according percentage of number of physicians dealing in district to total number of physicians in Cairo during study period.

% number of physicians dealing to total dealers.	% distributed quantity to total				Total
	less than 5%	5-10%	10-15	15-20%	
Less Than 5%	5, 9, 10, 11, 13, 14, 17, 19, 20, 25, 26	3			12
5-10%		8	1, 4, 18.		4
10-15%	23	2			2
20-25%				24	1
Total	12	3	3	1	19

1.14 Relation between ratio of dealing physicians and quantity of IUD 7 distributed.

Datas given in Table (14) reveal the range of balance between quantity of copper IUD 7 distributed among physicians and total physicians in the different districts of Cairo.

These datas reveal that in 12 districts out of 19 districts, whose physicians dealt with this IUD, there was coincidence between the ratio of quantity distributed of this IUD among physicians in certain district relative to total quantity distributed in the whole of Cairo, and the ratio of physicians in district dealing with this IUD relative to the total number of physicians in Cairo, dealing with this IUD.

In the remaining seven districts, this balance was not verified in varying degrees.

In districts of Heliopolis, el Zaytoon, el Dokki & el Agouza each of them included physicians ranging between 5-10% of total physicians dealing with IUD⁷ in

Cairo, but physicians of each district-separately-, obtained quantity in a ratio of 10-15% of total quantity of IUD 7 distributed among physicians of Cairo.

The opposite occurred in Boulak el Dakrour where there were physicians representing a ratio of 10-15% of total physicians in Cairo dealing with this IUD, but they got only less than 5% of total quantity of IUD 7 distributed in Cairo among physicians.

In Embaba district, a similar matter but in an opposite direction appeared, although number of physicians in this district represents 21% of total physicians dealing with this IUD in Cairo, but they obtained only 16% of total quantity distributed of the IUD 7 among all dealing physicians in Cairo.

1.15. Concentration of IUD T distributed quantities among physicians

Datas given in Table (15) points out that districts of Heliopolis, Abdeen, el Dokki, Embaba & el Matarya which contained about 55% of physicians dealt with by "F.O.F" distributors of IUD T, 61% of total quantities

distributed among physicians in Cairo, was delivered to physicians dealing with this IUD, in these districts.

If other seven districts, i.e., el Zaytoon, el Wayli El Khalifa, Shoubra Misr el Kadima, Boulak el Dakrour, el Guiza, were added to above mentioned districts, it is noticed that the ratio of physicians in these twelve districts dealt with was about 83% of total physicians dealt with in Cairo, and they received about 91% of total quantity of IUD T distributed in Cairo.

Figure (3) shows Lorenz Curve expressing distribution of IUD T among physicians dealing with it in Cairo districts.

By calculating ratio of concentration in this curve, it equals nearly 12%, that means, the existing distribution varies from the ideal distribution by 12% only.

1.16 Concentration of IUD 7 quantities distributed among physicians.

Also, data given in table (16) show that districts of Heliopolis, el Zaytoon, el Dokki, Embaba, which together contained nearly 42% of physicians dealing with

"F.O.F" distributors in copper IUD 7 received quantity equal to 55% of total quantities distributed of this IUD among Cairo physicians.

If other five districts i.e, el Matarya, el Wayli, Abdeen, Shoubra, Boulak el Dakrour, were added to the previous four districts, it is noticed that the ratio of physicians dealt with in these nine districts was nearly 78% of total physicians dealt with in IUD 7 in Cairo.

Among them was distributed 84% of total quantity distributed of this IUD among physicians in Cairo.

Figure (4) shows "Lorenz Curve" expressing distribution of IUD 7 among physicians dealing with it in Cairo, It is also shown the concentration ratio in that curve nearly equals 26% Hence it can be mentioned that the existing distribution varies from the ideal distribution by 26% only.

Lorenz curve of T IUD distribution among Cairo

Physicians

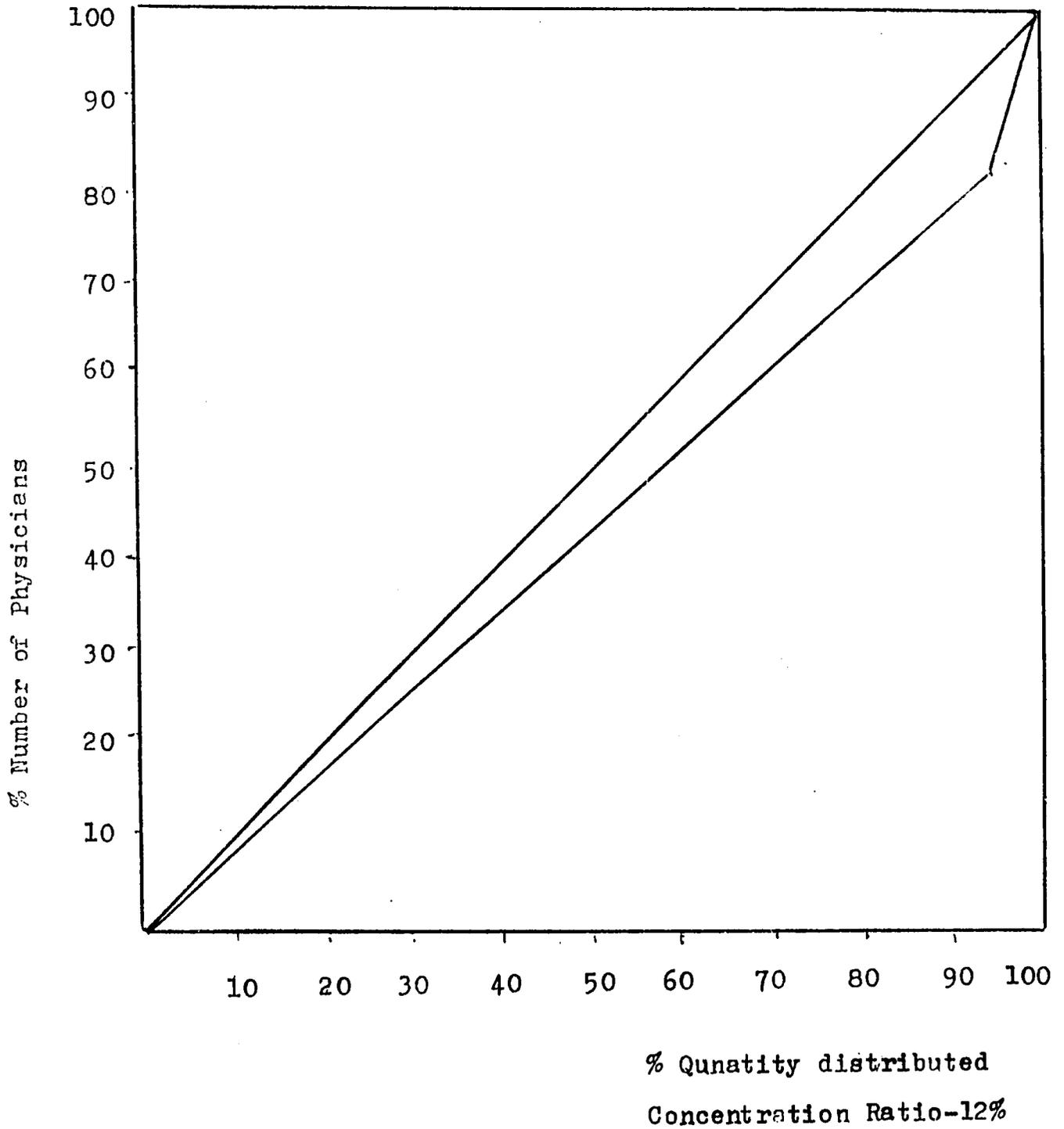


Figure (13)

Source; Data of table (15)

Lorenz curve of 7 IUD distribution among Cairo
Physicians

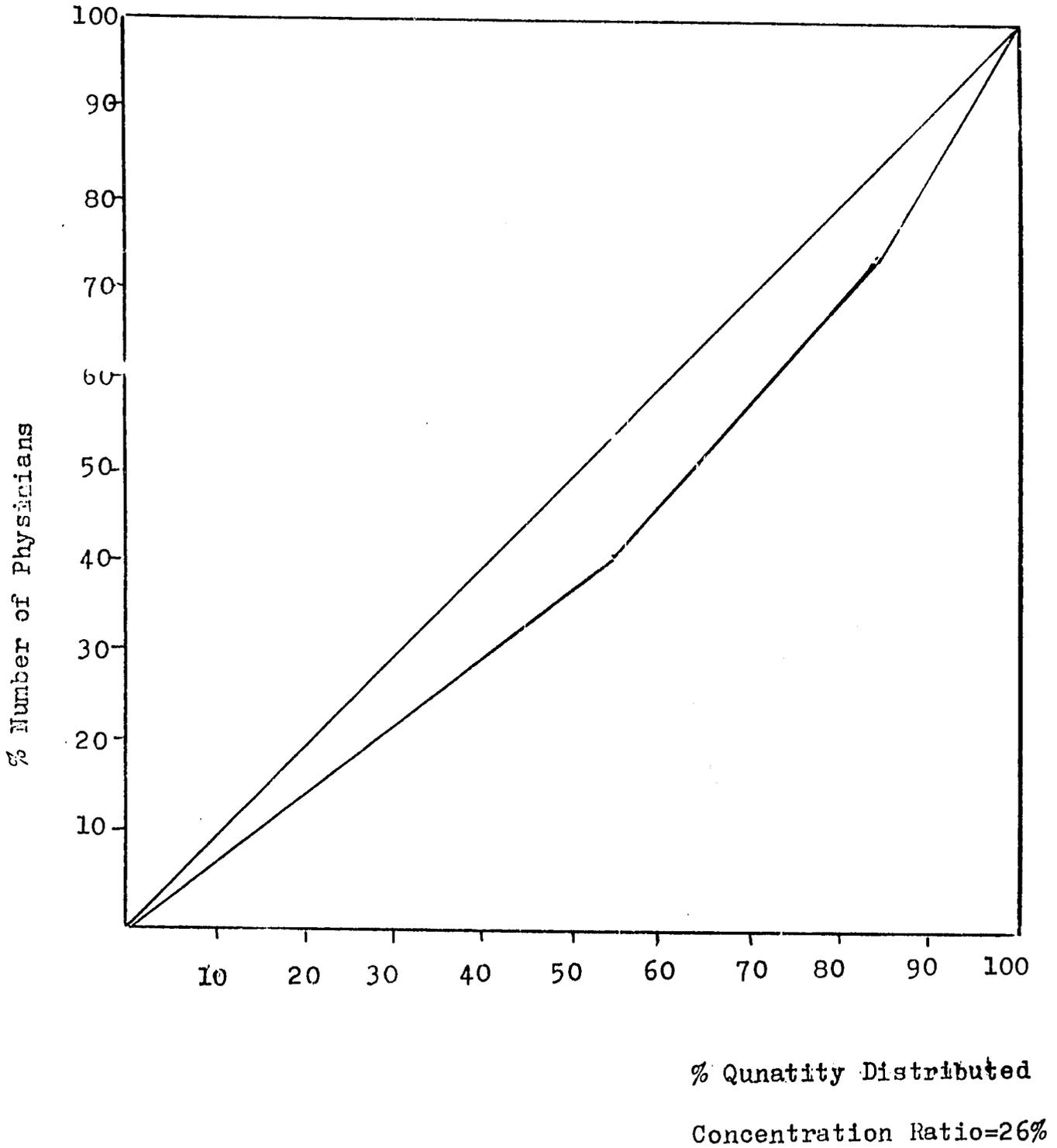


Figure (14)

Source: Data of table (16)

Table (15) : Distribution : Cairo districts according to quantities distributed of LUD T among physicians during study period.

District	Quantity Distributed		Dealing physicians		Ascending cumulative for Quantity	Ascending Cumulative for physicians
	Quantity	%	No.	%		
Heliopolis, Abdeen, Dokki Embaba, Matarya	2194	60.7	71	55	60.7	55
Zaytoon, Wayli, Khalifa, Shoubra, Misr el Kadima, B;el Dakrour, Guiza	1090	30.2	36	27.9	90.9	82.9
Remaining Districts	327	9.1	22	17.1	100	100
Total	3611	100	129	100		

Table (16) : Cairo districts according to quantities distributed of IUD 7 among physicians during study period.

Districts	Quantity Distributed		Dealing physicians		Ascending Cumulative for Quantity	Ascending Cumulative for physicians
	Quantity	%	No	%		
Heliopolis, Zaytoon Dokki, Embaba	616	55.3	28	41.8	55.3	41.8
Matarya, Wayli Abdeen, Shoubra Boulak el Dakrour	315	28.3	24	35.8	83.6	77.6
Remaining Districts	183	16.3	15	22.4	100	100
Total	1114	100	67	100		

1.17 Relation between married women in fertility age and sales of copper IUDs in Cairo districts.

In order to identify the nature of the relation between number of married women in fertility age in each of Cairo districts relative to the quantities of IUDs T&7 sold in this district either through pharmacies or physicians,

First, the number of married women of district was estimated on the basis of data given by general census of year 1976, then after adding a number of population equivalent to annual rate of increase of population, from this was estimated the number of married women in fertility age as equal to 17% of the total estimated number of population in each district on January 1983.

After that, the percentage of married women in fertility age of each district relative to the total of married women in fertility age in all districts, was calculated.

Districts were arranged according to this percentage in such a way that the district obtaining the highest

percentage takes rank (1), and following district takes rank (2) and so on. After the completion of ranking each district with suitable ranks either in the side of number of married women in fertility age, or quantities of IUDs distributed, it was possible to calculate spierman's correlation coefficient between the two phenomena and the results were as follows :

1.18 Relation between married women in fertility age and quantities of IUDs T&7 distributed among pharmacies.

By measuring the correlative relation between the districts ranked according to percentage of married women in fertility age, and ranks of same districts according to percentage of total quantity of IUDs T&7 distributed among pharmacies of these districts, it was found that spierman's as 0.68 where as coefficient of determination (square of coefficient of correlation) was estimated by nearly 0.46. This value appeared to be significant on level significance of 0.05, hence we can say that in 46% of cases of caise districts, there was a positive correlation between the ratio of married

women in fertility age in a certain district and the ratio of quantity of IUDs T&7 distributed together among pharmacies of this district.

And it is difficult to assure such a correlation in 54% of cases of these districts.

1.19 Relation between married women in fertility age and quantities of IUDs T&7 distributed among physicians.

By measuring the correlative relation between the ranks of districts according to percentage of married women in fertility age & the ranks of same districts according to percentage to total quantity of IUDs T&7 distributed among physicians of these districts it appeared that spearman's coefficient of correlation this relation was estimated by 0.368, & whereas the coefficient of determination was about 0.136. The statistical significance of this value was not assured at significance level of 0.05, so it is difficult to say there is a correlative relation between ratio of married women in fertility age in a certain district and the ratio of quantity of IUDs T& 7 together' distributed among physicians of this district.

1.20 Relation between married women in fertility age and total quantities of IUDs T&7 distributed among pharmacies & physicians.

By measuring the correlative relation between ranks of districts according to percentage of married women in fertility age and ranks of same districts according to percentage of total quantity of IUDs T&7 distributed among pharmacies & physicians together in these districts.

It appeared that Spierman's correlation coefficient for this relation was estimated by nearly 0.586 whereas coefficient of determination estimated by nearly 0.34.

The statistical significance of this value was assured at significance level of 0.05, hence we can say that in 34% cases of Cairo districts there was a positive correlation between the ratio of married women in fertility age in a certain district and the ratio of quantity of IUDs T&7 together distributed among both pharmacies and physicians in this district simultaneously.

Table (17): Distribution of Cairo Districts in which no IUDs either T or 7 were distributed during study period.

N.	District	IUD T not distributed through		IUD 7 not distributed through		% pharm- acies in district to total pharmac- ies in Cairo	% physi- cians in district to total physici- ans in Cairo	% women in fertility age to total number of them in Cairo.
		Pharmac- es	Physicians	Pharmac- ies	Physicians			
6	Savada Zeinab		x		x	4.9	3.7	3.8
7	El Moski	x	x		x	0.8	2.0	0.8
9	Azbakia	x		x		0.8	1.4	0.8
11	Gamalia	x	x			1.1	1.7	2.5
12	Darb el Ahmar		x	x	x	0.6	1.7	2.2
15	Rod el Farag	x		x	x	3.2	1.5	4.1
16	Boulak	x	x		x	1.0	2.0	2.7
21	Helwan, Tebin		x		x	5.5	1.1	4.6
22	Shoubra el Kheima				x	2.3	3.3	5.8
25	Guiza	x		x		1.6	7.0	3.1
27	Bab el Shaarya	x	x	x	x	3.5	2.2	1.7
Total		7	7	5	8			

1.21 Districts where neither of IUDs T&7 was distributed among pharmacies or physicians.

Data given in Table (17), points out that there are seven districts in the region of Greater Cairo where pharmacists did not deal with IUD T, and there are also five districts where pharmacies did not deal with copper IUD 7.

Number of districts whose pharmacies did not deal with either of IUDs T&7 was four districts.

According to characteristics seen in this table, it appears that the seven districts whose pharmacies did not deal with IUD T, included about 12% of Cairo pharmacies, and inhabited by nearly 15.7% of total number of females in fertility in Cairo, on the other hand, the five districts whose pharmacies did not deal with copper IUD 7, contained about 9.7% of total pharmacies of Cairo, and inhabited by about 11.9% of married women in fertility age in the Capital.

On a third side, the four districts whose pharmacies did not deal in either of IUDs T&7, include 9.1% of total pharmacies in Cairo, and are inhabited by nearly 9.7% of

married women in fertility age in Cairo.

Concerning districts where physicians were not supplied directly by copper IUDs, it was obvious that there were seven districts of Great Cairo whose physicians did not receive IUD T directly, whereas there were eight districts where not any IUD 7 was distributed in a direct way to physicians.

There were six districts, where physicians did not receive in a direct way any quantity of either of IUDs T&7.

According to characteristics shown in above mentioned table, the 7 districts where physicians were not directly supplied by IUD T, included 14.4% of total physicians in Greater Cairo having relation with this IUD. The 8 districts where physicians did not receive directly any IUD 7, included 17.5% of total physicians of Cairo dealing with it. whereas the six districts where physicians did not receive any of IUDs T&7 directly, included about 12.7% of physicians dealing with them in Cairo.

From another point of view, data given in that table explains that there were only four districts where IUD T

was not distributed either through pharmacies or physicians, these districts were:

El Moski, el Gamalia, Boulak & Bab el Shaaria And there were also three districts where no IUD 7 was distributed either through pharmacies or physicians, these are :

El Darb el Ahmar, Rod el Farag, Bab el Shaaria, whereas there was one single district, i.e. Bab el Shaaria, where there was no IUD distributed through pharmacies & physicians either of kind Tor 7.

Chapter II

Results of the study of pharmacies . sample

Preface :

This chapter includes presentation and discussion of the most important results reached through analysis of data contained in the research questionnaire for pharmacies, and hence this chapter will contain:

1. Geographical distribution of pharmacies sample among Greater Cairo districts.
2. Scope of dealing with IUDs by pharmacy.
3. Causes, why some pharmacies do not deal with IUDs.
4. Relative importance of kinds of IUD dealt with by the pharmacy.
5. Relative importance of IUD purchasers from pharmacy.
6. Monthly rates of IUD sales.
7. Public individuals buying IUDs without prescriptions.
8. Direct demand for IUD by physicians & hospitals
9. Physicians indirect demand of IUD through public
10. Public individuals buying more than one IUD at a time.

11. Public demand for IUDs without specifying its kind.
12. Relative profit from selling IUDs.
13. Corporate discount.
14. Commercial discount.
15. Payment facilities.
16. IUD publicity means in pharmacy.
17. Average monthly demand of pharmacy from IUDs.
18. Suitability of present IUD distribution method.
19. Pharmacy's suggestions for rationalization and increasing IUD distribution.

N.B.:

Data extracted from study questionnaire are the sources of all tables in this chapter.

2.1. Geographical Distribution of pharmacies sample among Cairo districts.

Table (18) shows that pharmacies in sample covered geographically, 22 districts of greater Cairo, and did not include 5 districts only, and that was due to execution difficulties because the original sample was covering these five districts, but due to impossibility of obtaining enough data or sometimes impossibility to meet the respondent. So the research organization was obliged to rely upon the alternative sample to select another element. All this lead to impossibility of covering the whole 27 districts, but in the same time it was possible the number to be studied completely, i.e. 100 elements of pharmacies.

Table (19): Distribution of physicians, within sample according to dealing with IUDs during the first half of year 1983.

Dealing with IUDs during first six months of year 1983	Frequency	
	value	Ratio
Yes	79	79
No	21	21
Total	100	100%

Table (18): Distribution of sample elements from pharmacies the sources of all table Cairo districts.

