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Purchasers of Oral Contraceptives in a Social Marketing
Program in Honduras

Final Report

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Executive Summary

The Social Marketing Program (SMP) in Honduras launched its first product, the oral contraceptive, Perla, in March of 1984. Six months later, the 1984 Maternal Child Health and Family Planning Survey demonstrated that Perla accounted for 20% of the OCs obtained by women in union at pharmacies. By early 1986, Perla had doubled its share of orals sold at pharmacies (42%) and was by far the most frequently purchased brand.

In early 1986, a Survey of Oral Contraceptive Purchasers was carried out in 27 retail outlets scattered throughout Honduras. The purposes of the study were to determine: 1) purchasing patterns of men and women who buy oral contraceptives; 2) whether or not Perla users are different from women who buy non-subsidized brands; 3) whether or not women who use Perla are switching from other brands or methods; 4) levels of knowledge concerning pill-taking; and finally, 5) how purchasers have responded to the advertising of Perla. An interviewer spent a month in each pharmacy where any purchaser of oral contraceptives was eligible for interview. A total of 2,231 interviews were completed in three months, 29% of which were conducted with men who bought pills for their wives and friends.

This study concluded that the SMP is clearly reaching its target population of lower and middle income women. The living standards of Perla users, as measured by electricity and toilet facilities in the home, were lower than those of users of other brands. Also, women who bought and used Perla had less education and more living children than women who used other brands of pills.

The issue of source substitution has been an important one for family planning program funders and managers. Although we found evidence of substitution, it is also clear that the SMP has created a considerable constituency of its own. Almost half (45%) of Perla users qualify as new users: women whose first contraceptive method was Perla. The other 55% of Perla users have used other pills or methods, 87% of whom switched from one brand of oral contraceptives to another. A similar pattern of pill substitution was found among women using other brands of orals. However, the source of the previous pill varied according to whether a woman bought Perla or a commercial brand: half (49%) of Perla purchasers obtained their previous pill in the non-commercial sector (Ministry of Health Centers or ASHONPLAFA clinic or CBD programs) whereas the majority of purchasers of commercial brands (62%) had previously bought in the commercial sector (pharmacies, puestos de venta or private physicians). The primary reasons for discontinuing the previous pill were the experience of side effects and the lack of availability.

To evaluate the effectiveness of the specially designed package insert for Perla and its impact on users' knowledge of how to take oral contraceptives, we compared responses to questions about pill taking as reported by Perla users who had taken pills before with the responses of women purchasing Perla for the first time. There were no significant differences between the two groups except that women who had taken pills before were more likely to correctly identify what to do if they forgot two pills. Only about one in four women who had used pills were able to spontaneously identify a contraindication to the pill. Apparently women do not read the insert or they fail to understand it.

Virtually all Perla users could recall some form of advertising for Perla and 77% claimed that the advertising had positively influenced their purchase. Among the reasons that Perla users gave for purchasing Perla, 15% reported that it was the only brand with which they were familiar.

Introduction

Contraceptive prevalence in Honduras remains one of the lowest in Central America, despite recent increases. Between 1981 and 1984, prevalence increased from 27% to 35% among women in union aged 15-44. However, the use of oral contraceptives increased by only one percentage point; by 1984, 13% of all women in union used orals (1,2). Use of oral contraceptives is higher in Costa Rica (19%), about the same in Panama (12%), and lower in Guatemala (5%) and in El Salvador (9%) (3).

To increase availability of contraceptives, ASHONPLAFA, the private Honduran Family Planning Association, initiated a social marketing program (SMP) to reach women of middle and lower social economic status. In March of 1984, the Mercadeo Social launched its first product - the oral contraceptive, Perla. Perla is marketed in the commercial sector in virtually every Honduran pharmacy and puesto de venta de medicinas (small commercial outlets that provide a variety of frequently used medicines and health supplies but do not employ a pharmacist). Perla sells at a much lower price than commercially sold pills (\$0.75 per cycle compared to \$2.50 on the average).

In 1984, the primary source of oral contraceptives was ASHONPLAFA, with 46% of pill users in union receiving services from their clinics or community-based distribution (CBD) program. (The SMP added another 6.5%.) The CBD and clinic programs sell orals for \$0.25 or \$0.75 depending on the brand and offer at least five different brands. The second most important source was the private sector, mostly pharmacies and some private physicians, which supplied 26% of the orals. Ministry of Health hospitals and health centers provided 19% of the orals, all of which are free. The

Social Security System which also provides free contraceptives, supplied the remaining portion.

Almost half of the women taking pills in 1984 used Noriday. Perla and Noriday are the same pill; they differ only in their packaging. However, Perla is not generally recognized as Noriday. It is the standard dose pill most frequently distributed by international donor agencies and known in the United States as Norinyl 1/50. It is the pill most frequently distributed by non-commercial programs in Honduras.

The concept of social marketing of contraceptives is based on the assumption that increasing accessibility will eventually increase use and reduce fertility. The advantages of the social marketing approach are: (1) it utilizes the already existing commercial infrastructure for service delivery and is therefore cost-effective; (2) it offers an often more convenient alternative to clinics or CBD services; and (3) through advertising, it informs people who may not be aware of family planning, and creates an interest in contraception which subsequently may lead to a decision to contracept. Although the social marketing of contraceptives was initiated over a decade ago and there are now a dozen programs in operation worldwide, several issues have not been resolved: Do social marketing programs increase overall contraceptive use (or overall use) of modern methods, or are users of the program simply substituting one service for another?

Evaluation of social marketing programs often uses as a measure of program impact sales data or couple-years of protection, but the information that they provide is not sufficient to determine impact on

total use of orals (4). Also, sales data do not provide information on characteristics of buyers and users, contraceptive continuation or failure rates, consumer attitudes or knowledge about different OCs, coital frequency or purchasing patterns. A consumer intercept survey, however, can examine program performance and characteristics of the consumers, and directly address the issue of switching sources.

This survey addresses the following questions:

- (1) What are the purchasing patterns of people buying oral contraceptives from pharmacies? Which brands were the most frequently purchased, who does the buying, why was a particular pharmacy selected and what role did the pharmacy clerk play in recommending which brand to buy and in providing information about pills and/or family planning? How far did customers travel to reach the pharmacy?
- (2) Is the program serving its target population, namely, women who are less economically advantaged? Are Perla users different from women who buy non-subsidized brands?
- (3) Are women who use Perla switching from other brands or methods, and other sources, or is the program attracting new acceptors? If women are switching sources, what are their reasons for doing so?
- (4) Do users of oral contraceptives have correct information about side effects, know how to take the pills and recognize contraindications? This is important information for two reasons. First, only about a third of the urban Honduran woman who obtain their pills in the

commercial sector have a medical check-up before taking oral contraceptives for the first time (only 8% of rural women have a check-up) (2). Secondly, staff of the Social Marketing Program designed a special package insert for Perla which is largely pictorial so that women who have difficulty reading could still receive pertinent information. The SMP wanted to evaluate the effectiveness of the insert.

(5) How have OC users responded to advertisements for Perla? The program has actively publicized the product since it was launched in 1984; it is the only oral contraceptive advertised in Honduras.

The survey was not designed, however, to determine what impact the introduction of Perla has had on the prevalence of oral contraceptives.

Methods

The study was carried out by ASHONPLAFA's Department of Evaluation between January and April 1986. Using systematic probability proportional to size sampling (PPS), 27 retail outlets were selected from the 340 pharmacies and puestos