No	District	Pharmacies in Sample	% of total sample	No	District	Pharmacies in Sample	% of total sample
1	Heliopolis	8	8	15	Red el Farag	-	0
2	El Matarya	10	10	16	Boulak	1	1
3	El Wayli & Hadayek el Kobba	5	5	17	Kasr el Nil	1	1
4	el Zaytoon	1	1	18	El Dokki & Agouza	4	4
5	Zaher & Sakakini	4	4	19	Misr el Kadima	3	3
6	Sayeda Zeinab	3	3	20	Maady & Dar el Salam	5	5
7	El Moski	-	0	21	Heluan & Tebeen	2	2
8	Abdeen	3	3	22	Shoubra el Khema	3	3
9	Azbakia	1	1	23	Boulakel Dakrour	4	4
10	El Khalifa	4	4	24	Embaba	14	14
11	El Gamalia	-	0	25	Guiza	1	1
12	Dar el Ahmar	-	0	26	El Ahram	9	9
13	Shoubra	11	11	27	Bab el Sharya	-	0
14	El Sahel	3	3				
				Total			
						100	100

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2.2. Dealing with IUDs

Data given in table (19), showed that 79% of pharmacists subject of study had dealt with IUDs (purchasing & selling) during six months preceeding the study, where the rest (21%) did not.

Table (20) Causes; why some pharmacists, do not deal with IUDs.

Causes	Frequency	
	Value	Ratio
Distributers not bound to supply demands on fixed dates.	3	8
Distributers sell directly to physicians.	5	14
No gynecolegists near pharmacy	6	16
No hospitals or dispensaries to insert IUD near pharmacy.	5	14
Low acquaintance of IUD by women	11	31
Dealing with IUDs against religious regulatinnns	1	3
Side Effects of IUDs.	1	3
Physicians are not qualified to insert IUDs	1	3
Wide-spread of other methods.	3	8
Total	36	100%

2.3. Causes why some pharmacists do not deal with IUDs

Data given in table (20) reveals that the causes mentioned by pharmacists who did not deal with IUDs (purchase or sales), mainly because women have weak knowledge concerning IUDs as a method of contraception and this represents 31% of causes. 16% of causes was related to inexistence of gynecologists near to the pharmacy.

This followed by the cause due inexistence of hospitals or dispensaries having specialized physicians to insert IUDs near the pharmacy, this cause mentioned at a ratio of 14%.

At the same ratio mentioned the cause due to distributors selling IUDs directly to physicians, with less chance left to pharmacies for dealing with IUDs. A cause of less importance, was that distributors of IUDs did not provide pharmacies with quantities demanded in the right time, this cause represents a ratio of 8% of total causes mentioned, and in the same ratio was repeated the cause due to spread out of other competitive methods for contraception.

Table (21): Distribution of physicians in the sample according kind of IUDs they dealt with.

Kinds of IUDs dealt with	Frequency	
	Value	% age of 79
Plastic IUD	3	3.8
Copper IUD 7	67	84.8
Multi IUD	6	7.6
Mini graphi-guard	1	1.3
Copper IUD T	72	91.1

2.4. Relative importance of Kind's of IUDs in which pharmacists deal.

Lud T comes ahead of kinds of luds with which pharmacists deal, as data given in table (21) shows that 91% of pharmacists were dealing with this IUD, then follows copper IUD 7 at a ratio of nearly 85% of pharmacies in sample, and both IUDs are adepcted by "F.O.F.". For the rest of IUDs, few pharmacists mentianed that they dealt with it, for multi IUD only about 8%, for plastic IUD about 4%, the least kind was mini-graphi-guard dealt with by about 1% only of pharmacists.

Table (22) Detailed distribution of sample's pharmacists according to kinds of IUDs.

Kind of IUD	Frequency	
	Value	%
Plastic IUD only	0	0.00
Copper IUD 7 only	5	6.3
Malti IUD only	1	1.3
mini graphi-guard only	0	00.00
Copper IUD T only	9	11.4
copper IUD T & copper IUD 7 only	57	72.1
copper IUD T & copper IUD 7 & other	4	5.1
Plastic, multi-LHD, mini-graphi-guard only	0	00.0
Copper IUD 7 & other IUDs, exclusive copper T	1	1.3
Copper IUD T & other IUDs, exclusive copper 7	2	2.5
Total	79	100

On the other side, according to data shown in table (22), about 99% of pharmacists dealing with IUDs, included in their dealings, the two copper IUDs adopted by "F.O.F" i.e. IUDs (7,T) in a separate way, or together with IUDs of other kinds.

Only one pharmacist in the whole sample dealt with mini-grapaguard IUD only. At the same time it was revealed that nearly 90% of pharmacists dealing with IUDs, confined their dealing with copper IUD T and copper IUD 7 only and dealt with no other IUDs.

Whereas there were 9% who dealt with these two copper IUDs together with other kind of IUDs these result generally shows that the two copper IUDs adopted by "F.O.F". nearly forestall the marketing of IUDs through pharmacies.

Table (23): Distribution of pharmacists under study according their opinions concerning relative importance of categories of IUDs dealers:

Rate of dealers	Order	1 st Rank		2nd Rank		3 rd Rank		4 th Rank		Total order	
		Freq.	wt.	Freq.	wt.	Freq.	wt.	Freq.	wt.	wt.	%
Public		63	252	12	36	1	2	-	-	290	64.2
Physicians		12	48	18	54	3	6	1	1	109	24.1
Dispensaries		2	8	4	12	5	10	1	1	31	6.9
Hospitals		2	8	2	6	1	2	6	6	22	4.8
Total		79	316	36	108	10	20	8	8	452	100

Freq. = Frequency, wt = weight,

2.5. Relative importance of categories dealing with IUDs.

Data given in table (23) show that pharmacists arranged the categories which buy more IUDs from pharmacies such that, the public occupied the highest rank, followed by physicians, then dispensaries, followed by hospitals.

63 pharmacists out of 79 gave the 1st rank to ordinary public, and only 12 pharmacists put physicians in the first rank, whereas two pharmacists gave first rank to dispensaries, and 2 pharmacists put hospitals in first rank.

The second rank was given to physicians by the opinion of 18 pharmacists, 12 pharmacists said that the public occupy the 2nd rank, whereas 4 pharmacists placed dispensaries in this rank, and only two pharmacists gave the second rank to hospitals.

By giving weight or preponderance to each category according to its rank, such that first rank was given

the value (4), 2nd rank (3), the third rankd (2), & the fourth (1), the public obtained - according to this prepon_{derance} (290 points, equivalent to nearly 64% of total points of preponderance, whereas physicians got only 24% of total points. Dispensaries obtained 7% & hospitals 5% successively.

In general, this indicates that the ordinary public is considered the most important of the categories dealing with IUDs through pharmacists, followed by physicians with a difference of 40%, then followed by dispensaries with a difference of 17%.

At last we found hospitals with a slight difference 2% between hospitals & dispensaries.

Table (24) Average monthly sales of different kinds of IUDs in pharmacies of sample.

Kind of IUD	Average monthly sales (one pharmacy)				% quantity sold monthly (one pharmacy)			
	physicians	Hospitals	public	Total	physicians	hospitals	public	Total
Copper IUD F	2.68	0.56	5.13	8.37	16.7	3.5	32.0	52.2
Copper IUD 7	2.10	0.65	3.37	6.12	13.0	4.0	21.0	38.0
Multi-IUD	0.28	0.04	0.19	0.51	1.8	0.2	1.2	3.2
mini-grapti-guard	0.10	0.00	0.04	0.14	0.6	0.00	0.2	0.8
Plastic IUD	0.46	0.00	0.48	0.94	2.8	-	3.0	5.8
Total	5.62	1.25	9.21	16.08	34.9	7.7	57.4	100

2.6. Monthly sales of IUDs

Data given in table (24) show that average monthly sales of one pharmacy was about 16 IUDs during the first six months of year 1983.

Copper IUD T represented 52% of sales, followed by copper IUD 7 about 38% of this quantity.

Hence the two IUDs adopted by "F.O.F". dominated nearly on 90% of sales of IUDs and left only 10% of this quantity for competition among the rest of kinds of IUDs, plastic IUD shared about 6%, then multi-IUD in a ratio of 3% approximately, at last the ratio of mini-graphiguard IUD represented less than 1% of total sales.

On the other hand, data of same table indicates that ordinary public is the biggest category of purchasers in general, where public individuals bought about 57% of sales, followed by physicians in a ratio of 35%.

Hospitals and dispensaries purchased the remaining quantity nearly 8%. It is noticed particularly that copper IUD T had a good demand relatively vast among public as the quantity purchased by the public of this

IUD represents about 61% of total sales of this IUD, and physicians bought 32% of this quantity, the rest about 7% shared between hospitals and dispensaries.

A similar public good demand occurred to purchase copper IUD 7, public bought 55% of quantity sold of this IUD followed by physicians 34%, then hospitals & dispensaries in a ratio of 11% approximately.

The only competitor to these two IUDs was the plastic IUD - known as relatively cheap-where public purchased about 51% of total sales of this kind of IUD

Physicians bought the rest equal to 49%. Hospitals & dispensaries did not purchase any quantity of this IUD. As for the other kinds of IUDs it is apparent that physicians are the basic buyers of these kinds, they bought 55% of sales of multi-load IUD, and public purchased about 37% of it, hospitals & dispensaries got the rest (8%).

Concerning IUD mini graplin-guard, it was clear that physicians appropriated a ratio of 73% of sales of this IUD, and public bought only 27% of sales, whereas hospitals & dispensaries were outside the list of purchasers.

So it could be mentioned that copper IUDs T & 7 adopted by "F.OF" not only dominated about 90% of total sales of all IUDs through pharmacies but also they attained a vast public confidence as they represented about 92% of ordinary public demand for all IUDs.

Also they obtained physicians confidence as they both got 85% of total demand of physicians of all kinds of IUDs. And in the same sense they nearly possessed all IUDs demands from hospitals & dispensaries as the two copper IUDs appropriated about 97% of total quantities demanded by hospitals & dispensaries for all kinds of IUDs.

Table (25): Distribution of samples pharmacists according to their opinion about the ratio of public who buys IUDs without prescriptions.

Categories of public buying IUDs without prescription	Frequencies	
	Value	%
0	41	51.8
more than 0 - less than 10	18	22.8
10- " " 30	4	5.1
30 " " 50	1	1.3
50 " " 70	4	5.1
70 and more	11	13.9
Total	79	100

2.7. Public individuals buying IUDs without prescription

According to data given in the table number (25), pharmacists- in a ratio of 38% of total pharmacists in the sample, dealing with IUDs mentioned that some public individuals come to pharmacy to buy IUDs without medical prescription, where 52% said they did not face such cases.

Whereas about 23% of pharmacists cleared that purchases of IUDs without prescription occur among the public in a ratio not exceeding 10% of public demanding IUDs, and 5% of pharmacists showed that this happened at a ratio of 10-30% of public dealing with IUDs, 1% of pharmacists mentioned that this happens at a ratio of 30-50%.

And 5% of pharmacists indicated that this happens at a ratio of 50-70%, at last 14% of pharmacists showed that this situation is frequent in case of more than 70% of public demanding IUDs.

Table (26): Distribution of physicians in sample according to their opinion about direct demand for IUDs from physicians, hospitals & dispensaries.

Number of purchasers	Physicians		hospitals		dispensaries	
	Frequencies	%	Frequencies	%	Frequencies	%
0	42	53.2	69	87.3	65	81.0
1	4	5.1	7	8.9	7	8.9
2	18	22.8	1	1.3	5	6.3
3	5	6.3	1	1.3	2	2.5
4	4	5.1	-	00.00	1	1.3
5	3	3.8	-	0.00	-	-
6	1	1.3	1	1.3	-	-
7	1	1.3	-	-	-	-
8	-	-	-	-	-	-
9	-	-	-	-	-	-
10	1	1.3	-	-	-	-
Total	79	100.2	79	100.1	79	100.0

2.8. Direct demand for IUDs from physicians & hospitals.

Data given in table (26) indicated the following results :

- Nearly 53% of pharmacists dealing with IUDs showed that they did not get direct demand from physicians to buy IUDs.
- 47% of them mentioned that they got these demands at a ratio of 1-10 of physicians dealing with the same pharmacy whereas the common mode of number directly demanding IUDs from one pharmacy is only two physicians, and that appeared in nearly 23% of pharmacies dealing with IUDs.
- 87% of physicians dealing with IUDs said that they did not receive any direct orders from hospitals to buy IUDs.
- for the rest, nearly 13%, the common mode of number of hospitals dealing by direct order with same pharmacy was only one, and that frequented in a ratio of 9% approximately of the answers of pharmacists.
- Concerning dispensaries, 81% of pharmacists showed that they did not get any direct order from dispensaries to purchase IUDs, whereas 9% of pharmacists

indicated that they got such an order from only one dispensaries.

Table (27): Distribution of samples pharmacists according to physicians sending their patients to purchase IUD from pharmacy.

Category of physicians sending their patients to pharmacy	Frequency	
	Value	Ratio
None	20	25.3
1-4	47	29.5
5-9	8	10.1
10-14	3	3.8
15 & more	1	1.3
Total	79	100%

2.9. Indirect dealing with physicians

From data given in table (27) it is found that :

- 75% of pharmacists dealing with IUDs showed that certain physicians sent their patients to pharmacy to purchase IUDs.

- 60% of these pharmacists indicated that a number ranging between 1-4 dealt with one pharmacy in this manner.
- In case of 10% of pharmacies this number of physicians increased to a range between 5-9 physicians.
- In case of 4% of pharmacies, this number got up to 10-14 physicians.
- Only one pharmacy representing 1% of pharmacies indicated this number to the more than 15 physicians.
- The rest of pharmacists, i.e. 25% of pharmacists showed that there are no certain physicians who sent their patients to buy IUDs from the pharmacy.

Table (28) : Distribution of sample's pharmacists according to case of individual of ordinary of ordinary public buying more than one IUD at a time.

Variables	Frequency	
	Value	Ratio
No	70	89
Yes	9	11
Total	79	100%

2.10 . Public buying more than one IUD at a time

A ratio equivalent to 89% of total pharmacists dealing with IUDs confirmed that the case of one public individual buying more than one IUD at a time did not occur, whereas 11% of those pharmacists indicated that this phenomenon happens.

Table (29): Distribution of sample's pharmacists according quantity purchased by public individuals from one pharmacy at a time.

No of IUDs bought at a time.	Kind of IUD	Copper T		Copper 7		Multi-Load		Plastic	
		Frequ-ncies	%	Frequ-ncies	%	Frequ-ncies	%	Frequ-ncies	%
2		2	33.3	2	66.7	2	100	1	100
3		3	50.0	1	33.3	-	00.00	-	00.00
10		1	16.7	-	00.00	-	00.00	-	00.00
Total		6	100.0	3	100.0	2	100.0	1	100

Data given in Table (29) shows that it occurred through only 6 pharmacies, an individual of ordinary public bought

more than one IUD at a time, of in case of copper IUD T, i.e. 8% of total number of pharmacies dealing with IUDs.

Of there 6 pharmacies, only through one pharmacy the demand was for purchasing a lot of 10 IUDs.

In case of the offer 5 pharmacies encountering that situation, 3 of them faced the case of purchase of 3 IUDs at a time, and 2 of them met the demand for two IUDs at a time.

This situation occurred only in three pharmacies in case of copper IUD 7-equal to about 4% of pharmacies dealing with IUDs, for two of them the order was for two IUDs at a time, for the theird pharmacy the demand was for 3 IUDs in one time.

It is remarked that this unusual demand was essentially concentrated on the two kinds of copper IUDs T&7 as it was shown that such .. demand happened for demand of IUD T in 6 pharmacies equal to 67% approximately of total pharmacies facing such kind of order.

In case of copper IUD 7, such order appeared in three pharmacies equal to 33% of these pharmacies. This ratio did not exceed 22% and 11% successively in cases of IUD multi-load IUD and plastic IUD, the order was not more than two IUDs at a time.

Table (30): Distribution of samples pharmacists one IUD at a time.

Type of public	Kind of IUD	Copper T		Copper 7		Multi-load		Plastic	
		Frequencies	%	Frequencies	%	Frequencies	%	Frequencies	%
Pharmacys clients		4	67	3	100	4	00.00	1	100
Others		2	33	-	00.00	100	100	-	00.00
Total		6	100	3	100	2	100	1	100

About the type of public requesting this unusual order - buying more than one IUD, at a time- 2/3 of pharmacists facing this order for IUD T showed that this was requested by ordinary clients of the pharmacy,

and the remaining third explained that others demanded this unusual order.

In case of copper IUD 7, all pharmacists, indicated that this kind of order was requested only by pharmacy's clients. And that was the same in case of plastic IUDs.

Table (30) shows also that in the case of multi-load IUD the unusual order of more than one IUD at a time was requested only by people other than the normal clients of the pharmacy.

Table (31) : Distribution of pharmacists in sample according to their opinion about seasons when a demand of more than one IUD occurs

Seasons	Frequencies	
	Value	Ratio
Summer season	2	22.2
Not correlated with certain season .	7	77.8
Total	9	100

Nearly 22% of total pharmacists facing the request of more than one IUD at a time from the ordinary public mentioned that this kind of order occurs only in summer, and the rest of them. (78%) of total, indicated this request was not correlated with a certain season, and this according to data given in table (31).

Table (32): Distribution of samples pharmacists according to facing demand of undetermined kind of IUDs, and ratio of occurrence.

Categories	Frequencies	
	Value	Ratio
No	56	71
more than 0 - less than 5%	7	9
5% - less than 10%	5	6
10% - " " 15%	5	6
15% - " " 20%	-	-
20% - " " 25%	3	4
25% and more	3	4
Total	79	100%

2.11. Behaviour of pharmacist when public request undetermined type of IUDs.

Data given in table (32) shows that 71% of pharmacists dealing with contraceptive IUDs did not encounter a request from public to purchase an IUD without determining its kind,

Whereas the rest of pharmacies 29% mentioned that this happens in some cases, where 9% of pharmacists mentioned that it occurs in ratio less than 5% of public requests, and 12% of them indicated a ratio ranging between 5-15%.

And 8% of pharmacists indicated that this request of unknown kind of IUD is frequent with a ratio exceeding 20% of total public demand for IUDs.

Table (33) : Distribution of samples pharmacists according to their behaviour towards public asking for an IUD without determining its kind.

Behaviour Variables	Frequency	
	Value	Ratio
Consulting a physician	8	35
Exposing all kinds of IUDs	3	13
Recommendation of copper 7	4	17
" " " T	8	35
Total	23	100

According to data given in table (33), could be judged the behaviour of a pharmacist facing a request for undetermined kind of IUDs as follows :

- 35% of pharmacists, who mentioned they encountered kind of IUDs as follows :
- 35% of pharmacists, who mentioned they encountered that sort of request, indicated that they recommend consulting a physician to define the suitable kind of IUD, where 13% of them, said that in that case- case- they expose all available kinds of IUDs in stock and leave the choice to the purchaser.

The rest of pharmacists (52%) indicated they recommend the purchase of a certain kind of IUDs, and of total number about 35% mentioned they recommend the purchase of copper IUD T, and 17% showed they recommend in this case, the purchase of copper IUD 7. It is worthy of mentioning that the recommendation of purchase in these cases was couped only in buying only either of copper IUDs T or 7.

Table (34): Distribution of samples pharmacists according to the causes of recommending copper IUD T when public request an unknown kind of IUDs

Causes of recommending this kind	Frequency	
	Value	Ratio
Only kind in pharmacy stock	1	12.5
confidence and assurance from public	4	50
Easiness of insertion	2	25
Activity of sales - men	1	12.5
Total	8	100%

About the causes which pharmacists rely upon for recommending purchase of copper IUD T, when facing a request for an unknown kind of IUDs, 50% of pharmacists recommending purchase of IUD T in particular, indicated that this was due to the confidence & assurance by the public of the surety of this kind of IUD.

25% of them indicated they believe this kind is relatively easier to insert by physicians, A ratio of nearly 13% mentioned that they were obliged to recommend IUD T because it was the only kind of IUDs in stock at time of request, an equal ratio said they recommend that kind of IUD due to the activity of sales-men, distributors of IUD T.

Table (35); Distribution of samples pharmacists according to their recommendation of copper IUD T when public request of an unknown kind of IUD.

Causes of recommendation of copper T	Frequency	
	Value	Ratio
1. Confidence & assurancy by public	1	25
2. No side effects	2	50
3. Increased demand by physicians	1	25
Total	4	100%

Concerning pharmacists who recommended the purchase of copper IUD 7 when encountering a request for an unknown kind of IUD from the public, the results given in table (35) points out that 50% of them mentioned this kind of IUD has no side effects on the woman using it, whereas 25% of them indicated that this kind of IUD gained the confidence & assurance of its surety among public.

A similar ratio pointed out the cause was due to the increased demand for this specific kind through physicians.

Table (36) : Distribution of samples pharmacists according to ratio of net profit obtained by selling different kinds of IUDs.

Net profit categories	kind of IUD		Copper T		Copper 7		Multi-load IUD		mini-graphi guard		Plastic	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
5 - 10%	14	19.4	12	17.9	1	16.7	1	100	2	66.7		
10 - 15%	29	40.3	29	43.4	4	66.6	-	-	-	-		
15 - 20%	16	22.2	16	23.9	1	16.7	-	-	1	33.3		
20 - 25%	13	18.1	6	9.0	-	00.0	-	-	-	-		
25 - 30%	-	0.0	4	6.0	-	00.0	-	-	-	-		
Total	72	100	67	100	6	100	1	100	3	100		

2.12. Pharmacists Net profit when selling IUDs.

The answers of pharmacists included in the study and dealing in IUDs, reflected a great variance of the net profit ratio gained by them by selling different kinds of IUDs.

Referring to IUD T: about 40% of pharmacists dealing with that kind, they gained a ratio of net profit ranging between 10-15%; and about 40% of them showed this ratio exceeded 15%, while the rest of the physicians indicated that this ratio is less than 10%.

In case of copper IUD 7, about 43% of pharmacist dealing with that kind showed that they get a net profit ratio ranging from 10% to 15%, and 39% of them mentioned ratio to be more than 15%, the rest of them (18%) indicated a ratio of less than 10%.

Also this variation in net profit ratio appeared in the replies of pharmacists concerning other kinds of IUDs.

Table (37): Distribution of sample's pharmacists according to corporeal discount (Bonus) they got on delivery of IUDs.

kind of IUD amount of corporeal discount	Copper T		Copper 7	
	Frequ- ency	%	Frequ- ency	%
1 IUD per 20 IUDs	26	36.1	25	37.3
5 IUDs per 40 IUDs	2	2.8	1	1.5
No such kind of discount	41	61.1	41	61.2
Total	72	100	67	100

2.13 Corporeal discount for IUDs

61% of pharmacists dealing with copper IUD T, and copper IUD 7, and also 100% of pharmacists dealing with other kinds of IUDs, (mini-graphi-guard, multi-load IUD, plastic IUDs), they got no corporeal discount when receiving IUDs from distributors.

In case of IUD T, the majority of answers given by pharmacists granted this sort of discount, concentrated that they were exempted from paying the price of one IUD on payment the price of 20 IUDs,

The rest mentioned this exemption to be of the price of 5 IUDs on paying the price of 40 IUDs.

The same case was apparent for IUD 7, as shown in data given by table (37).

Table (38): Distribution of samples pharmacists according to commercial discount obtainable at dealing with different kinds of IUDs.

Ratio of commercial Discount	Copper T		Copper 7		mini-graphi guard		Plastic	
	Frequ-ency	%	Frequ-ency	%	Frequ-ency	%	Frequ-ency	%
5 - 10%	3	4.2	2	3.0	-	-	-	-
10 - 15%	5	6.9	8	12.0	1	100	1	33.3
15 - 20%	2	2.8	3	4.5	-	-	-	-
20 - 25%	2	2.8	2	3.0	-	-	-	-
25 - 30%	1	1.4	1	1.5	-	-	-	-
None	59	81.9	51	76.0	-	-	2	66.7
Total	72	100	67	100	1	100	3	100

2.14 Commercial discount.

Data given by table (38) show that nearly 82% of pharmacists dealing in IUD T mentioned that they did not obtain any commercial discount IUDs purchased by them, whereas 4% of them mentioned they get a discount ranging

between 5-10% of the monetary value of their purchase, 7% also indicated this discount to be more than 15%. In case of copper IUD 7, although 76% approximately of pharmacists dealing with this kind denied obtaining any of such discount, 12% explained that they got a discount of 10-15%, only 3% of them pointed out this discount to be less than 10%, the rest (9%) mentioned getting commercial discount at a ratio more than 15%.

In the cases of other kinds of IUDs, the only pharmacist dealing with IUD mini-graphi-guard mentioned he gets a commercial discount at a ratio ranging between 10 - 15%.

Concerning plastic IUDs, the third of pharmacists dealing with it, mentioned the commercial discount to be 10-15%, while the other two-thirds denied this discount, No commercial discounts was given to pharmacists when buying the multi-IUD.

Table (39): Distribution of samples pharmacists according payment facilities given to them on dealing with the two IUDs T & 7.

Kind of IUD Kind of facilities	Copper IUD T		Copper IUD 7	
	Freque- ncy	%	Freque- ncy	%
grace period (1-2 months)	8	11.1	6	9.0
limited allowance (not indicated).	8	11.1	7	10.4
no facilities	56	77.8	54	80.6
Total	72	100%	67	100%

2.15. Payment facilities :

Data given in table (39) show that there were no payment facilities given to pharmacists dealing with IUDs multi-IUD, mini-graphi-guard & plastic IUDs, And this sort of facilities only apparent in case of copper IUDs T & 7.

Concerning copper IUD T, although 78% of pharmacists dealing with this kind mentioned they do not get any commercial discount, 11% of them explained they pay within a

period of one to two months, and the remaining 11% indicated also that payment is accomplished during a limited period although they did not clear this period.

It was the same in case of copper IUD 7, where 9% of pharmacists dealing with that kind mentioned that they pay within a period ranging between one to two months, 10% of them pointed out that they obtained facility for payment during a limited period, 81% denied being given any payment facilities.

Table (40): Distribution of samples pharmacies according to existence of publicity advertisements on IUDs T & 7.

Categories	Frequencies	
	Value	Ratio
None at pharmacy	65	82.3
Advertisements for copper T only	5	6.3
Advertisements for copper 7 only	3	3.8
Advertisements for copper T&7 only	5	6.3
Advertisements for copper 7 & plastic.	1	1.3
Total	79	100

2.16 Existence of publicity advertisements on IUDs at the pharmacy.

Nearly 82% of pharmacists dealing with IUDs showed that their pharmacies lack completely any advertisements or publicity posters concerning any kind of IUDs, while those having such publicity means represented nearly 13% for copper IUDs T, and about 11% for copper IUD 7.

For plastic IUDs, this publicity means, only existed in one pharmacy representing 1% of the total.

Hence we can say that in all pharmacies having these posters or advertisements, there was a poster or an advertisement on both of IUDs T & 7 together or at least one of them.

This explained by data given in table (40).

Table (41): The preponderant average of monthly quantities demanded of different kinds of IUDs by samples pharmacies.

Kind of IUD	average monthly demand	%
Copper T	8.8	50.7
" 7	7.9	45.6
multi- IUD	0.4	2.3
mini-graphi-guard	0.03	0.2
plastic	0.2	1.2
Total	17.3	100%

2.17 Average of quantities demanded

Data given in table (41) shows that the average number of IUDs monthly demanded by one pharmacy reaches about 17 IUDs, it is noticed that about 51% of quantities demanded concerned with copper IUD T, & 46% approximately of it are for copper IUD 7.

Whereas average monthly demands from multi-load IUD is about 2%, and that for plastic IUD is nearly 1%; average monthly demand for IUD mini-graphi-guard is nearly 0.2% of the average of total quantities requested by one pharmacy.

Hence it can be said that the two copper IUDs T & 7 together appropriate about 96% of the average monthly quantities demanded by pharmacies of all kinds of IUDs leaving less than 4% of these quantities for competition between the other three kinds of IUDs, which emphasizes the nearly complete dominance of copper IUDs adopted by "F.O.F" on marketing IUDs through pharmacies.

Table (42) : Distribution samples pharmacies according to categories of average monthly quantities demanded from different kinds of IUDs.

Kind of IUD Categor. of average quantity demanded per pharm.	Copper T		copper c7		Multi-load IUD		mini-grahi Guand		Plastic	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Less than 5%	22	30.6	28	41.8	4	66.7	1	100	1	33.3
5-10%	22	30.6	15	22.4	1	16.7	-	-	2	66.7
10-15%	15	20.8	10	14.9	1	16.7	-	-	-	-
15-20%	1	1.4	-	0.0	-	-	-	-	-	-
20 & more	12	16.7	14	20.9	-	-	-	-	-	-
Total	72	100.1	67	100	6	100.1	1	100	1	100

* Freq. = frequency.

Datas given in table (42) shows that nearly 31% of pharmacies dealing with copper IUD T, request monthly demand less than 5 IUDs in average, an equal ratio of pharmacies requests an average monthly quantity of IUD T ranging between 5-10, and it is worth mentioning, that nearly 17% of pharmacies dealing with IUD T demanded-in average- a quantity of more than 20 IUDs per month.

In case of copper IUD 7, nearly 42% of pharmacies dealing with that IUD, requested less than 5 IUDs in average-monthly, while 22% asked for a number of IUDs ranging between 5-10 IUDs in average-monthly, 21% of pharmacies requested a monthly average demand of 20 IUDs.

No relatively great demands of IUDs were apparent for other pharmacies dealing with other kinds of IUDs.

In case of multi-load IUD, nearly 67% of pharmacies demanded a quantity less than 5 IUDs in average, monthly, and the only pharmacy dealing with mini-graphi-guard, was requesting monthly demand of less than 5 IUDs in average.

For pharmacies dealing with plastic IUDs 67% of it, demanded a quantity ranging between 5-10 IUDs-in average monthly, the rest (33%) of these pharmacies, requested a monthly demand of more than demand of more than 5 IUDs in average.

Table (43): Distribution of samples pharmacies according to caterories of periods of redemand for different kinds of IUDs.

Categor- eries of periods (Month).	kind of IUD	Copper T		Copper 7		multi-load IUD		mini-grani guard		Plastic	
		Freq	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
1-5		55	76.4	49	73.1	4	66.7	-	-	2	66.7
5-10		14	19.4	14	20.9	2	33.3	-	-	1	33.3
10-15		3	4.2	4	6.0	-	0.0	1	100	-	0.0
Total		72	100	67	100	6	100	1	100	3	100
Average period between two demands (Month)		3.9		4.1		4.2		12.5		4.2	

2.18. Period between two consecutive demands :

Data shown in table (43), indicate that, the average of the period between two consecutive demands of IUDs from the same pharmacy, was in the range of 4 months for all kinds of IUDs except mini-graphi-guard IUDs, as the only pharmacy dealing with it makes a demand for this IUD nearly every year.

At the same, data of table show that for pharmacies dealing in copper IUD T, in 76% of these pharmacies, this period ranged between 1-5 months, in 19% of them, the period was between 5-10 months, this period nearly reached a complete year in case of 4% of these pharmacies.

Also in the case of copper IUD 7, there was 73% of pharmacies having a period of two successive demands ranging between 1-5 months, and in case of 21% of pharmacies this period was between 5-10 months.

This period increased to nearly one year in the rest of about 6% of these pharmacies only.

Table (44): Distribution of samples pharmacists according to their opinion of the suitability of the continuance of selling of IUDs by distributors to physicians.

Variables : distributing parts	Frequency	
	Value	Ratio
Only physicians	9	11.4
Only pharmacists	33	41.8
Both physicians & pharmacists	37	46.8
Total	79	100%

2.19 Suitability of present IUD distribution method

Nearly 47% of pharmacists dealing with IUDs showed that they are satisfied with the present method of IUD distribution, i.e. IUDs distributed among physicians & pharmacies together, while 42% of them wished distribution to be among pharmacies only, the rest (11%) desired the modification of distribution method in order to confine the distribution to physicians only, i.e. they wished to withdraw from distributing IUDs through their pharmacies, all that was according to data given in table (44).

Table (45): Distribution of samples pharmacists according to causes for choosing a certain method of IUD distribution.

Causes for choice of pharmacy only	Frequency	%	Causes for choice of pharmacy & physician together	Frequency	%	Causes for Choice of physicians only	Frequency	%
easiness to deal with public	5	15	mutual responsibility	24	65	specialized in IUD insertion	9	100
Specialized in selling	28	85	increasing sales outlets.	13	35	-	-	-
Total	33	100	Total	37	100	Total	9	100

About the causes upon which pharmacists rely for their opinion concerning the IUDs distribution method, those who desired the continuation of the present situation of distributing IUDs through physicians and pharmacies together, pointed out that their opinion is due to the existence of mutual responsibility between physician & pharmacist, this was mentioned by 65% of pharmacists choosing IUD distribution through physicians & pharmacists,. The rest of those pharmacists attributed their opinion due to continuous increase of outlet for IUD distribution as a national assignment and if either physicians or pharmacists were not involved in this mission, the existence of these outlets will be narrowed.

Pharmacists, wishing that IUD sales to be confined only to pharmacies, justified that opinion as pharmacies are specialized in selling operation.

That was mentioned by 85% of those pharmacists, while 15% indicated that pharmacy is characterized by dealing easily with public.

On the other hand all pharmacists who indicated their desire to confine IUD distribution operation physicians only mentioned that physicians are specialized with IUD insertion, i.e. no buyer of the ordinary public can use IUD

without consulting a physician, thus it is easier to save citizen's effort and time, to obtain the IUD from the same person who will insert the IUD.

Table (46): Distribution of samples pharmacist according to their suggestions to increase IUD distribution rates.

Suggestions	Dealing in IUDs		Not dealing in IUDs		Total (Sample)	
	Freq.	% of 79	Freq.	% of 21	Freq.	% of 100
. IUD insertion fees within reach for all.	26	32.9	5	23.8	31	31
. Abundance of all kinds in market.	18	22.8	3	14.3	21	21
. Increase of publicity by all means for public & physicians.	67	84.8	19	90.4	86	86
. Increase profitability for pharmacy	11	13.9	1	4.8	12	12
. Distributers continuous visits to physicians & pharmacists.	23	29.1	5	23.8	28	28
. IUD distribution among physicians.	5	6.3	2	9.5	7	7
. Physicians Training	9	11.4	2	9.5	11	11

2-20. Respondant pharmacists suggestions for increasing IUD distribution rates.

An open general question was directed to all respondant pharmacests regardless of dealing or not dealing with IUDs aiming to know their opinions and suggestions which help to increase contraception IUDs distribution rates.

Respondants suggestions were classified in seven suggestions as shown in table (46).

Ahead of all these suggestions was that of increasing publicity by all means directed to public & physicans about IUDs and its ratative advantages as a contraceptive method.

This suggestion was mentioned by 90% of pharmacists not dealing with IUDs, and nearly 85% of pharmacists dealing with it, hence this suggestion has a frequency rate of 86% of all sample elements.

This suggestion was fellowed from the print of view of relative importance-by the suggestion of decreasing IUD insertion fees lower than present prevailing fees to become within reach of all who desire to use this method of contraception.

This suggestion was repeated at a ratio of 24% of total pharmacists not dealing with IUDs and 33% of total pharmacists dealing with IUDs, so it shown at a ratio about 31% on the level of the whole sample.

The third position was occupied by the suggestion concerning the continuous visits of IUD distributors to physicians & pharmacists, as it was suggested by 29% of pharmacists dealing with IUDs, and by 24% of pharmacists not dealing in IUDs.

So it appeared in the whole sample at a ratio of 28% approximately.

The suggestion concerning continuous supply of different kinds of IUDs to the market at disposal of physicians & public equally to be able to choose suitable IUD for each case separately, occupied the fourth position of importance as it was repeated at a ratio 21% of the whole sample.

Increasing the profitability for pharmacy on IUD sales came in the fifth position as it got a frequentation of a ratio 12% of total sample elements, and a ratio of 14% of pharmacists dealing with IUDs whereas

this suggestion occupies the last position on the suggestions list given by pharmacists not dealing with IUDs and at a ratio of nearly 5% of the total.

The suggestions of least importance were those concerning physicians training on IUD insertion operations and generalization of IUD distribution among them in clinics, the first has a frequentation of 11% of the whole sample, and the second 7% only.

It is to be noticed that suggestion of IUD distribution among physicians suggested by 10% of pharmacists not dealing with IUD, only got a frequentation of 6% of the total number of pharmacists dealing with IUDs.

CHAPTER III

RESULTS OF . STUDYING PHYSICIANS SAMPLE

Preface:

This chepter contains presentation and discussion of the most important results obtained by analysing data included in the physicians questionnaire. Hence this chapter will include:

1. Geographical distribution of physicians in sample in the divisions of Greater Cairo.
2. The extent to which of physicians performing the insertion of contraceptive IUDs.
3. Causes for which some physicians do not perform insertion of IUDs.
4. The relative importance of kinds of IUDs inserted by physicians.
5. Rates of IUDs monthly fixed.
6. Causes for which physicians prefer to insert a certain kind of IUDs.

7. Causes for which physicians do not prefer to insert a certain kind of IUDs.
8. Women demand for a certain kind of IUDs.
9. Causes for which some women prefer to fix a certain IUD.
10. Abundance of IUDs in clinics.
11. Quantities of IUDs in stock in clinics.
12. Sources from which physicians obtain IUDs.
13. Continuity of delegates visits to clinics.
14. Effectiveness of the delegates visits to clinics.
15. Physicians annual needs of IUDs.
16. Payment facilities granted to physicians.
17. Free-of-charge gifts for physicians.
18. Cases of reinsertion of IUDs according to kind of IUD.
19. Seasonal demand to insert IUDs.
20. Insertion of IUDs to non-Egyptian women.
21. Existence of a recording system to record cases of insertion of IUDs and to follow it up in clinics.
22. Physicians proposals to rationalize and increase the efficiency of IUDs distribution.

It is worth mentioning that the source of all tables included in this chapter are the registers of data taken out of questionnaires of this study.

Table (47) Distribution of physicians, sample
in various districts of Cairo.

No	District	No. of phys. in sample	% of total sample	No	District	No. of phys. in sample	% of total sample
1	Heliopolis	9	9	15	Rod El Farag	1	1
2	Mataria	10	10	16	Boulak	1	1
3	El Wayli&Mad- ayek El Kobba	3	3	17	Kasr el Nil	1	1
4	El Zytoon	4	4	18	Dokki & El Agouza	6	6
5	El Zaher & El Sakakini	2	2	19	Misr el Kadima	2	2
6	Sayeda Zeinab	2	2	20	Maadi&Dar el Salam	3	3
7	El Moski	-	0	21	Heluan & el Tebeen	1	1
8	Aabdeen	8	8	22	Shoubra el Kheima	2	2
9	El Azbakia	1	1	23	Boulak el Dakrour	2	2
10	El Khalifa	5	5	24	Embaba	17	17
11	El Gamalia	3	3	25	El Guiza	3	3
12	El Darb El Ahmar	1	1	26	El Ahram	10	10
13	Shoubra	1	1	27	Bab el Shaaria	-	0
14	El Sahel	2	2				
				<hr/> Total 100 100			

3.1 Geographic distribution of physicians : sample among districts of Cairo

Table (47) shows that this sample covered geographically 25 districts, and only two districts were not covered. This was due to performing difficulties. As the original sample was covering all Cairo districts without exceptions, but due to impossibility to obtain sufficient data or establish meeting the respondent himself, the research team was obliged to rely upon the alternative sample to select another element, this led to impossibility of covering all the twenty seven districts but in the same time it was possible to establish the target number for study, i.e. 100 physician element.

Table (48) Distribution of physicians, sample according to performing insertion of luds, during 1st half of 1983

Category of variables	Frequencies	%
Yes	83	83
No	17	17
Total	100	100

3.2 Range of physicians
inserting of IUDs

From table (48), it appears that about 83% of total physicians included in the study, performed the operation of inserting contraceptive IUDs during the first six months of the year 1983, when the rest, nearly 17% of the total negated insertion of IUDs during that period.

Table (49) Distribution of physicians within sample who did not insert IUDs according to causes of that

Causes of not inserting IUDs by physician	Frequency	%
Women have no tendency to insert IUDs	9	52.9
Clinic recently established & no preparations for IUD insertion	4	23.5
Not specialized in insertion of IUDs	2	11.8
Repeated failure of insertion & need of reinsertion .	1	5.9
Religious Causes .	1	5.9
Total	17	100

3.3 Causes for which some physicians did not perform
IUD insertion

Table (49) shows that 53% of physicians who did not insert IUDs, referred that the women have no tendency to use this method for contraception.

While 24% approximately stated that they have no preparations necessary for IUD insertion. 12% of them mentioned that they are not specialized in this operation and that means that they were not trained for IUD insertion. 6% said that the probabilities of failure of operation & the need to reinsert the IUD represents the cause which convinces them not to insert IUDs from the beginning.

6% of them pointed that as a principle they refuse using this way of contraception because it contradicts their religious understandings.

Table (50) Distribution of physicians in sample according to kinds of IUDs they insert.

Kinds of IUDs	Frequency	% of 83
Copper IUD T	71	85.5
Copper IUD 7	54	65.1
Plastic IUD	14	16.9
Mini graphi-guard IUD	12	14.5
Multi-load IUD	10	12.0

3.4 The relative importance for the kinds of IUDs inserted by physicians

The copper IUD T takes first place before other kinds of IUDs inserted by physicians in sample because table (50) shows that 86% of them had inserted IUDs T, of the second importance was copper IUD 7, inserted by 65% of physicians, both kinds adopted by "F.O.F.". As for the rest of IUDs kinds, 17% of physicians stated that they inserted plastic IUDs, while 15% pointed that they inserted mini graphi-guard IUDs and the least kind to be

inserted was multi-load IUD at a ratio of 12% of physicians.

Table (51) Detailed distribution of physicians in sample according to kinds of IUDs they had inserted.

Kind of IUD inserted by physician	Frequency	%
Copper IUD T only	16	19.3
Copper IUD 7 only	5	6.0
Plastic IUD only	1	1.2
Multi-load IUD only	0	0.0
minigraphi-guard only	1	1.2
Copper IUD T & copper IUD 7 only	35	42.2
Copper IUD T & and others	12	14.5
Copper IUD 7 & others except copper IUD T	4	4.8
Copper IUD T & others except copper IUD 7	9	10.8
Plastic, multi-load & mini graphi-guard only	0	0.0
Total	83	100.0

On the other hand, and according to data shown in table (51), about 98% of physicians within sample who had

inserted IUDs, used copper IUDs adopted by "F.O.F." of kinds T & 7 , either individually or beside other kinds of IUDs. Only two physicians did not insert either IUD T or 7 one of them inserted plastic IUDs & the other inserted mini graphi-guard IUDs. At the same time it was clear that about 67% of physicians who had inserted IUDs confined their activity to use only IUDs 7 & T, whereas about 31% of them used these two kinds of IUDs together with other kinds.

These results generally points at the dominance of IUDs T & 7 successively on the other kinds used.

Table (52) Distribution of physicians within sample according to average of monthly quantities of different kinds of IUDs inserted.

Categories of quantities inserted monthly Quantities inserted monthly	Frequencies for quantities monthly inserted					Total %
	Plastic	IUD copper 7	Multi load IUD	Mini gra-phi-guard	IUD copper T	
Less than 5 %	10	37	9	9	40	105
" " 10	2	9	1	3	13	28
" " 20	1	5	-	-	14	20
" " 40	1	1	-	-	2	4
" " 60	-	1	-	-	-	1
More than 60	-	1	-	-	2	3
Total	14	54	10	12	71	161 100%
%	8.7	33.5	6.2	7.5	44.1	100

3.5 Monthly rates of IUD insertion

Data shown in table (52) point that the general average of the number of IUDs inserted monthly by one

physician is nearly 7 disregarding kind of IUD, of this average, IUD T represents 44%, and IUD 7 is 34%. The share of all the other kinds represents 22% of that average. In another way we can say that the over general average of the number of copper IUDs (of kind T monthly inserted by one physician is 3.26 IUDs, and in case of copper IUD kind 7 is 2.48, for all the other kinds together this average amounts to 1.29 IUDs.

3.6 Causes for which physicians prefer to use certain kind of IUDs

Data given by table (53) show that there are ten different causes involved in physicians answers when asked about the reason for their preference to fix certain kind of IUDs.

The most important of these causes was the decrease of side effects on the woman using it, followed by the suitability of that certain kind of IUD to a special case, i.e. the state of the woman necessitates the use of that kind of IUD.

Other causes are as follows:

- Physician convinced that this kind of IUD is more effective for contraception.
- Ease of insertion.
- Kind of IUD well-known by women.
- Relative cheapness of price.
- Continuous abundance at the service of physicians.
- Duration of IUD for a longer time of use.
- Abundance of knowledge about IUD.
- Insertability of IUD.

In a detailed form, the order of causes mentioned by physicians concerning copper IUD T was as follows:

- Least Side effects 22% of causes.
- More effective way of contraception. 18%
- Ease of insertion 14.4%
- Relatively low price. 14.4%

and other causes as shown in table (53).

Concerning copper IUD 7 , the order of causes was as follows:

- Least side effects. 25% of causes
- Ease of insertion 18%
- More effective way of contraception 18%
- Well known to women 15%

In addition to other causes shown in table (53).

In the case of other kinds of IUDs,

- For plastic IUDs, the most important cause was that it is useful in certain cases, frequency 44%.
- For multi-load IUD, 30% of causes, as it is well-known.
- For mini-graphi-guard 77% because it is suitable for special cases.

It is worthy to mention that the cause concerning the preference of a certain IUD because it has less side effects, previously referred to as the most important cause of preference, this cause firstly appeared in case of copper IUD T, followed by copper IUD 7 where they together obtained about 92% of the frequencies in this concern.

As to the cause that the kind of IUD is well-known among women, both IUDs T & 7 obtained together 79% of frequencies. They obtained together 94% of frequencies. As for higher effectiveness for contraception, both IUDs T & 7 got 96% of frequency, for case of insertion they obtained 89%. They both gained 94% of frequencies concerning relatively low price, 86% for abundance in

pharmacies & in the market at physicians disposal, and 83% of frequencies concerning sufficient knowledge.

The copper IUDs T, obtained 100% of frequencies concerning insertability and not to fall after setting.

All these matters generally clarify that the physicians believe that both copper IUDs T & 7 have the majority of advantages, which are the basis for preference of inserting certain kind of IUDs.

Table (53) Distribution of physicians within sample according to causes of preference of inserting certain kind of IUD.

Cause of preference to insert certain IUD	Copper IUD T		Copper IUD 7		Plastic		Multi-load IUD		Minigraph guard		Total	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
1 Useful in special cases	5	5.6	5	8.3	7	43.6	2	20.0	10	76.9	29	15.3
2 Easy to insert	13	14.4	11	18.3	-	0.0	2	20.0	1	7.7	27	14.3
3 Less side effects	20	22.2	15	25.0	2	12.5	1	10.0	-	0.0	38	20.1
4 Fixability, does not fall after setting	3	3.3	-	0.0	-	0.0	-	0.0	-	0.0	3	1.6
5 Endurance for longer time	3	3.3	-	0.0	3	18.7	2	20.0	-	0.0	8	4.2
6 More effective contraception method	16	17.8	11	18.3	1	6.3	-	0.0	-	0.0	28	14.8
7 Relatively low price	13	14.4	3	5.0	1	6.3	-	0.0	-	0.0	17	9.0
8 Well-known among women	6	6.7	9	15.0	1	6.3	3	30.0	-	0.0	19	10.0
9 Abundance, continuously.	7	7.8	5	8.3	1	6.3	-	0.0	1	7.7	14	7.4
10 Sufficient knowledge of IUD	4	4.4	1	1.7	-	0.0	-	0.0	1	7.7	6	3.2
Total	90	99.9	60	99.9	16	100	10	100	13	100	189	100

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3.7 Causes for which physicians do not prefer certain kind of IUDs

Data given by table (54) shows that there were twelve different causes involved in physicians answers to the reasons of not preferring to insert certain kind of IUDs.

Generally, one of most important of these causes was that this kind is not abundant easily and continuously in the market and in pharmacies. This cause followed by:

- Physician did not try it before.
- Side effects, many or sharp.
- Relatively high priced.
- insufficient quantity of suitable sizes
- Low effectiveness as contraceptive method.
- High ratio of falling after insertion.
- In sufficient information about it.

In a detailed form, the order of causes mentioned by physicians concerning this matter for IUD T was as follows:

- Physicians not convinced of feasibility of IUD 25% of causes
- Low effectiveness against contraception 17%
- Shortage of suitable sizes 17%

and other causes shown in table (54).

In what concerns copper IUD 7 these causes were:

- Sharp side effects 21% of causes
- Low effectiveness for contraception 14% of causes
- Relatively high price 14% of causes

in addition to other cause mentioned in table (54) physicians who did not prefer to use plastic IUDs mentioned 11 causes, ahead of them; low effectiveness as contraceptive 35% of total causes.

For multi-IUD, similarly 37% of causes was shortage of this kind in the market and for mini graphi-guard, the most important cause was that they did not practise inserting it before.

It is worthy to mention that the cause of shortage in the market or pharmacies previously referred to as the main cause, has the least frequency in regard to copper IUDs T & 7 successively, they got together 5% of frequencies.

For IUD T, as for prior experience to insert certain IUD, this cause disappeared completely, but for IUD 7, it appeared only by 6% of total frequencies of this cause.

As for sharp side effects, both IUDs T & 7 together got 17% of frequencies of this cause, & 83% of freq. pointed to other kinds of IUDs.

Concerning the relatively high price, both IUDs T & 7 got only 17% of frequencies.

It is ought to be mentioned, that concerning two causes, i.e. IUD nonsterilized, and insufficient information about IUDs, the frequencies of those causes did not include any remark about IUDs T & 7 .

All these matters points out that physicians believe that the cause for not using any kind of IUDs, is rarely present in the case of the two copper IUDs T & 7 .

Table (54) Distribution of physicians within sample according to causes not to prefer using certain kind of IUDs.

Causes not to prefer using certain IUD	Copper IUD T		Copper IUD 7		Plastic		Multi-load		Mini-graphic guard		Total	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
1 Shortage from market&pharmacies	1	8.3	2	6.9	12	15.2	29	37.2	19	26.0	63	23.3
2 Only distributed at family control centres & state units.	-	0.0	1	3.4	8	10.1	1	1.3	1	1.4	11	4.1
3 Many side effects	1	8.3	6	20.7	28	35.4	4	5.1	3	4.1	42	15.5
4 in effective	2	16.7	4	13.9	3	3.8	2	2.6	1	1.4	12	4.4
5 ratio of loosening is high	1	8.3	2	6.9	2	2.5	1	1.3	1	1.4	7	2.6
6 suitable only for limited cases	1	8.3	3	10.3	2	2.5	-	0.0	9	12.3	15	5.4
7 Abundant quantity of unsuitable size	2	16.7	1	3.4	7	8.9	1	1.3	1	1.4	12	4.4
8 non-sterilized	-	0.0	-	0.0	6	7.6	-	0.0	-	0.0	6	2.2
9 Relatively high price	1	8.3	4	13.9	-	0.0	15	19.2	9	12.3	29	10.7
10 I did not use it before	-	0.0	3	10.3	4	5.1	21	26.9	25	34.2	53	19.6
11 I am not convinced by it generally	3	25	3	10.3	6	7.6	1	1.3	1	1.4	14	5.2
12 I have no knowledge about it	-	0.0	-	0.0	1	1.3	3	3.8	3	4.1	7	2.6
Total	12	99.9	29	100	79	100	78	100	73	100	271	100

Table (55) Distribution of physicians in sample according to facing women asking for a certain IUD.

Nature of women's demand	Frequency	%
Women ask for certain IUD	46	55.4
Women do not ask for certain kind of IUD	37	44.6
Total	83	100

3.8 Women's demand for a certain kind of IUDs

55% of physicians in sample who perform the operation of insertion of IUDs pointed out that sometimes women ask the physician to insert certain kind of IUDs, and the rest (45%) of physicians stated the opposite.

Table (56) Dist. of physicians in sample according to their estimation of categories (% age) of women asking for certain IUD to the total number of cases.

Categories ratio % of women	Less than 20	20-40	40-60	60-80	80-100	Total
Frequencies	16	4	9	10	7	46
%	34.8	8.7	19.6	21.7	15.2	100

By asking physicians who faced women who ask for certain IUD about the ratio of these women to the total number of women wishing to insert IUDs, 35% of physicians stated that this ratio is less than 20% of total number of women, 22% of physicians showed the ratio increases until ranging from 60-80% of total women. 15% of physicians mentioned the ratio to reach 100% of women wishing to insert IUDs (shown in table "56").

Table (57) Dist. of physicians according to their opinion about kind of IUD mostly demanded by women.

Kind of IUD mostly demanded	Copper 5	Copper 7	Plastic	Multi-load IUD	Mini graphi guard	Total
Frequencies	31	12	1	1	1	46
%	67.3	26.1	2.2	2.2	2.2	100

About 67% of physicians, who mentioned that there are women who demand insertion of certain kind of IUD, showed that the mostly demanded IUD was the copper IUD T, while 26% of them mentioned that copper IUD 7 is the mostly demanded.

And the rest of physicians stated the other kinds of IUDs in a ratio of 2% for each kind.

That points out that copper IUDs T & 7 frequently appeared together in a ratio of 93% as the kind, mostly asked for by women according to physicians who faced such defined demand, (Data of table (57)).

3.9 Causes why some women wishing to insert certain IUD

Physicians, who stated that some women demand insertion of certain IUD, mentioned 10 causes for such a demand.

The order of importance of these causes disregarding the kind of demanded IUD, put in the first place, the cause concerning famous ness of that kind among women with a ratio of 63% nearly from the total frequencies of causes stated by physicians. That was followed by the opinion of women that this kind has no symptoms or side effects (13%), & their belief physicians often recommend it. All that in addition to other causes stated in table (58).

Data given in table (58) points out that the most important cause mentioned by physicians to clarify why women prefer to insert IUD T, is the large famous ness among women (59% of frequencies of causes concerning that kind).

Next to above, women believe that this kind has no symptoms or side effects (15%), and also:

- it is well-known that physicians prefer to insert this kind.
- confidence, as it is imported.
- effectiveness as efficient contraceptive.
- sterilized & clean, safe to use.

Each of these four causes obtained a ratio of about 5% of total causes mentioned in this concern.

For copper IUD 7, the main causes of preference as physicians stated-was its famousness among women (ratio 88%), and also women believe that physicians prefers & mostly recommend using it (Ratio 13%).

As to plastic IUDs, main causes were:

- famousness among women (40%) of causes
- no side effects (40%) of causes

For multi-load IUD, only one physician who stated that women prefer that IUD because they do not trust using cheap IUDs.

Similarly one physician who mentioned that women prefer the mini-graphi-guard IUDs showed that women prefer this IUD because they believe physicians prefer & recommend using this kind.

It is worthy to mentioned that for the cause concerning the famousness of IUD among women both copper IUDs T & 7 together obtained about 95% of total frequencies for this cause.

In concern of no side effects both T & 7 IUDs gathered nearly 75% of frequencies.

Whereas causes related to confidence in imported productions, belief in effectiveness as contraceptive, ease for insertion, cleanliness & sterilization of IUDs, all these were confined only to IUD T.

All these matters point out generally that physicians see that women prefer using copper IUDs for objective causes mostly found in these IUDs other than the other kinds.

Table (58) Dist. of physicians in sample according their clarifications of causes that women tend to demand certain kind of IUDs.

Cause of frequent demand	Copper IUD T		Copper IUD 7		Plastic		Multi-load IUD		Mini-graphi guard		Total	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
1 Famous among women	24	58.6	14	87.5	2	40.0	-	0.0	-	0.0	40	62.5
2 Preferred by physicians	2	4.9	2	12.5	-	0.0	-	0.0	1	100	5	7.8
3 no confidence in IUD of low price	-	0.0	-	0.0	-	0.0	1	100	-	0.0	1	1.6
4 confidence in foreign imported goods	2	4.9	-	0.0	-	0.0	-	0.0	-	0.0	2	3.1
5 Belief that is more effective	2	4.9	-	0.0	-	0.0	-	0.0	-	0.0	2	3.1
6 No complications or side effect	6	14.6	-	0.0	2	40.0	-	0.0	-	0.0	8	12.5
7 Endurability	1	2.4	-	0.0	1	20.0	-	0.0	-	0.0	2	3.1
8 Easy to insert	1	2.4	-	0.0	-	0.0	-	0.0	-	0.0	1	1.6
9 Sterilized, clean and safe	2	4.9	-	0.0	-	0.0	-	0.0	-	0.0	2	3.1
10 There's no definite cause	1	2.4	-	0.0	-	0.0	-	0.0	-	0.0	1	1.6
Total	41	100	16	100	5	100	1	100	1	100	64	100

Table (59) Dist. of physicians sample according to method of disposing IUD to women.

Categories of variables	Frequencies	%
Stock in clinic	64	77.1
Purchase by women	11	13.3
Both alternatives	8	9.6
Total	83	100

3.10 Abundance of IUDs in clinics

- Nearly 77% of physicians in sample who perform insertion of IUDs, showed that there is a stock of different kinds of IUDs to insert for women.
- 13% of them stated that they do not keep any IUD in their clinics and the woman who wishes to set a IUD purchases it by herself.
- The rest of physicians, i.e. 10% stated they keep IUDs in stock in their clinics, and in the same time they do not oppose the woman to bring IUD with her. (See table 59).

Table (60) Dist. of physicians object of study according to categories of quantities in clinic, from different kinds of IUDs, during performing the research.

Categories for quantities in clinic	Frequencies of quantities according to kind of IUD						Total	%
	Plastic	Copper 7	Multi load IUD	Mini graphi guard	Copper T			
- 20	4	36	6	8	47	101	80.2	
- 40	2	6	-	-	7	15.0	11.8	
- 60	-	1	-	-	2	3.0	2.4	
- 80	-	-	-	-	-	-	0.0	
-100	2	-	-	-	2	4.0	3.2	
More than 100	2	1	-	-	-	3	2.4	
Total	10	44	6	8	58	126	100	

3.11 Quantities of IUDs kept in clinics

Concerning quantities which physicians keep in their clinics, table (60) shows, that each physician keep in average about 16 IUDs disregarding kind of IUDs.

According to the data, it can be said that physicians who keep quantities of copper IUD T in their clinics each has in average 14 IUDs, and for those who keep IUD 7 each of them has in average 16 IUDs in the clinic.

Those who keep plastic IUDs, mostly have 52 IUDs in average, and physicians who keep multi-load IUD have in average 10 IUDs, which is the same for physicians who keep mini-graphi-guard IUDs.

Table (61): Dist. of physicians object of study according sources of IUDs.

Categories of variables	No. of frequencies					Total	%
	Plastic	Copper 7	Multi- load IUD	Mini graphi guard	Copper T		
Pharmacy	1	3	2	-	5	11	8.7
distribution delegates	9	41	2	7	53	112	88.9
Abroad	-	-	2	1	-	3	2.4
Total	10	44	6	8	58	126	100

3.12 Sources of IUDs:

Concerning these sources, table (61) shows that:

9 % of cases were through pharmacies.

2 % of cases from abroad.

& 89% of cases from distribution delegates directly during their visits to physicians in their clinics.

It is generally remarked that getting IUDs from abroad only appeared in two kinds, i.e. multi-load IUD and mini graphi guard.

For copper IUD T, it was clear that in 91% of cases, physicians obtain the IUDs kept in their clinics through distribution representatives. Similarly for copper IUD 7

this ratio amounts to 93%. This fact points out the great importance of the role played by distributors to supply physicians by IUDs.

These results are abridged in table (61).

Table (62) Dist. of physicians in sample according to their opinion in the continuity of the visit of distributors.

Category of visits varieties	Number of frequency of visits					Total	%
	Plastic	Copper 7	Multi load IUD	Mini graphi guard	Copper T		
Regular	6	24	2	7	40	79	55.3
Intermittent	3	7	-	-	13	23	14.3
Null	5	23	8	5	18	49	30.4
Total	14	54	10	12	71	161	100

3.13 Continuity of visits to clinics by distributors

Data given in table (62) shows that-disregarding the kind of IUD-in 55% of cases visits were regularly periodical and in 14% of cases, these visits were continuous but they were intermittent & non-cyclic. For the rest (30% of cases) these visits never occurred.

Concerning distributors distributing IUDs T & 7 adopted by "F.O.F.", their visits to physicians were regular in 59% of cases, intermittent or irregular in 16% of cases, and was null in 25% of cases, and that according to the point of view of physicians who performed the operation of IUD insertion. This points out the importance of revising the way to follow accomplishing these visits, in order to be able to convert 16% of cases from irregular to regular, and also to care about visiting 25% of the cases of physicians dealing with both IUDs T & 7, who previously stated that receive no visits from "F.O.F." distributors.

Table (63) Dist. of physicians in sample according to their opinion about the extent of response from the distributors to fulfil their demands of different kinds of IUDs.

fulfilling demands	Kind of IUD	Copper T	Copper 7	Plastic	Multi-load	Mini graphi guard	Total	
							Freq	%
Complete		51	39	6	2	7	105	93.8
Relative		2	2	3	-	-	7	6.2
Total		53	41	9	2	7	112	100

3.14 Effectiveness of visits of distributors to clinics

Concerning effectiveness of visit with regard to fulfilling the needs which physicians demand from distributors,

94% of the total number of physicians who mentioned that these visits either regular or intermittent, stated the needs demanded by them during the visits of distributors were completely fulfilled.

The rest stated that fulfillment is partially and not completely regardless of the kind of IUD needed that is shown from data in table (63).

From this point of view, in about 96% of cases of demanding IUD T through distributors, and in 95% of these cases when demanding IUD 7, physicians stated that their demands were completely fulfilled.

And for the remaining ratio of cases of physicians; physicians showed that these demands were fulfilled partially & not completely.

Concerning the rapidity by which physicians demands were fulfilled, table (64) shows that-regardless of kind

of kind of IUD - fulfillment was accomplished in a short time (less than one week in 87% of cases, while for the rest of cases (13% of total), there was a delay in fulfillment ranging between one week to more than 4 months.

. Data of table (64) shows that in 8.8% of cases of demanding IUDs T & 7 , demands were supplied in a short period (less than one week), in 5% of cases the delay was in the limits of 1-2 weeks only, And there is a delay of ratio nearly 2% in those cases appearing repeatedly for time periods of 2 weeks - 2 months, from 2 months - 4 months, and more than 4 months, which reveals the importance of following up execution & fulfillment of physicians demands received through "F.O.F."s distributors.

Table (64) Dist. of physicians in sample according
their opinion about the period between
demand of IUDs & receiving them.

Categories of delivery period	Number of frequencies in deliver					Total %
	Plastic	Copper 7	Multi- load	Mini graphi guard	Copper T	
Short	6	36	2	6	47	97 86.6
Delay till 7 days	3	2	-	-	3	8 7.1
" " 15 days	-	1	-	-	1	2 1.8
" " 60 "	-	1	-	-	1	2 1.8
" " 120 "	-	1	-	1	1	3 2.7
Total	9	41	2	7	53	112 100

Table (65) Dist. of physicians in sample according to their annual needs of different kinds of IUDs.

Categories IUDs	Frequencies of each kind					Total	%
	Plastic	Copper 7	multi-load	mini-graphi guard	Copper T		
- 20	6	12	5	7	18	48	29.8
- 40	-	7	1	-	10	18	11.2
- 80	1	15	-	-	16	32	19.8
-160	2	10	1	2	13	28	17.4
More than 160	2	3	-	-	7	12	7.5
Unlimited	3	7	3	3	7	23	14.3
Total	14	54	10	12	71	161	100

3.15 Annual needs of physicians from IUDs

Physicians who performed the operation of IUD insertion and who were able to estimate their needs, explained that their average annual need for IUDs-regardless of the kind of IUD is about 63 IUDs.

In concern with the copper IUD T, the average was 69 for each physician, in case of copper IUD 7 the average was 64 approximately.

It is worthy to be noticed that about 44% of physicians dealing with IUD T & 40% of the dealers with IUD 7 showed, that their annual needs is less than 40 IUDs in average, while 31% of physicians dealing with IUDs T & about 28% of those dealing in IUD 7 mentioned their average annual need of these two IUDs is more than 160.

And remaining ratio of physicians dealing with either of the two IUDs mentioned that the average annual need is between 40 - 160 IUDs.

All these results abridged in table (65).

Table (66): Dist. of physicians in sample according to gifts (Bonus) granted at the purchase of IUDs.

Categories	Frequency of Bonus					Total	%
	Plastic	Copper 7	Multi- load	mini- graphi guard	Copper T		
No gifts	7	6	2	5	8	28	25.0
gift: 1 IUD/10	-	3	-	-	2	5	4.5
" 1 IUD/12	-	1	-	-	1	2	1.7
" 1 IUD/20	2	30	-	2	40	74	66.1
" 1 IUD per lot	-	1	-	-	2	3	2.7
Total	9	41	2	7	53	112	100

3.16 Free gifts of IUDs granted to physicians

According to data shown on table (66), & regardless of the kind of IUD and in about 66% of cases when physicians obtained IUDs through distribution delegates, the physician is granted a free gift of one IUD per every 20 IUDs payed cash on delivery,

In 25% of cases, there was no such free gifts. In the remaining ratio of cases there were more than one manner for granting the free gift, which ranged between, one free IUD per 10 IUDs or 1 free IUD per 12 IUDs. or 1 free IUD per lot whatever its size may be.

Concerning the 2 kinds of IUDs T & 7 adopted by "F.F.A." "F.C.F." which means that "F.O.F." distributors must follow the same manner of free gifts, it was found that 74% of the answers given by physicians dealing with them stated that they got one IUD as a free gift per 20 IUDs. The rest of the answers showed different patterns in that concern.

15% of cases of these physicians stated that there were no free gifts when dealing with copper IUDs T & 7 5% mentioned that they get one IUD free gift for every 10 IUDs.

2% pointed out they obtain one IUD as free gift for each 12 IUDs.

3% showed that they get one IUD as free gift for each demand whatever its size may be.

If what was mentioned above is true, the matter requires revising the way of controlling and following up applied on the activity of "F.O.F." distributors.

Table (67) Dist. of physicians in sample according to payment facilities.

Categories	Frequencies of facilities					Total	%
	Plastic	Copper 7	Multi load	Mini- graphi guard	Copper T		
No facilities	9	38	2	7	51	107	95.5
Postponing payments	-	2	-	-	1	3	2.7
Instalments	-	1	-	-	1	2	1.8
Total	9	41	2	7	53	112	100

3.17 Payment facilities granted for physicians

Data given in table (67) detail, the nature of the way granted to physicians to pay the value of their demands of IUDs.

Regardless of the kind of IUD, data show that in about 96% of cases of demand for IUDs, there is no arrangements to grant them payment facilities, that is to say that physicians in these cases - which form the overwhelming majority - pay the value of their demands of IUD as cash on delivery, but 3% of cases stated that they get facilities in such a way of postponing payment for a definite period of time 2% of cases explained that they pay in instalments.

Concerning copper IUDs T & 7, it appeared that in 95% of cases, payment is cash on delivery in 3% of cases, physicians stated that they pay after a certain period of time & 2% of cases mentioned that they pay in instalments.

Table (68) Dist. of physicians in sample according to cases requiring IUD reinsertion

Categories of variables	Number of frequencies	%
Yes	66	79.5
No	17	20.5
Total	83	100

3.18 Cases of reinsertion of IUDs according kind of IUD

Data given in table (68) show that in cases of 80% of physicians who perform the operation of inserting IUDs they stated that they faced cases of women which require reinsertion of IUD as a result of failure of the insertion operation, while in the remaining ratio of physicians about 21%, they pointed out they did not face such cases of reinsertion of IUDs.

From table (69), data reveal that all physicians who performed insertion of IUDs multi-load & mini graphi-guard stated that they did not face any cases which require reinsertion of IUDs of these two kinds.

As for plastic IUDs, all physicians who insert IUDs stated they faced such cases of reinsertion.

43% of these physicians showed that the ratio of cases which need reinsertion of plastic IUD is more than 15%, but 29% of them said the ratio of reinsertion is less than 2%, & 24% of physicians mentioned that these case ranges between 3-10%.

In the case of cooper IUD T, only 25% of physicians who perform insertion of this kind of IUD, showed that they faced cases which require reinsertion of IUD.

67% of them stated that the ratio of such cases does not exceed 2% of cases, while 28% of them stated that the ratio ranged between 3 - 10% approximately.

The rest of physicians, i.e. about 5% of physicians (an amount of only one physician), mentioned ratio of reinsertion to be 10 - 15% of insertion cases.

For copper IUD 7 , 39% of physicians who perform the operation of insertion stated that they faced cases which required reinsertion of IUD, 57% mentioned that cases of reinsertion have a ratio less than 2% of insertion cases, the remaining ratio about 43% showed that this ratio ranges only between 3-5% of the total insertion operations.

Table (69) Dist. of physicians in sample according to their opinion about the ratio of reinsertion of IUDs.

Categories of % age reinsertion	Frequencies which need reinsertion of IUD					Total %
	Plastic	Copper 7	multi-load	mini-graphi guard	Copper T	
- 1%	2	8	-	-	10	20 37.7
- 2%	2	4	-	-	2	8 15.1
3-5%	2	9	-	-	3	14 26.4
6-10%	2	-	-	-	2	4 7.6
11-15%	-	-	-	-	1	1 1.9
More than 15%	6	-	-	-	-	6 11.3
Total	14	21	-	-	18	53 100
%	26.4	29.6	-	-	34.0	100%

3.19 Seasonal demand on insertion of IUDs

About 45% of the total number of physicians who performed the operation of insertion IUDs explained that they notice greater tendency of women to insert IUDs during

certain seasons, while the rest (55%) negated such phenomena, as appears from data in table (70).

On the other hand, data in table (71) showed the relative importance of seasons in which there is greater tendency of women to insert IUDs - according to the remarks of physicians who stated there is such a phenomenon.

According to the data given in table (71), this phenomenon nearly concentrated in summer (pointed out in 87% of the answers of physicians).

While 8% mentioned winter as the season for this greater tendency to insert IUDs, one physician said it is spring, and another physician hesitated in his answer and mentioned both summer & winter together.

About the ratio of increase in tendency of women to insert IUDs in such seasons more than prevailing in ordinary circumstances, the answers of physicians mentioned in table (72) states:

For physicians who pointed out that summer is the high season:

- 53% mentioned the ratio of increase is less than 20% of the number in ordinary circumstances.

- 41% estimated ratio of increase ranges from 20-40%
- The rest (about 6%), stated that the ratio is 100% or more.

Physicians who defined winter to be the high season:

- 33% mentioned that ratio of increase is less than 20%.
- 33% estimated ratio of increase to be between 20-40%.
- The rest stated that increase reaches to 60-80%.

In general, we can say that summer is the high season, as estimated by physicians, and most likely the ratio of insertion of IUDs increases in this season about 25% in average more than prevailing in ordinary circumstances.

This draws attention to the importance of providing physicians during this period with IUDs at relatively higher rates to face that increase in demand for inserting IUDs.

Table (70) Distribution of physicians in sample according to their opinion about existence of certain seasons where there is a greater tendency of women to insert IUDs.

Categories of variables	Number of frequency	%
Yes	37	44.6
No	46	55.4
Total	83	100

Table (71) Distribution of physicians in sample according seasons of increased demand for insertion of IUDs.

	Frequencies	%
Summer only	32	86.5
Winter only	3	8.1
Spring only	1	2.7
Autumn only	-	-
Summer & Winter	1	2.7
Total	37	100

Table (72) Distribution of physicians in sample according categories of increase of women's demand to fix IUDs in different seasons.

Categories of % age increase in demand	Summer		Winter		Spring		Autumn		Summer & Winter	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
- 20	17	53.1	1	33.3	-	-	-	-	-	-
- 40	13	40.7	1	33.3	1	100	-	-	-	-
- 60	-	-	-	-	-	-	-	-	1	100
- 80	-	-	1	33.4	-	-	-	-	-	-
-100	1	3.1	-	-	-	-	-	-	-	-
More than 100	1	3.1	-	-	-	-	-	-	-	-
Total	32	100	3	100	1	100	-	-	1	100

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3.20. Insertion of IUDs to non-Egyptian women.

From Table (73), 48% of the total number of physicians in study sample, who performed the operation of IUD insertion, stated that they sometimes insert IUDs to non-Egyptian women during holidays specifically or during their visit to Egypt in general. The remaining 52% negated they inserted IUDs to non-Egyptians concerning of the ratio of cases of insertions to non-Egyptian women to the total number of insertion operations, 23% of physicians who previously stated that they performed operations of insertion of IUDs to non-Egyptian women-mentioned that this ratio does not exceed 1% of total cases of insertion, also 85% of these physicians state that the ratio did not exceed 10% of total cases of insertion. Only 13% of physicians mentioned that the ratio exceeds 10% of insertion cases.

The rest of physicians (3%) stated that it is difficult to estimate the ratio (See table (74)).

Table (73) Distribution of physicians . sample
according to performing operation of insertion
IUDs to non-Egyptian women.

Categories of variables	Number of frequencies	%
Yes	40	48.2
No	43	51.8
Total	83	100

Table (74) Distribution of physicians . sample
according to % age, non-Egyptian women to
whom IUDs were inserted of total insertion
cases.

Categories % age of non- Egyptians	-1 %	-3 %	-5 %	-10%	More than 10%	Un- known	Total
No. of physicians	9	8	9	8	5	1	40
%	22.5	20.0	22.5	20.0	12.5	2.5	100%

Table (75) Distribution of physicians in sample according existence of an arrangement to register women using IUDs, in their clinics,

Categories of variables	Frequencies	%
Yes	55	66.3
No	28	33.7
Total	83	100%

3.21 Existence of arrangement to register cases in clinics

66% of physicians included in the sample of study who performed IUD insertion operation, that in their clinics they have special arrangement to record informations about women to whom IUDs were inserted, and that they refer to these records in case women return back to be examined.

The remaining 33% stated they have no such arrangement. (See table 75).

Data given in table (76) points out that 47% of physicians who keep records in their clinics, stated that information includes adress of the women to whom IUD was inserted while 53% mentioned that this information does not include women's adress.

Table (76) Distribution of physicians in sample according to registering women's adress in their records.

Categories of variables	No. of frequencies	%
Yes	26	47.3
No	29	52.7
Total	55	100%

Table (77) Distribution of physicians in sample according to their suggestions to increase rate of IUD insertion

No.	Physicians suggestion to increase rate of insertion of IUDs	Physicians perform insertion (83)		Physicians not perform insertion (17)		Total physicians in sample (100)	
		Freq	%	Freq	%	Freq	%
1	Publicity specially direct to women	69	83.1	15	88.2	84	84
2	Abundant IUDs of all kinds in market	19	22.9	2	11.8	21	21
3	Decreasing IUD price	23	27.7	2	11.8	25	25
4	Continuity of visits of delegates	20	24.1	1	5.8	21	21
5	Organization of training programme for physicians	9	10.8	1	5.8	10	10
6	Insertion by specialized phys. only	10	12.0	-	0.0	10	10
7	Production and/or import of New Kinds of IUDs	4	4.8	1	5.8	5	5
8	Concentration of national interest of insertion of IUDs than other contraceptors.	10	12.0	1	5.8	11	11

3.22 Physicians suggestions for rationalization & increasing efficiency of IUD distribution

To be acquainted with proposals which could help from the point of view of physicians - to increase the rates of IUD insertion, an open question was directed to all physicians sample either who inserted IUDs or those who didn't. Data included in table 77 is an abbreviation of the results of physicians answers.

a) Physicians who perform insertion operations:

The first proposal suggested by 83% of them was to take greater interest in the programmes of publicity and information which includes informations about IUDs, its effectiveness, these programmes to be basically directed to women.

The 2nd proposal suggested by 28% to decrease prices of IUDs to be at the disposal of the wide base of women with limited income.

24% of physicians required the continuity of visits of distributors to clinics either for supply of IUDs or to provide them with informations about the them.

23% of physicians suggested that it is necessary to have sufficient quantities of all kinds of IUDs in the market at the disposal of physicians in order not to be obliged to recommend another method for contraception in case the available kind of IUD is not suitable for the woman either medically or financially.

12% of physicians proposed the insertion operation have to be confined to specialized physicians only.

12% of physicians suggested to concentrate interest on using IUDs instead of tablets or peritonal methods in within the national programme of family control.

11% proposed to give more interest to organize special training programmes for physicians to provide them with knowledge & technical skill necessary to increase their efficiency in using and insertion of IUDs.

Lastly 5% of physicians suggested to supply new kinds of IUDs suitable for variable health and financial conditions of women using IUDs, by producing new kinds or by importing it from abroad.

b) Physicians who did not perform operation of inserting IUDs

88% of them proposed to increase & concentrate publicity programmes directed to women, on IUDs & its effectiveness in comparison with other means used for contraception.

12% suggested to decrease prices of IUDs & to supply all kinds in abundance at the disposal of physicians.

6% of them proposed the same other proposals previously referred to in case of physicians who performed insertion operation, except the proposal of confining the insertion to specialized physicians.

Then, it can be said that the proposals regardless of their classification into physicians who perform insertion of IUDs and those who did not insert IUDs shows that 84% of physicians in sample proposed more interest in publicity & information programmes directed to women and concerned with IUDs, then follow the proposals of decrease of prices, continuity of visits of distributors at a ratio of 21-25% of total physicians in sample.

At a ratio 10-11% of total physicians in sample they proposed:

Concentration of national interest on using IUDs instead of tablets and other means of contraception.

Organization of training programmes for physicians to raise their technical efficiency related to IUDs.

Confining the operations of insertion of IUDs to specialized physicians.

Lastly at a ratio of 5%, the proposal of production and/or import of new kinds of IUDs.

Chapter IV

General Discussions and
conclusion .

- 4.1 This study principally aimed to determine the efficiency of the method used in distributing copper Iuds through pharmacies & physicians in the region of Greater Cairo , adopted by the association " Family of the Future" [≠] "F.O.F" the study depended on two sources for data , the first was the Association registers and the second was two questionnaires which were filled by sample of 100 pharmacists & 100 physicians distributed all over various parts of Greater Cairo , who were selected in away which includes regular random & stratified random. Registered data used in the study was limited to the period 1st January till 31 March 1983.
- 4.2 One of the most important motives to establish this study, was to verify what was said about great quantities of IUDs adopted by "F.O.F" , and distributed by its representatives , leak out for non objectives users.

i.e to women other than Egyptian married women in fertility age .

Results of the study lead to refusal of such saying, and that it was not true during study period (January-March 1983) in the districts of Greater Cairo.

This general result is based on the following group of results previously referred separately in the chapters of this study .

4.2.1 There was complete equilibrium in 95% of Cairo districts ; between ratio of number of pharmacies dealing with copper IUD T in the district to the total number of pharmacies dealing with the same IUD in Cairo , and the ratio of quantity distributed from this IUD to pharmacies of same district to the total quantity distributed to all pharmacies in Cairo .

In 5% of Cairo districts , the difference between these two ratios did not exceed 2% approximately.

4.2.2. It was clear that there is complete equilibrium in 77 % of Cairo districts ; between the ratio of number of pharmacies dealing with IUD 7 in the district to total number of pharmacies dealing with it in Cairo

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and the ratio of quantities of this IUD distributed to pharmacies of this district to the total quantity of this IUD distributed to all pharmacies in Cairo .

In 9 % of Cairo districts the ratio of quantity distributed was less than the ratio of number of pharmacies in the district .

In 14 % the ratio of quantity was more than the ratio of number of pharmacies in district, the difference was not more than 5% approximately .

4.2.3 In 70 % of Cairo districts , it was shown that there is complete balance between the ratio of number of physicians dealing with copper IUD T in the district to the total number dealing with same IUD in Cairo , and the ratio between quantities of this IUD distributed among physicians of this district to the total quantity distributed among physicians in Cairo .

In 15% of districts , ratio of quantities distributed was less than ratio of physicians in the district.

In 15% of districts , ratio of quantities distributed was more than the ratio of physicians in district, the difference does not exceed 7% in the average .

4.2.4 For copper IUD 7 :

In 63% of Cairo districts , appeared a complete balance between the ratio of number of physicians dealing with IUD in the district to the total number of physicians dealing with it in Cairo , and the ratio of quantity distributed of this IUD among physicians of the district to the total quantity distributed among physicians in Cairo.

In 16% of these districts, the ratio of quantity distributed was less than the ratio of number of physicians in district .

In 21% of the districts, the ratio of quantity distributed was more than the ratio of number of physicians in the district with a difference did not exceed 5% .

4.2.5 Above mentioned results were confirmed by results of calculation of concentration ratio using Lorenz curve for distribution of IUDs to pharmacies & physicians.

From Lorenz curve we found :

For pharmacies :-

Method of distribution of IUD T is far from the

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optimum position by only 14% , that optimum position is attained when ratio of quantity distributed of IUD is equal to the ratio of number of pharmacies to which IUD was distributed in all Cairo districts.

In case of distribution of IUD 7 , the present method of distribution varies only by 21% from the optimum .

For physicians : -

In case of distributing IUD T , present way differs only by 12% from the optimum .

In case of distributing IUD 7 , present manner differs from optimum by 26% .

In conclusion that distribution of IUD T either among physicians or pharmacies is only far by 13% in average from the optimum . And distribution of IUD 7 for both physicians & pharmacies differs by 23% , in average from optimum .

Generally , we can say that the present method followed for distribution of IUDS T & 7 among physicians & pharmacies is far from the optimum method by only 16 % in average .

It means that the present method verifies 84% approximately from the optimum position for distribution .

No doubt that this is an excellent result if we take in consideration the relative recency of establishing the association, that it depends on unexperienced youth who gained their basic experience through practising .

4.2.6 Pharmacists included in the sample of study that the average quantity of IUD T sold monthly was about 8.4 IUDs , while the average quantity of this IUD monthly distributed during the period of study was 6.4, "i.e." quantity delivered to one pharmacy is less than the quantity it sells by 2 IUDS per month in average .

This can be explained as the pharmacies do not receive monthly share but receive according to cyclic periods of average three months , and that way enables pharmacist to keep a stock of IUDS which allows to compensate the difference between the average quantity sold monthly and average quantity received monthly.

This also shows that the "F.O.F." does not follow the policy of flooding the pharmacies by quantites of IUDS mor than the normal available demand, which lessens the opportunities of pharmacies to get rid of this surplus by selling to other persons other than objectives of distribution.

4.2.7 This phenomena also was repeated in the case of copper IUD 7 , pharmacists showed the average monthly sales was about 6.1 IUDS , whereas average quantity distributed monthly was 5.3 IUDS during the period of study.

so the quantity delivered to one pharmacy is less than quantity sold by 0.8 Iud in average monthly .

4.2.8. In case of physicians dealing with IUD T , a reverse phenomena was obvious, as the average of monthly quantity distributed per physician was about 9.3, whereas the physicians sample of the study cleared that the average monthly quantity inserted by one physician is about 3.3 . so the quantity received exceeds quantity inserted by them in average monthly, by 6 Iuds .

But physicians mentioned that each keeps about 14 IUDS as average in his clinic , this quantity equals the surplus in stock during 2.3 months, which nearly balances the interval between two successive visits of the Medical Representative to the physician.

4.2.9 Copper IUD 7 distributed among physicians has a distinctive phenomena because the average monthly quantity distributed per one physician was 2.2,

whereas physicians object of study mentioned that each of them inserts nearly 2.5 IUDS per month .

Hence the quantity received is less than quantity inserted by each by about 0.3 IUDS monthly , so they keep a stock of average quantity 16 IUDS in their clinic , this is sufficient for his needs during 6 months, nearly 3 times the time interval between 2 successive visits of Medical Representative to supply physician with his needs.

This can be explained as some physicians care not to face incidental lack of available quantity of this IUD so he keeps such a stock in hand.

In this concern, it is important to state that this surplus stock was actually present in the clinics of physicians during the study- according to their statements - , which does not indicate any probability of going out to users other than objectives of distribution

4.210 In this respect , it is also worthy to point that "F.O.F"'s Medical Rep.were the only source to supply physicians with copper IUDS for 91% of physicians dealing with IUD T & 93% of physicians dealing with IUD 7. And that assures to a great extent the soundness of results and explanations mentioned in points 8 & 9 above.

4.2.11 Six pharmacists, representing 8% of the total pharmacists dealing with IUDS subject of the study, mentioned that they faced cases where one individual of ordinary public demanded than one IUD T in the same time .

Two pharmacists faced the demand of two IUDs per time. Three pharmacists faced the demand of three IUDs per time.

Only one pharmacist faced the demand of ten IUDs as one lot, which generally indicates the scarcity of such demand from individuals of ordinary public.

4.2.12 In case of IUD 7 , this scarcity was more obvious, as only 3 pharmacies representing 4 % of total pharmacies dealing with this kind faced the demand of more than one IUD per time from the ordinary public.

For Two of them , it was demanded only two IUDS per lot , and for the third , a lot of three IUDS was demanded .

4.2.13 67% of pharmacists dealing with IUD & 100% of pharmacists dealing with IUD 7 who faced this abnormal demand , assured that it was by normal clients of the pharmacies.

And only two pharmacists dealing within IUD T mentioned that individuals who asked for that unusual

demand were not of their usual clients.

4.2.14 48% of physicians in the sample, who performed insertion of IUDs, showed that they sometimes insert IUDs to non-Egyptian women during their stay in Egypt during holidays specially, or during their visit to Egypt in general.

According to their statements the ratio of IUD insertion to non-Egyptians represents nearly 5% of total cases of insertion.

Hence, we can say that the general ratio of the cases of inserting IUDs to non-Egyptians to the total cases of insertion does not exceed nearly 2.4%.

This ratio is accepted naturally as Cairo is the most important curing centre in the Arabic area.

And it is hard to refer to this low ratio to give preponderance to saying that IUDs are leaking to other women than objectives of distribution.

4.2.15 The statistical Coeff. of the positive correlation between ratio of quantities distributed to physicians and pharmacists from IUDs 7,T in different districts of Cairo and ratio of married women in fertility age in these districts, was significant and,

points to the relative increase in distribution of these two LUDs, occurs basically in districts having high ratio of married women in fertility age, those are originally the objectives of distributing these LUDS.

This result is confirmed by what was shown that 90% approximately of the number of physicians & pharmaes included of the sample only were dealing with LUDs T & 7. And also that both LUDs are dominant in the market in a ratio of 90%. The remaining 10% for the other kinds of LUDs.

4.2.16

In addition to that mentioned above Medical Rep. and supervisors confirmed that they revise each demand from physicians or pharmacies of LUDs T, 7 to be sure that it does not exceed the common usual average demand the physician or the pharmacist. And that these of Rep. nearly do not fulfil these demand except within that average known to them by previous expericnce of deals.

According to all previous disscussion and results, the study concerning the denial of large quantities of Iuds distribute.

by "F.O.F." to objectives , leaking out to non - objectives , and confirming that leakage did not occur during study period in the region of Greater Cairo becomes an acceptable matter to be belived according to results previously stated .

4.3 On the other hand , one of the motives to make this study was to know about the method of distributing IUDS to pharmacies through "F. O.F." Medical Rep. and the important concerns about it which can be useful for making recommendations to improve that method.

In addition to which was mentioned - when discussing the special opinion of the probability of some IUDS leaking to non - objectives-; the study revealed some results such as :

4.3.1 Total number of pharmacies in Cairo during study period, which were persuaded by "F.O.F." Medical Rep. to demand quantities of IUDS 7, T was about 239, ie approximately 17% only of the total number of pharmacies previously counted by them.

It is hard to say that, in 86% of Cairo pharmacies there is copper IUD T . In the meantime the ratio of pharmacies which did not receive IUD 7 goes up to 90% of the total number of Cairo pharmacies.

And that, generally, points to a large field not yet tapped for distribution of both IUDS.

4.3.2 There was a complete coincidence between the ratio of number of pharmacies in the district to total number of pharmacies in Cairo & the ratio of pharmacies dealing with IUD T in the district to total number of pharmacies dealing with the same IUD T in Cairo, this coincidence occurred in 65% of Cairo districts.

In the remaining districts, a relatively great interest to increase number of pharmacies dealing with T IUDS was observed in the districts of Heliopolis, El wayli & Had-ayek el Kobba, El Maadi & dar el Salam, Boulak el Dakrown, and Embaba. This interest was relatively lower in the districts of Heluaen, and el Ahram which was reflected in the relative decrease of number of pharmacies dealing with IUD T in these two districts.

4.3.3 Similarly, there was complete coincidence between ratio of number of pharmacies in the district to total number in Cairo, and ratio of pharmacies dealing with IUD 7 in the district to total number of pharmacies in Cairo dealing with the same IUD, this coincidence occurred in 64% of Cairo districts.

In the rest of districts, a relatively great interest was observed, to increase pharmacies dealing with IUDS, in districts of Heliopolis, el Sahel, EL maadi, , Boulak el Dakrow and Embaba, while this interest decreased relatively in the districts of Dokki, Helwan and el Ahram, which reflected in relative decrease of number of pharmacies dealing with IUDS 7 in these districts .

4.3.4 The Study showed the relative activity of Medical Rep . towards pharmacies in districts of : Boulak el Dakrwr El Zaher, El Saka kini, El Sahel., and kasr El Nil where they succeeded to persuade ratio of 30% - 50% of pharmacies in these districts to deal with IUD T.

On the other hand there was a decrease in the relative activity of Medical Representatives working in the districts of Aabdeen , El Sayeda Zeinab, el Dokki, El Agouza and El Ahram, where they Succeeded in covering only 10% of total pharmacies in these districts.

For the remaining districts, the ratio of pharmacies dealing with this IUD ranged between 10-30% within each district.

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4.3.5 Relative activity of Medical representatives in pharmacies of districts : Boulak el Dakroun , El sahel was noticed, as they succeeded to cover a ratio 30-50% of number of pharmacies in these two districts to deal with IUD.7., and less relative activity of Medical representatives in districts :

El Zaytoon, el Ahram , el Mataria , El Sayeda Zainab El Moski, Aabdeen, el Gamalia , Shoubra, el Dokki, el Agouza , Helwan & El Tebbeen , which led to the decrease in the ratio of pharmacies they succeeded to cover by IUD 7. This ratio did not exceed 10 % of total pharmacies in these districts.

For the remaining districts, the ratio of covering pharmacies ranged between 10 - 30% in each district.

4.3.6 The activity of Medical Rep. to cover pharmacies of seven districts by IUD 7 was completely null. these districts are : El Moski , el Azbakia, el Gamalia, Rod el Farag, Bab el - Shaaria, Boulak , el Guiza .

And also for IUD 7 this activity disappeared in pharmacies of districts: Azbakia, El Darb-el Ahmar,

Rod el Farag , El Guiza & Bab el Shaaria .

We can say that the activity of Medical Rep. disappeared completely concerning distribution of any of IUDS .T and 7 to the pharmacies in the districts of El Azbakia, Rod el Farag , el Guiza and Bab el Sharia .

To some extent , this could be explained as follows :

It is assumed that the time - interval of two successive visits from the Medical Rep. to one pharmacy is three months. Some times it happens that this period is extended to more than three months, hence the Medical Rep, visits the districts pharmacies after 4 months or even more, and as the study period was only 3 months "from January - March 1983 " , it is probable that Rep. specified to cover pharmacies in these districts have extended the time - interval and so they did not visit these pharmacies during study period (3 months).

4.3.7 "F.O.F." established fixed prices for dealing in luds , either between "F.O.F." Medical Rep. delegates and pharmacies, or between pharmacies and the public , these prices are defined & well known.

In addition . a distinctive method to encourage pharmacists to distribute IUDs, was adopted. It was in a form of free-of charge gifts of IUDS.

It is already known that the price of IUD T delivered to the pharmacy is 90 piastres, the price for the public is 100 piastre. per IUD T Profit ratio is 10% of selling price to public. In the same time if the pharmacy demands a complete package containing 20 IUDS , the pharmacy gets an extra IUD as bonus free of charge.

This extra IUD will be sold to public at the price of 100 piastres . By this way the ratio of profit will be 15% of selling price .

If the demand is less than one complete package then the pharmacy will get profit of 10% only.

Similarly for IUDS 7.

delivery price for pharmacy	=	236 piastres
selling price for public	=	275 piastres
profit	=	15% of selling price.

Like wise if the demand was a complete package of 20 IUDS, pharmacy will get an extra IUD free of charge as a bonus, and in this case the ratio of profit 20% will be attained .

No doubt this explains the statements of different pharmacists , which showed great difference in the net profit gained from sales of IUDS .

In the case of IUD T , 40% of them stated that net profit is between 10- 15 % , the same range previously pointed, as the probable profits.

But it was noticed also that nearly 19% of them tended to mention a lower ratio of profit, lower than 10% as they were asked about ratio of profit. Something which is some may explained as the natural tendency of the respondents- generally in various studies depending on interviews- not to give the whole truth when asked about their incomes or their profits.

But this could not be taken as explanation when we find that 40% of the pharmacists gave ratio of profits which exceeds the ratio already expected. And this can be explained by the tendency of respondent for approximation when giving figured data . or may be he did not remember the right figure as a result of too many goods he deals with in the pharmacy . Also there is a probability that the pharmacist sells IUDs at a higher price . All these

matters are difficult to verify in the frame of this study.

4.3.8 - Payment Facilities :-

nearly 78% of pharmacists dealing with IUD T , and approximately 81% of pharmacists dealing with IUD 7, mentioned that they do not have such facilities, i.e. they pay cash on delivery.

Pharmacists who gained payment facilities , were 22% in case of IUD T & 19% in case of IUD 7 , from total pharmacists dealing with IUDS T & 7.

This variation in the answers refers principally to the general rule of cash payment , but in exceptional cases estimated by the authorities responsible for Medical Rep., certain facility of payment is given to pharmacists known by their regular payment.

4.3.9 - Publicity & advertisements :-

In 13% of pharmacies object of study, there was advertisements or posters on IUD T, and 11% of pharmacies have advertisements or posters on IUD 7. The rest of pharmacies : 87% for IUD T, and 89 % for IUD 7 , have none . This may be due to the

Pharmacist him self basically, who does not wish to put such material in the pharmacy to avoid a critical position to wards Medical Rep. distributing other goods to his pharmacy , or the pharmacy at last will be a big tablet and full of advertising material of competent companies.

4.3.10 - Cyclic period of visits:-

Nearly 76% of pharmacists in case of IUD T & about 73% of pharmacists in case of IUD 7 , said that the interval between two successive demands ranges between 1-5 months ,i.e. average of 3 months nearly.

which is the same as the present cycle of visits performed by Medical Rep. to each pharmacy.

We can say there is a coincidence between timing of this cycle and the actual events by about three quarters of pharmacists dealing with "F.O.F." IUDS.

For the remaining quarter of these pharmacists the proposed cycle was as follows:

20% of the pharmacists between 5-10 months.

5% of the pharmacists more than 10 months.

4.3.11 - 47% of pharmacists accept the IUDS to be distributed through both pharmacists & physicians

as suitable method and welcome it to continue.

- 42% of them preferred to limit the distribution only to pharmacies as they are specialized in selling and not to be distributed through physicians.

- The rest or about 11% of the total pharmacists wished to modify the distribution to be confined to physicians only .

4.3.12 - 21% of pharmacists within study sample mentioned that did not deal with contraceptive IUDS during the first months of the year 1983 . And mentioned that the most important causes for that position is the little knowledge women have about IUDS. (31% of the causes mentioned) .

It is worthy to point that one of these causes , was the difficulty they face to sell IUDS as a result of distributing IUDS to physicians directly (14%) , and that distributing association does not fulfil its obligations to supply pharmacies by quantities demanded in the right time (8%) .

4.3.13 - To increase rates of distribution of IUDS

86% of sample of pharmacists concentrated on a suggestion of increasing the publicity by all means either for the public or physicians.

Also 31% of pharmacists suggested Creation of opportunities to perform the operation of IUD insertion at suitable costs for women .

Also 11% of pharmacists suggested adequate training to enable more physicians to perform IUD insertion.

Concerning the proposals of pharmacists to method of distribution, it was remarked that the most important was the continuity of visits of Medical Rep. to pharmacists & physicians (28%), and supply of different IUDS with a bundance in the market to enable women wishing to insert IUD to choose the right IUD suitable for the case (21%) , and increasing profit ratio to pharmacies (12%) , and distributing IUDS among physicians (7%).

4.4 From a third point of view , the study of the method of distributing IUDS among physicians by (F.O.F.) Medical Rep. led to important aspects

In addition to what was already met when discussing probability of some IUDS leaking to non - objectives., the study revealed some other results, of which the most important are :

4.4.1 - The total number of physicians in Cairo, whom the Medical Rep. convinced to demand quantities of IUDS T & 7 was about 255 from all districts of Cairo during study period, and this is equal to about 10.5% only of the total physicians in Cairo previously registered by those Medical Rep. we can say that physicians to whom IUD T was distributed represent about 8.7% only of total physicians in Cairo , and IUD 7 was distributed only among 4.6 % of those physicians .

And this means generally that there is still a quite wide field not entered to distribute both IUDS among physicians in the Great Cairo .

4.4.2 - There was a complete coincidence between the ratio of number of physicians in the district to the total in Cairo , and the ratio of physicians dealing with IUD T in the district to the total number of physicians dealing with same IUD in Cairo and that was in 55% of Cairo districts.

But in the rest of districts, a great interest, was noticed to increase number of physicians dealing with IUD T in the districts of El Mataria , Aabdeen , el Dokki , Boulak el Dakrour , Embaba . for the last district this number reached 18% of the total physicians in Cairo dealing with IUD T. In the same time this interest decreased relatively in the districts of El wayli, shoubra , Kasr el Nil & El Guiza which reflected in relative decrease in the number of physicians dealing with IUD T in these four districts .

4.4.3 - Similarly there was a complete coincidence between the ratio of number of physicians in the district to total of physicians in Cairo and the ratio of physicians dealing with IUD 7 in the district to total physicians dealing with same IUD in

Cairo , and that was in about 47% of Cairo districts.

But in the rest of districts, a relatively great interest was noticed , to increase number of physicians dealing with IUD 7 in the districts of El Mataria , El Dokki & el Agouza , Boulak el Dakrour , Embaba.

In relation to Embaba it is remarked that the physicians dealing with IUD 7 reach about 21% of the total number of physicians in Cairo dealing with same IUD .

In districts of El Wayli & Hadayek El Kobba Shoubra , Kasr el Nil , El Guiza & El Ahram this interest relatively decreased, with the result of relative decrease of physicians dealing with IUD7 in these 5 districts .

4.4.4 The Study showed the relative activity of Medical Rep. to wards physicians in districts of Embaba , El Mataria, and Aabdeen , where they succeeded to cover a ratio of 10-20 % of physicians in these districts to deal with IUD T , on the other side appeared the decrease of relative activities of Medical Rep. in districts of El Wayli , Hada El Kobba , El Zaher , El Sakakini , El Azbakia, El Khalifa , Shoubra , El Sahel , Rod El Farag ,

Kasr El Nil , Misr El Kadima, El Maadi & Dar El-Salam , Shoubra el Kheima & El Guiza , where the ratio of the physicians they succeeded to cover did not exceed 5% of total number of physicians in these districts .

In the rest of districts the ratio of covering the doctors in them ranged from 5-10% in the same district .

4.4.5 The Study showed also the relative activity of Medical Rep. towards physicians in districts of: Embaba , El Mataria & Boulak el Dakrour where they succeeded to cover the ratio 10-25% of total number of physicians in these districts to deal with LUD 7.

on the other side appeared the decrease of relative activity of the Medical Rep working in districts of El Wayli , Hadayek el Kobba , El Zaher & Sakakini , El Azbakia , El Khalifa , El Gamalia, Shoubra , El Sahel , Kasr El Nil , Misr El Kadima, El Maadi & Dar El Salam , El Guiza & El Ahram , where the ratio of physicians they succeeded to cover did not exceed 5% of the total number of physicians in these districts .

For the rest of the districts , the ratio of covered physicians ranged between 5-10 % in the same district .

4.4.6 - The relative activity of Medical Rep. to cover physicians , to deal with T during study period disappeared completely in seven districts of Cairo: El Sayeda Zeinab, El Moski , El Gamalia , El Darb El Ahmar , Boulak el Dakrour , Helwan & Tebbeen , Bab El Shaaria , and also disappeared any activity of those Medical Rep. to distribute IUD T among physicians of eight districts : EL Sayeda Zeinab, El Moski , El Darb El Ahmar , Rod El Farag, Boulak , Helwan & Tebben , Shoubra , El Kheima , Bab el Shaaria , so we can say that the activity of these Medical Rep. with regard to distribution of any of IUDS T & T among physicians stopped completely in districts of El Sayeda Zeinab, El Moski, el Darb El Ahmar , Boulak , Helwan & Tebeen, Bab El Shaaria .

This may be due to the inequality of both periods of the study and the actual interval between 2 successive visits

4.4.7 - Although the rule of gifts (Bon^us) free of charge applied with physicians is the same as that for pharmacists : i.e. a gift of one IUD free of charge in case of buying a complete package of 20 IUDS , there the answers of the physicians reflected a great variation when were asked about that matter .

In 74 % of answers from physicians dealing with IUDS T & 7 , the answer was coinciding with the way above mentioned . The rest of the answers showed different types in that concern .

- 15% of these stated that there is no such rule for IUDS T & 7 ., probably those physicians demand quantities less than 20 IUDS each time.

- 7% showed that this free- of - charge IUD was presented to them on ordering quantity of IUDS between 10 - 12 IUDS every time.

- 3% stated that they get one IUD gift for each lot they demand regardless of its size.

- Those who represent 10% approximately of total answers , and in the mean-time gave answers differs from the common prevalent type, mostly have made

approximations in their answers .

4.4.8 - Payment Facilities :-

95% of physicians dealing with LUDs T & 7 said that they got no Facilities and they pay cash on delivery and 5% of them got payment facilities which included postponing the payment , or payment by instalments. This variation in answers due to the presence of exceptional cases considered by that in charge of distributors where few physicians were given a limited period for payment as those physicians already dealt with "F.O.F." Medical Rep. and pay regularly .

4.4.9 - 92% of physicians dealing with T,7 IUDS said they obtain IUDS from Medical Rep. which shows the extreme importance of continuous visits to physicians to supply them by their needs .

But only 59% of physicians dealing with IUDS T,7 mentioned that these visits occur at regular intervals which means relative time nearer or possibility of expecting these visits.

In 16% of the cases of those physicians , visits were intermittent which means relative time more far and that physician is unable to expect the time of these visits.

The rest of physicians, nearly 25% of the total stated: the Medical Rep. do not visit them at all.

All above mentioned require to revise the way to follow up these visits according to time schedules & geographical charts to verify that these visits are continuous & regular .

4.4.10

- 96% of total cases of physicians who stated that the visits of Medical Rep. occur (either reguly or inter mittently), mentioned that their needs which they demand during visits of Medical Rep. are completely fulfilled from both INDS T,7 , but the rest i.e 4 % of total physicians, they said that these needs were relatively fulfilled , i.e. they receive quantities less than demanded . This may be referred to the fact that both Medical Rep & his supervisor check previous demands of physician to be sure that the new command is in the range of such commands.

And if command is out that range - which happen in upnormal cases - mostly physician gets his command only in the limits of previous commands.

4.4.11

- In concern with the rapidity to fulfil physicians

demands of IUDS , 88 % of physicians showed that their demands from 7 , T were fulfilled in a short while less than one week . 5% of them stated that there is a delay period in the limits 1-2 weeks .

The rest of physicians or 7% of them , mentioned different delay periods which range from 2 weeks up to more than 4 months .

This reveals the importance of following up the execution & fulfillment of different demands which come through Medical Rep.

4.4.12

- Study showed that 86% of total physicians of the sample and who inserted IUDs had performed the operation of inserting IUD'S T . But in the case of IUD 7 this percentage was 65% only , which clarifies that 14% of physicians practising insertion of IUDS did not deal with IUD T , and also 35% of them did not deal with IUD 7 which means that there is a relatively big community of physicians - at least with respect to IUD 7 - not yet convinced by using IUDS adopted by "F.O.F." , or covering their needs .

- 25% of physicians not dealing with T IUD & about 10%

of physicians not dealing with IUD 7 , that they are not convinced to insert that sort of IUDS.

- 8% of them in case of IUD T , 21% of them in case of IUD 7 , said that this kind of IUDs has many side effects on the woman who uses it and 17% of them in case of IUD T & 14% in case of IUD 7 , showed that both IUDS are inactive for contraception.

- 8% of them in case of IUD T & 7% in case of IUD 7 , that the ratio of falling of these two kinds after insertion is considered relatively high .

- 8% of them in case of IUD T , & 10% in case of IUD 7 indicated that these kinds of IUDS are efficient only in special cases of women .

- 17% in case of IUD T , & about 3% in case IUD 7 said that suitable sizes of these IUDS are not available while it is evident that there are no different sizes in any of IUDS T , 7'.

It is clear that the different causes which make physicians not using both IUDS 7,T should be taken in consideration when preparing programmes of technical training & scientific publicity directed for physicians .

Preference due to relative cheapness, both IUDS obtained 94% of frequencies .

Preference due to abundance in pharmacies & market under disposal of physicians , they took 86% of frequencies .

Preference due to sufficient information, both got 83% of frequencies.

Preference due to standing firm after insertion & not falling after that IUD T individually got 100% .

ALL previous causes are the basis of convincing physicians dealing with both IUDS , so programmes of training & publicity should confirm these causes to physicians in general & those who do not presently deal with IUDS 7 , T in particular .

4.14

- Results of the study showed that about 55% of physicians who perform insertion of IUDS in many cases they find that the woman requires to insert certain kind of IUD . And 35% of physicians who meet these cases , mentioned that the ratio of women who ask for insertion of certain kind are 20% of women, but 22%

4.4.13

- No doubt , that the effectiveness of programmes for training & publicity directed to physicians , will be influenced by the nature of information common & circulating in the community of physicians dealing with IUDS, specially those who actually perform the operation of insertion of IUDS 7 , T .

When physicians who practiced the insertion of IUDS in general , were asked why they prefer certain kind of IUDS more than the other kinds.

this question was general to include all kinds of IUDS known to the doctor - they gave different causes .

Preferring certain IUD because it has less side effects was evidently clear in IUDS 7,T where they both collected 92% of frequencies referring to this cause .

Preference due to effectiveness of certain kind of IUD in contraception , both IUDS 7,T collected 96% of frequencies .

Preference due to ease of insertion of both IUDS 7 , T collected 98% of frequencies .

Preference due to publicity and fame among women both IUDS 7 , T obtained 79% of frequencies.

of those physicians stated the ratio increases up to 60 - 80 % and 15% of physicians showed that the ratio reaches 100% of women wishing to insert IUDS .

All these matters require revision of publication programmes for IUDS to direct a big part of it to women themselves to develop persuading them to fix insert certain kind of IUDS in addition to persuading them to use IUD as principle .

Really , 67% of those physicians pointed that the IUD T is preferable to women , but 26% of them stated that IUD 7 is preferable , and this does not negate that 2% of physicians said that the plastic IUD is preferable. This ratio also was repeated for cases of IUDS Multi-load & Mini graphi - guard .

This result means that the probability of other kinds of IUDS to enter field of competition on women to create preferable demand to favour the selection of certain kind against other kinds, that which confirms the importance of directing special publicity programmes to women concentrating on the relative advantages of kinds T,7 in comparison with other kinds .

4.4.15

- The previous results strengthened by what the study revealed on analysing the answers of pharmacists sample object of research .

- 48% of pharmacists dealing with IUDS showed that there is ratio of the public buying IUDS without medical prescription . The amount of this ratio was variably estimated while 23% of them stated the ratio is less than 5% of individuals purchasing IUDS , 5% of them stated that ratio amounts to 10 - 30 % , 1% mentioned ratio to be 30 -50 % & 5% of pharmacists said it is between 50 - 70% , and 14% mentioned the ratio to be more than 20% of public dealing with IUDS .

4.4.16

- With this result integrates , what 71% of pharmacists dealing with IUDS said concerning public , i.e. public do not demand an IUD without defining its kind.

The difference between this ratio & the ratio of pharmacists who previously mentioned that they receive public's demands to buy IUDS without prescription (48% of pharmacists) , this difference which equals

23% actually shows the ratio of public who go to pharmacy without prescription and in the mean-time asks for a special kind of IUDS, which means that the preferable demand actually begins to appear, and "F.O.F." must hasten towards in the field of developing it with respect to IUDS 7,T .

4.4.17 - No doubt that publicity programmes which aim to developing of preferable demand for IUDS 7,T at objective women should be built on the basis of the nature of common informations circulating in the community of physicians dealing with IUDS considering them as the most important of reference groups that effects the adoption of demanding a certain IUD.

Also these programmes should take into consideration what is circulating and common in community of women from information about IUDS to confirm what is positive of, these information, as this community of women is the biggest of reference groups effecting a adopting the demand of certain IUD .

Within the limits of what the present study revealed, this study which naturally did not include

target women.

we can at least - obtain the causes - agreed upon by physicians - which stands behind the demand of women to insert certain IUD before any other .

Physicians explained the causes which make women prefer IUD T as follows :

it is well - known to women

(59% of frequencies of causes concerning that kind).

* Women believe this kind has no side - effects (15%)

* Well-known among women that physicians prefer it (5 %)

* Confidence as it is imported (5%)

* Belief in its effectiveness as contraceptive (5%)

* Sterilized , clean , consequently safe when used (5%)

For IUD 7 physicians explained causes which make women prefer it as follows :

* well known among women .

(88% of frequencies of causes concerning this Kind)

* women believe that physicians mostly prefer or recommend using it. (13 %)

4.4.18

- Two thirds of physicians - included in sample - who performed the operation of insertion of IUDS , that they keep in their clinics special records to register data of woman to whom a IUD is inserted by the physician.

47 % of those who keep the record showed that the data includes the address of the woman . while the rest (53%) , do not keep in record the address.

Hence the ratio of physicians who keep registers to follow up cases of insertion including address of women reaches 33 % only of total number of physicians dealing with IUDs , and these - if they agree - will be helpful to utilize their records to establish following up studies about the cases of women using IUDS, their continuity to keep the IUD .

For the other 67% of the total number of physicians , dealing with IUDS , it is useful to give interest - in programmes of training & publicity directed to them - to increase the care to complete registration of such information .

4.4.19

- To increase rates of IUDs , physicians included in the study stated several suggestions :
- 84 % of them suggested giving more interest to publicity & information programmes concerning IUDs directed specifically to objective women

Then follow the suggestions concerning decreasing the price of IUDs : supply in abundance of all kinds of IUDs in the market, continuation of visits for physicians by Medical Rep . Each of these was suggested by 21 - 35 % of physicians. The other suggestions were: concentrating interest nationally in using IUDs instead of tablets or positional tablets, organizing training programmes for physicians to increase their technical efficiency concerning insertion of IUDs and confining operations of IUD insertion to specialized physicians .

All previous suggestions were suggested by a ratio between 10 - 11 % of total number included in the study sample .

At last we find the suggestion concerning the production and / or import of new kinds of IUDs , mentioned by 5% of those physicians.

4.5.

According to various results which were exposed and discussed , we can say that the probability that quantities of IUDs 7,T adopted by "F.O.F." leaked to non-objective Egyptian women is quite weak during study period in the region of greater Cairo .

Also the arrangement followed presently in distributing these two IUDs - inspite of different remarks mentioned in some positions of the study - is considered a good arrangement taking into consideration the expediency of establishment of the (F.O.F.) and its specialized systems.

This arrangement can approach the optimum arrangement if those remarks were taken into consideration during development of this arrangement .

Also the study revealed that beneficiary women's opinion entered as an effective and active element to define

the kind of IUD to be used , together with the opinion of the physician which necessitates strong interest from (F.O.F) to develop a preferable demand from the women to the two IUDs adopted by the "F.O.F".

4.6 Recommendations of the study :

In the light of different results reached by the study, these groups of recommendations can be proposed : firstly, group of general recommendations, secondly, group of recommendations concerning method of distribution and activity of Medical Rep.

thirdly : group of recommendations concerning future studies and researchs.

4.6.1 general Recommendations:

1) Concentration of interest - in the national programme for family planning on the use of contraceptive IUDs as they verify protecting the woman using them against pregnancy for a longer period using one IUD in comparison with other means which need the repetition of the unit used at shorter intervals , and also because the IUD is more effective because it is used through a physician who inserts it .

2) Organization of specialized training for physicians to increase their technical efficiency related to IUDs this programme also include the importance of keeping registers to follow up the cases of insertion performed by them, and how to take technical advantage of this registers.

3) Planning & execution of publicity programmes directed to pharmacists to provide them with technical informations about IUDs in general, and about IUDs T & 7 in particular.

4) Planning and execution of a general publicity programme to women,

This programme begin by concentration on the importance of utilizing IUDs as a principle , then it convests to concentration on the development of preferable demand in IUDs 7,T specifically .

4.6.2 Recommendations concerning method of distribution and activity of medical Representatives :

5) Setting a general plan for the activity of Medical Rep.

includes what assures :

- a- covering all pharmacies and physicians previously enumerated by cyclic visits .
 - b- Balance in the ratio of number of pharmacists and physicians dealt with in the various districts of Cairo .
 - c- Balance in the ratio of distributed quantities of both IUDs in different districts according to the number of at physeuans and pharmacists dealing with these IUDs .
 - d- Quick response to fulfil demands of physicians and pharmacists within a period of one week after demand
- 6) Shortening the cyclic time interval between 2 successive visits of Medical Rep. to physicians and pharmacists from 3 months or more to two months.
- 7) Following the specified division state in the distribution of Cairo districts among distributors.
- 8) Design patterns for daily or weekly registration of results of visits to pharmacists & physicians by medical Rep. to rely upon for following - up studies upon demand

of IUDs , specially studies concerning balance of distribution , also these patterns give better chances to follow & supervise the activity of Medical Representatives distribution movement .

- 9) ^C Setting rules defined and declared to all Medical Rep, in the light of which can be judged , the quantity supplied to physician or pharmacist from IUD 7 , T either in normal cycle or at any exceptional demands .
- 10) Setting rules defined and declared to all medical Rep. about payment facilities which could be granted to the physician or pharmacist .
- 11) Providing physicians and pharmacies with an issue containing prices, free-of- charge gifts, and selling price for public .
- 12) Preparation of IUD'S publication suitable for use in pharmacies designed in a way to be of practical use for the pharmacist.
- 13) Design of patterns for record informations of women using IUDS , this patterns to given as presents to physicians from the "F.O.F" these patterns include the datas which help in making follow-up studies to the cases of women whereneeded .

4.6.3 Recommendations concerning future research

- 1) Study of the women using IUDs 7,T aiming at knowing the causes for their use either of these IUDs and the relative advantages commonly spread in the community of users of both which are considered as basis for planning a programme of preferable demand to the women for using IUDs 7,T.
- 2) Study of the knowledge - needs of pharmacists which can be basis to information programmes directed to them in order to take advantage of their effort in developing the preferable demand on IUDs 7,T.
- 3) A cyclically repeated study on numerical quantitative and geographic balance in distribution of IUDs through pharmacies & physicians either in greater Cairo or other distribution regions . According to this study the distribution department modifies plans of activity to maintain continuity of this balance .

ANNEXES

* Basic Tables .

* Patterns of questionnaires .

Table (1)

Distribution of Cairo districts according to categories of % of number of pharmacies to which IUD "T" is distributed to total number of Cairo pharmacies to which IUD "T" is distributed

Serial No	District	% age , Number of pharmacies to which IUD "T" was distributed to total number of Cairo pharmacies to which IUD "T" was distributed.	Less than 5%	5% to 10%	10% to 15%
1	Heliopolis			x	
2	El Mataria			x	
3	El Wayli & Hadayek El Kobba			x	
4	El Zytoon		x		
5	El Zaher & Sakakini		x		
6	Sayeda Zeinab		x		
8	Aabdeen				
10	EL Khalifah		x		
12	El Darb El - Ahmer		x		
13	Shoubra				x
14	El Sahel		x		
17	Kasr EL- Nil		x		
18	Da'ky & Agouza			x	
19	Misr El - Kadima		x		

..... Table (1)

Serial No	District.	Percentage, Number of pharmacies to which IUD "T" was distributed to total number of Cairo pharmacies to which IUD "T" was distributed.		
		less than 5%	5% to 10%	10% to 15%
20	El Maadi & Dar El Salam		x	
21	Helwan & Tebbeen	x		
22	Shoubra El Khema	x		
23	Boulak El Dakrour		x	
24	Embabah			x
26	El Ahram	x		
	Total	12	6	3

Table (2)

Distribution of Cairo Districts according to categories of % age of number of pharmacies to which IUD "7" is distributed to total number of Cairo pharmacies to which IUD "7" is distributed

Serial No.	District	% age, Number of pharmacies to which IUD "7" was distributed to total number Cairo pharmacies to which IUD "7" was distributed.		
		Less than 5%	5% TO 10%	10% TO 15%
1	Heliopolis		x	
2	El Mataria		x	
3	El Wayli & Hadayek El kobba	x		
4	El Zytcon	x		
5	El Zaher & El Sakakini	x		
6	Sayeda Zeinab	x		
7	El Moski	x		
8	Aabdeen	x		
10	El Khalifa	x		
11	El Gamalia	x		
13	Shoubra			x
14	El Sahel		x	
16	Boulak	x		
17	Kasr El Nil	x		

..... Table (2).

Serial No	District % age, Number of pharm- acies to with IUD"7" was distributed to total number Cairo pharmacies to which IUD"7" was distri- buted.	Less then 5%	5% TO 10%	10% To 15%
18	El Ducky & EL Agouza	x		
19	Misr El Kadima	x		
20	El Maadi & Dar El Salam		x	
21	Heluan & Tebbeen	x		
22	Shoubra El Kheima	x		
23	Boulak el Dakrour		x	
24	Embabah			x
26	El Ahram	x		
	Total	15	5	2

Table (3)

Distribution of districts of Cairo according to age of number of pharmacies in the district - to which IUD "T" was distributed - to the total number of pharmacies in the district.

Serial No	District	Categories % of number of distributing pharmacies in the district to total number of pharmacies in the district.							
		Less than 5%	5% To 10%	10% To 15%	15% To 20%	20% To 25%	25% To 30%	30% To 35%	45% To 50%
1	Heliopolis								
2	El Matarya							x	
3	El Wayli & Hadayek El Kobba								
4	El Zytoon								
5	El Zaher & El Sakakini								
6	Sayeda Zeinab								
8	Aabdeen								
10	El Khalifa								
12	El Darb El Ahmar								

Table (3)

Distribution of districts of Cairo according to age of number of pharmacies in the district - to which IUD "T" was distributed - to the total number of pharmacies in the district.

Serial No	District	Categories % of number of distributing pharmacies in the district to total number of pharmacies in the district.								
		Less than 5%	5% To 10%	10% To 15%	15% To 20%	20% To 25%	25% To 30%	30% To 35%	35% To 45%	45% To 50%
13	Shoubra			x						
14	El Sahel								x	
17	Kasr El Nil								x	
18	Dukki & Agouza		x							
19	Misr El Kadima							x		
20	El Maadi & Dar El Salam				x					
21	Heluan & Tebeen			x						
22	Shoubra El Kheima							x		
23	Boulak El Dakrour									x
24	Embahah				x					
26	El Ahram		x							
	Total	1	3	5	2	1	4	3	1	

Table (4)

Distribution of Districts in Cairo according to % age of number of pharmacies in the district to which IUD (7) was distributed - to total number of pharmacies in the district

Serial No	District	Categories % age, of number of distributing pharmacies in the district to number of pharmacies in the district.								
		Less than 5%	5% To 10%	10% To 15%	15% To 20%	20% To 25%	25% To 30%	30% To 35%	40% To 50%	
1	Heliopolis				x					
2	El Matarya		x							
3	El Wayli & Hadayek El Kobba			x						
4	El Zytoon	x								
5	El Zaher & El Sakakini									
6	Sayeda Zeinab							x		
7	El Muski		x							
8	Abdeen		x							
10	El Khalifa				x					
11	El Gamalya		x							

Table (4)

Distribution of Districts in Cairo according to % age of number of pharmacies in the district to which IUD (7) was distributed - to total number of pharmacies in the district

Serial No	District	Categories % age, of number of distributing pharmacies in the district to number of pharmacies in the district.								
		Less than 5%	5% To 10%	10% To 15%	15% To 20%	20% To 25%	25% To 30%	30% To 35%	35% To 40%	40% To 50%
13	Shoubra	x								
14	El Sahel								x	
16	Boulak		x							
17	Kasr El Nil					x				
18	Dukki & Agouza		x							
19	Misr El kadima			x						
20	Maadi & Dar El Salam			x						
21	Heluan & Tebbeen		x							
22	Shoubra El Kheima					x				
23	Bouiak El Dakrour									x
24	Embahah					x				
25	El Ahram	x								
	T Total	2	9	4	3	1	1	1	1	

Table (5)

Distribution of Cairo districts according to % age of distributed quantities from IUD "T" on pharmacies in the District to the total quantity of same IUD "T" distributed on pharmacies of Cairo .

Serial No	District % age of IUDs "T" distributed on pharmacies of the district to total quantity distributed of same IUD "T" in Cairo	Less than 5%	5% To 10%	10% To 15%
1	Heliopolis		x	
2	El Matarya		x	
3	El Wayli & Hadayek El Kobba		x	
4	El Zytoon	x		
5	El Zaher & El Sakakini	x		
6	El Sayeda Zeinab	x		
8	Aabdeen	x		
10	El Khalifa	x		
12	El Darb El Ahmar	x		
13	Shoubra			x
14	El Sahel	x		
17	Kasr El Nil	x		

Table (5)

Distribution of Cairo districts according to % age of distributed quantities from IUD "T" on pharmacies in the District to the total quantity of same IUD "T" distributed on pharmacies of Cairo .

Serial No	District	% age of IUDs "T" distributed on pharmacies of the district to total quantity distributed of same IUD "T" in Cairo		
		Less than 5%	5% To 10%	10% To 15%
18	El Ducky & El Agouza	x		
19	Misr El Kadima	x		
20	El Maadi & Dar El Salam		x	
21	Heluan & El Tebeen	x		
22	Shoubra El Kheima	x		
23	Boulak El Dakrour		x	
24	Embabah		x	
26	El Ahram.	x		
	Total	13	6	1

Table (6)

Distribution of Cairo Districts according to % age of quantities distributed on pharmacies of each district from IUD "7" , to the total quantity distributed on Cairo pharmacies of same IUD.

Serial No	District / % age of distributed quantities per every district, to the total quantity distributed in Cairo	Less than 5%	5% To 10%	10% To 15%	15% To 20%
1	Heliopolis		x		
2	El Matarya	x			
3	El Wayli & Hadayek	x			
4	El Zaytoon	x			
5	El Zaher & El Sakakini	x			
6	El Sayeda Zeinab	x			
7	El Moski	x			
8	Aabdeen	x			
10	El Khalifa	x			
11	El Gamalia	x			
13	Shoubra				x
14	El Sahel	x			

Table (6)

Distribution of Cairo Districts according to % age of quantities distributed on pharmacies of each district from IUD "7" , to the total quantity distributed on Cairo pharmacies of same IUD.

Serial No	District	% age of distributed quantities per every district, to the total quantity distributed in Cairo	Less than 5%	5% TO 10%	10% TO 15%	15% TO 20%
16	Boulak		x			
17	Kasr El Nil		x			
18	El Ducky & El Agouza		x			
19	Misr El Kadima		x			
20	El Madi & Dar El Salam			x		
21	Heluan & El Tebeen		x			
22	Shoubra El Kheima		x			
23	Boulak El Dakirour				x	
24	Embaba					x
26	El Ahram		x			
		Total	17	2	1	2

Table (7)

Distribution of Cairo districts according to categories of % age of number of physidans to whom was distributed IUD "T" , to the total number of physicians in Cairo to whom same IUD was distributed.

Serial No	District % age of number of physicians to whom IUD "T" was distributed, to the total number of physicians in Cairo to whom IUD "T" was distributed.	Less than 5%	5% To 10%	10% To 15%	15% To 20%
1	Heliopolis		x		
2	El Matarya			x	
3	El wayli & Hadayek El Kobba	x			
4	El Zytoon		x		
5	El Zaher & El Sakakini	x			
8	Aabdeen			x	
9	El Azbakia	x			
10	El Khalifa	x			
13	Shoubra	x			
14	El Sahel	x			
15	Rod El Farag	x			

Table (7)

Distribution of Cairo districts according to categories of % age of number of physidans to whom was distributed IUD "T" , to the total number of physicians in Cairo to whom same IUD was distributed.

Serial No	District % age of number of physicians to whom IUD "T" was distributed, to the total number of physicians in Cairo to whom IUD "T" was distributed.	Less than 5%	5% To 10%	10% To 15%	15% To 20%
17	Kasr El Nil	x			
18	El Ducky & El Agouza		x		
19	Misr El Kadima	x			
20	El Madi & Dar El Salam	x			
22	Shoubra El Kheima	x			
23	Boulak El Dakrour		x		
24	Embaba				x
25	El Guisoh	x			
26	El Ahram		x		
	Total	12	5	2	1

Table (8)

Distribution of Cairo districts according ^{to} category, % age of number of physicians to whom IUD 7 was distributed to total number of physicians in Cairo to whom IUD 7 was distributed.

Serial No	District	% age of physicians to whom IUD 7 was distributed , to the total number of physicians in Cairo to whom same Iud was distributed.	Less than 5%	5% To 10 %	10% To 15%	15% To 20%	20% To 25%
1	Heliopolis			x			
2	El Matarya				x		
3	El Wayli & Hadayek El Kobba		x				
4	El Zytoon			x			
5	El Zaher & El Sakakini		x				
8	Aabdeen			x			
9	Ei Azbakia		x				
10	El Khalifa		x				
11	El Gamalia		x				

Table (8)

Distribution of Cairo districts according to category, % age of number of physicians to whom IUD 7 was distributed to total number of physicians in Cairo to whom IUD 7 was distributed.

Serial No	District	% age of physicians to whom IUD 7 was distributed , to the total number of physicians in Cairo to whom same IUD was distributed.	Less than 5%	5% To 10 %	10% To 15%	15% To 20%	20% To 25%
13	Shoubra		x				
14	El Sahel		x				
17	Kasr El Nil		x				
18	El Ducky & El Agouza			x			
19	Misr El Kadima		x				
20	El Maadi & Dar El Salam		x				
23	Boulak El Dakrour				x		
24	Embaba						x
25	El Guisa		x				
26	El Ahram		x				
	Total		12	4	2	-	1

Table (9)

Distribution of Cairo districts according to % age of number of physicians to whom IUD "T" was distributed in the district, to total number of physicians in the district.

Serial No	District	% age of number of physicians in the district to whom IUD "T" was distributed to total number of physicians in the district					
		Less than 5%	5% To 10%	10% To 15%	15% To 20%	20% To 25%	25% To 30%
1	Heliopolis			x			
2	El Matarya					x	
3	El Wayli & Hadayek El Kobba	x					
4	El zaytoon		x				
5	El Zaher & El Sakakini		x				
8	Aabdeen					x	
9	El Azbakia	x					
10	El Khalifa			x			
13	Shoubra	x					
14	El Sahel		x				
15	Rod El Farag	x					
17	Kasr El Nil	x					
18	El Dukky & El Agouza					x	

Table (9)

Distribution of Cairo districts according to % age of number of physicians to whom IUD "T" was distributed in the district, to total number of physicians in the district.

Serial No	District	% age of number of physicians in the district to whom IUD "T" was distributed to total number of physicians in the district	Less	5%	10%	15%	20%	35%
			than 5%	To 10%	To 15%	To 20%	To 25%	To 40%
19	Misr El Kadima			x				
20	El Maadi & Dar El Salam				x			
22	Shoubra El Kheima			x				
23	Boulak El Dakrour					x		
24	Imbaba							x
25	El Guisa		x					
26	El Ahram				x			
		Total	6	6	3	1	3	1

Table (10)

Distribution of Cairo districts according to % age of number of physicians in the district to whom IUD "7" was distributed, to total number of physicians in the district.

Serial No	District	% age of number of physicians in the district to whom IUD 7 was distributed, to total number of physicians in the district	Less than 5%	5% To 10%	10% To 15%	15% To 20%	25% To 30%
1	Heliopolis			x			
2	El Matarya			x			
3	El Wayli & Hadayek El Kobba		x				
4	El Zaytoon			x			
5	El Zaher & El Sakakini		x				
8	Abdeen			x			
9	El Azbakia			x			
10	El Khalifa		x				
11	El Gamalia		x				
13	Shoubra		x				
14	El Sahel				x		

Table (10)

Distribution of Cairo districts according to % age of number of physicians in the district to whom IUD "7" was distributed, to total number of physicians in the district.

Serial No	District	% age of number of physicians in the district to whom IUD 7 was distributed, to total number of physicians in the district	Less than 5%	5% To 10%	10% To 15%	15% To 20%	25% To 30%
17	Kasr El Nil		x				
18	El Dokki & El Agouza			x			
19	Misr El Kadima		x				
20	El Maadi & Dar El Salam			x			
23	Boulak El Dakrour					x	
24	Embaba						x
25	El Guisa		x				
26	El Ahram		x				
	Total		9	7	1	1	1

Table (11)

Distribution of Cairo districts according to % age of quantity of IUD "T" distributed to physicians in the district, to total IUD "T" distributed to physicians in Cairo.

Serial No	% age of quantity of IUD "T" distributed to physicians in the district, to total IUD "T" distributed to physi- cians in Cairo .	Less than 5%	5% To 10 %	10% To 15%	15% To 20%
1	Heliopolis			x	
2	El Mataria		x		
3	El Wayli & Hodayek El Kobba		x		
4	El Zaytoon		x		
5	El Zaher & Sakakini	x			
8	Abdeen			x	
9	El Azbakia	x			
10	El Khalifa	x			
13	Shoubra	x			
14	El Sahel	x			
15	Rod El Farag	x			

Table (11)

Distribution of Cairo districts according to % age of quantity of IUD "T" distributed to physicians in the district, to total IUD "T" distributed to physicians in Cairo.

Serial No	% age of quantity of IUD "T" distributed to physicians in the district, to total IUD "T" distributed to physi- cians in Cairo .	Less than 5%	5% To 10 %	10% To 15%	15% To 20%
17	Kasr El Nil	x			
18	El Dokki & El Agousa				x
19	Misr El Kadima	x			
20	El Maadi & Dar El Salam	x			
22	Shoubra el Kheima	x			
23	Boulak El Dakrour		x		
24	Embaba			x	
25	El Guisa	x			
26	El Ahram	x			
	Total	12	4	3	1

Table (12)

Distribution of Cairo districts according to % age of quantity distributed to physicians in the district from LUD 7 , to total quantity distributed to physicians in Cairo .

Serial No	District	% quantity distributed in district for physicians to total quantity, distributed to physicians in Cairo.	Less than 5%	5% To 10%	10% To 15%	15% To 20%
1	Helionois				x	
2	El Matarya			x		
3	El Wayii & Hadayek El Kobba			x		
4	El Zaytoon				x	
5	El Zaher & El Sakakini		x			
8	Abdeen			x		
9	El Azbakia		x			
10	El Khalifa		x			
11	El Gamalia		x			
13	Shoubra		x			

Table (12)

Distribution of Cairo districts according to ^{to} % age of quantity distributed to physicians in the district from LUD 7 , to total quantity distributed to physicians in Cairo .

Serial No	District	% quantity distributed in district for physicians to total quantity distributed to physicians in Cairo.	Less than 5%	5% To 10%	10% To 15%	15% To 20%
14	El Sahei		x			
17	Kasr El Nil		x			
18	El Dokki & El Agouza				x	
19	Misr El Kadima		x			
20	El Maadi & Dar El Salam		x			
23	Boulak El Dakrour		x			
24	Embaba					x
25	El Guiza		x			
26	El Ahram		x			
		Total	12	3	3	1

Table (13)

Distribution of Cairo districts according to % age of number of physicians & pharmacies in the district, to total number in Cairo .

Serial No	District	Pharmacies			Physicians	
		Less than 5%	5% to 10%	10% to 15%	Less than 5%	5% to 10%
1	Heliopolis	x				x
2	El Matarya		x		x	
3	El Wayli & Hadayek El Kobba	x				x
4	El Zoytoon	x				x
5	El Zaher & El Saka kini	x			x	
6	El Sayeda Zeinab	x			x	
7	El Moski	x			x	
8	Aabdeen	x			x	
9	El Azbakia	x			x	
10	El Khalifa	x			x	
11	El Gamalia	x			x	
12	El Darb El Ahmar	x			x	
13	Shoubra			x		x

Table (13)

Distribution of Cairo districts according to % age of number of physicians & pharmacies in the district, to total number in Cairo .

Serial No	District	Pharmacies			Physicians	
		Less than 5%	5% to 10%	10% to 15%	Less than 5%	5% to 10%
14	El Sahel	x			x	
15	Rod El Farag	x			x	
16	Boulak	x			x	
17	Kasr El Nil	x				x
18	El Dokki & El Aguza		x		x	
19	Misr El Kadima	x			x	
20	El Maadi & Dar El Salam	x			x	
21	Helwan & Tebeen		x		x	
22	Shoubra El Kheima	x			x	
23	Boulak El Dakrour	x			x	
24	Embaba		x		x	
25	El Guisa	x				x
26	El Ahram		x			x
27	Bab El Shaaria	x			x	
	Total	21	5	1	20	7

Table (14)

Distribution of Cairo districts according to total sales from IUDs "T" & "7" to physicians & pharmacies during study period .

Serial No	District	Sales of "T"		Total Sales of "T"	Sales of "7"		Total Sales of "7"
		To pharma- cies.	To physi- cians		To pharma- cies.	To physi- cians	
1	Heliopolis	287	440	727	127	120	247
2	El Matarya	272	310	582	67	57	124
3	El Wayli & Hadayek El Kobba	203	180	383	68	70	138
4	El Zaytoon	110	240	350	2	160	162
5	El Zaher & El Saka- kini.	165	40	205	105	5	110
6	El Sayeda Zeinab	70	--	70	57	--	57
7	El Moski	--	--	--	20	--	20
8	Aabdeen	40	415	455	60	85	145
9	El Azbakia	--	20	20	--	25	25
10	El khalifa	125	130	255	65	20	85
11	El Gamalia	3	--	3	3	40	43
12	El Darb El Ahmar	20	--	20	--	--	--

Table (14)

Distribution of Cairo districts according to total sales from IUDs "T" & "7" to physicians & pharmacies during study period .

Serial No	District	Sales of "T"		Total Sales of "T"	Sales of "7"		Total Sales of "7"
		To pharma- cies.	To physi- cians		To pharma- cies.	To physi- cians	
13	Shoubra	715	100	815	381	50	431
14	El Sahel	98	60	158	81	35	116
15	Rod El Farag	--	40	40	--	--	--
16	Boulak	--	--	--	2	--	2
17	Kasr El Nil	86	50	136	63	17	80
18	El Dokki & El Agouza	102	560	662	41	160	201
19	Misr El Kadima	153	130	283	70	5	75
20	El Maadi & Dar El Salam.	245	40	285	153	10	163
21	Heluan & Teleen	185	--	185	72	--	72
22	Shoubra El Kheima	170	50	220	81	--	81
23	Boulak El Dakrour	281	195	476	307	53	360
24	Emhaba	376	469	845	421	176	597
25	El Guiza	--	115	115	--	5	5
26	El Ahram	109	27	136	29	21	50
	Total	3815	3611	7426	2275	1114	3389

Table (15)

Distribution of Cairo districts according to number of physicians & pharmacists to whom IUDs T & 7 were distributed during study period .

Serial No	District	pharmacists		physicians	
		T	7	T	7
1	Helipolis	17	12	11	4
2	El Mataria	14	9	14	5
3	El Wayli	11	6	5	3
4	El Zaytoon	5	1	7	6
5	El Zaher	7	6	2	1
6	El Sayeda	4	4	--	--
7	El Moski	--	1	--	--
8	Abdeen	2	3	14	4
9	El Azbakia	--	--	1	2
10	El Khalifa	7	4	6	1
11	El Gamalia	--	1	--	1
12	El Darb El Ahmer	1	--	--	--
13	Shoubra	24	17	1	3
14	El Sahel	8	8	2	3
15	Rod El Farag	--	--	1	--
16	Boulak	--	1	--	--
17	Kasr el Nil	6	4	3	2

Table (15)

Distribution of Cairo districts according to number of physicians & pharmacists to whom IUDs T & 7 were distributed during study period .

Serial No	District	pharmacists		physicians	
		T	7	T	7
18	El Dokki	10	7	8	4
19	Misr El Kadima	9	4	5	1
20	El Maadi	12	8	2	1
21	Helwan	9	5	--	--
22	Shoubra El Kheima	9	6	3	--
23	Boulak El Dakrour	14	14	9	9
24	Embaba	20	20	24	14
25	El Guiza	--	--	3	1
26	El Ahram	9	4	8	2
27	Bab El Shaaria	--	--	--	--
	Total	198	144	129	67

Distribution of Cairo districts according to number of
 * physicians & pharmaues and estimation of women in fer-
 tility age in January 1983

Serial No	District	Number of pharma- cies in district	Number of physis- icians in district	Number of women in ferti- lity age in district
1	Heïioplis	62	80	29413
2	El Matarya	111	68	51362
3	El Wayli & Hada- yek El Kobba	48	111	43659
4	El Zaytoon	50	115	25872
5	El Zaher & El Sa- kakini.	23	29	10162
6	El Sayeda Zeinab	70	55	24638
7	El Moski	11	28	5521
8	Aabdeen	59	63	8521
9	El Azbakia	12	21	5448
10	El Khalifa	28	45	18401
11	El Gamalia	16	25	15964
12	El Darb El Ahmar	9	25	54192
13	Shoubra	172	105	54925
14	El Sahel	24	25	42409
15	Rod El Farag	46	22	26492

* Physicians: gynecologists & general practitioner
 who insert IUDs.

Table (16)

Distribution of Cairo districts according to number of physicians & pharmacies and estimation of women in fertility age in January 1983

Serial No	District	Number of pharmacies in district	Number of physicians in district	Number of women in fertility age in district
16	Boulak	14	28	17171
17	Kaer El Nil	18	76	3794
18	El Dokki & El Agouza.	110	51	24064
19	Misr El Kadima	35	51	26700
20	El Maadi & der el Salam	63	19	25461
21	Heluon & el Tebbeen	78	16	29750
22	Shoubra El Kheima	32	49	37328
23	Boulak El Dakrour	29	48	31038
24	Embaba	107	53	31367
25	El Guiza	22	103	19975
26	El Ahram	117	132	12277
27	Bub El Shaaria	49	33	10704
	Total	1415	1476	646608

District NO :

Questionnaire NO :

A Study

to raise efficiency of distribution
of contraception IUDS

Questionnaire for pharmacists

Information included in this questionnaire are confidential and not to be used except for scientific research works only

Results of study will be shown as general data without any reference to individual data or names .

The organization of the study is honoured by thanking you in advance for your cooperation without which this study cannot realize its national objectives.

<u>Pharmacy</u>	<u>Name</u>	<u>District</u>
<u>Researcher</u>	<u>Name</u>	<u>Inter-view date 1983</u>
<u>Office revisor : Name</u>		<u>Revision date : 1983</u>

1 - During last six months have you dealt by purchasing
or selling any kind of contraception luds ?

Yes () ask 3

No () ask 2

2 - Why your pharmacy does not deal in luds .

1- Distributers are not bound to supply us with

required quantities and in right time ()

2 - low profitability ()

3 - No payment facilities ()

4 - Distributers sell directly to physicians ()

5 - No gynecologists near to the pharmacy ()

6- No hospitals or dispensaries to insert luds
near pharmacy ()

7 - Weak knowledge of luds by women ()

8 - Dealing in these kinds is inconsistent with
religious rules ()

9 - Others to be mentioned . ()

3 - What Kinds of luds you dealt in ()

- Plastic luds ()

- Copper luds 7 ()

- Multi- load lud ()

- Mini graphiguard ()
 - Copper lud T ()
- 4 - What are the categories which buy more luds from your pharmacy
- Dispensaries ()
 - Public ()
 - Hospitals ()
 - Physicians ()

Researcher arranges variables according to their relative importance .

- 5 - What is the approximate rate of monthly quantity of following kinds of luds demanded by these categories :

If not possible to give monthly quantity, respondent to be asked about the period he can remember, and to be mentioned on the basis of : Quantity as numerator . and the period as denominator (e.g.) 2 luds every 5 months $\frac{2}{5}$

6 - What is the approximate ratio of individuals who buy lud without prescription ?

about : (%)

7 - What is the approximate number of physicians , hospitals & dispensaries who directly demand luds from you (Mention the number)

- Physicians ()
- Hospitals ()
- Dispensaries ()

8 - How many physicians in your district send their patients to buy luds from your pharmacy ?

Number to be mentioned ()

9 - Does it ever happens that an individual from public buys more than one lud at the same time

- Yes () ask 10 , 11
- No () ask 12

10 - How many luds of each kind are demanded each time?

Are those from clients or other frequenters ?

Kind of Lud	Quantity demanded in each time	Type of Frequenters		Remarks
		clients	others	
Plastic Lud				
Copper Lud 7				
Multi- load lud				
Mini graphi-guard				
Copper Lud T				

11 - Does the phenomina of buying more than one lud per time correlate with certain seasons

- Yes () , seasons are: :
- No ()
- Do not remember ()

12 - Do some members of the public demand purchasing a lud without defining it's kind ()

What is their ratio approyimately () & How do you treat then .

Demand	Ratio	How you behave
Yes ()		<ul style="list-style-type: none"> - Recommend consulting a physician - exhibit all kinds of luds & prices - vecommend purchasing certain kind
No ()		mostly () Ask (13)

- 13 - Why do you recommend this Kind specifically . ()
- 14 - What is the ratio of net commercial profit for the pharmacy from sales of different kinds of luds , (what is the amount of discount from distributors.)

Kind of Lud	Ratio of net profit	Discount		Payment Facilities (to be defined)	Remarks
		Amount of corporeal	Amount financial		
Plastic Lud					
Copper Lud 7					
Multi load Lud					
Mini graphi Lud					
Copper Lud T					

15 - Are there any advertisements or posters in your pharmacy on lud .

- No ()

- Yes () Plastic lud ()

Copper lud 7 ()

Multi-load lud ()

Mini graphi - guard ()

Copper lud T ()

16 - What is the quantity you demanded from distributors of each of the different kinds of luds, and the time-period between commands

Kind of Lud	Quantity	Time-period	Remarks
Plastic Lud			
Copper Lud 7			
Multi-load Lud			
Mini graphi-guard			
Copper Lud T			

17 - You see if suitable that distributors continue to sell luds to

Physicians only () Why ()

Pharmacists only () Why ()

Bothe () Why ()

18 - What are your proposals to increase rates of distribution of contraceptive luds .

1 - Cost of lud insertion suitable for all users ()

2 - Supply of all kinds in the markets ()

3 - Increase publicity by all means for public & physicians ()

4 - Increase ratio of profit for pharmacies ()

5 - Sales delegates to continue passing by physicians & pharmacists ()

Others to be mentioned

Thanks for your co-operation

District No ()

Questionnaire No ()

A Study

To raise efficiency of distribution

of contraception studs

Questionnaire For Physicians

Information included in this questionnaire are confidential and not to be used except for scientific research works only .

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Physicians	Name	District
Researcher	Name	Interview ; Date
Office Revisor ;	Name	Revision ; Date

1 - During last six months have you inserted luds for
contraception

- yes () Ask (3)

- No () Ask (2)

2 - Why don't you insert contraception luds ?

1 - It is not an effective method for ontraception()

2 - It is accompanied by side-effects ()

3- Cases examined by me , medically luds are not ~~sait-~~
able for them ()

4 - Supplied luds requires complicated operations to
insert it ()

5 - Women do not accept insertion of luds ()

6 - Repeated failure of insertion &the need to rein-
sert it ()

7 - Costly ()

8 - Not easy to obtain ()

9 - I don't wish to insert luds for religious causes()

10 - Others to be mentioned Ask(17)

3 - What are the kinds which you inserted during the last six months ?

What is the mensual average of insertion?... & why ?

Quantity of luds inserted in last 6 months	Cause of preferring in sertion of luds	Cause of preferring not to insert luds
Plastic Luds ()		
Copper Luds 7 ()		
Multi-load lud()		
Minigraphi-guard ()		
Copper Lud T ()		

4 - Are there women who want to insert certain kind of luds , what is their ratio ?

Yes () With the ratio of (%) Ask (5)

No () Ask (6)

5 - What kind is the lud mostly demanded by those women and why ?

Kind of lud () , why they demand it ()

-----)

6 - Have you luds in stock in your clinic , or the patient buys it from the pharmacy by herself ?

I have stock in my clinic () Ask (7)

Patient buys by it herself () Ask (8)

7 - How many luds you have in clinic at present from each kind & From where you got it.

Kind of Lud	Quantity in stock in clinic	Method of supply		Remarks
		from pharmacy	from Distributors	
Dlastic Lud				
Copper Lud 7				
Multi-load lud				
Mini graphi-guard				
Copper Lud T				

8 - Do distributors continuously visit you
 & do they satisfy your needs , in a short period or there is delay .

Kind of Lud	Visits			Satisfaction of needs		Delivery Period	
	regular	intermittent	Null	Complete	Relative (Mention)	short	Delay of.. days
Plastic Lud							
Copper Lud 7							
Multi-load lud							
Mini graphi-guard.							
Copper Lud T							

9 - Approximately , what are your yearly needs of each kind of luds ?

Kind of Lud	Quantity per year
Plastic Lud	
Copper Lud 7	
Multi-load lud	
Mini graphi - guard.	
Copper Lud T	

10 - Do distributors offer you luds as free of charge gifts (Bonus) Are there any payment facilities ?

Kind of Lud	gifts (Bonus)		Payment Facilities	
	None	yes, and that is	None	yes, and it is
Plastic Lud				
Copper Lud 7				
Multi- load luds				

Kind of Iud	gifts (Bonus)		Payment Facilities	
	None	Yes, and that is	None	Yes, and it is
Mini-graphi-guard				
Copper Iud T				

11- Have you examined cases needing reinsertion of Iuds?

Yes ()

No ()

12- Are there certain kinds of Iuds exposed than others to reinsertion, what is their ratio?

Kind of Iud	Ratio	or Rank	Remarks
Plastic Iud			
Copper Iud 7			
Malti-load Iud			

Kind of Lud	Ratio	or Rank	Remarks
Mini graphi - guard.			
Copper Lud T			

13- Is there any increase of number of women wishing to insert luds at certain seasons ?

Yes () Seasons are / / / /
 Ratio of increase ()
 No ()

14- Do you insert luds to non- Egyptian wives & at which ratio from the cases you examine ?

Yes () Ratio is ()
 No ()

15- Have you any system of registering informations to follow up women to whom you : insert luds ?

Yes () Ask (16)
 No () Ask (17)

16- Do these informations include woman's adress

Yes ()

No ()

17- What are your proposals to increase rate of use of luds.

1- Increasing publicity ()

2- Supplying all kinds of luds in the market ()

3- Prices ()

4- Medical Representatives continue their efforts to
increase sales others to be mentioned. ()

Thanks for your Co. operation.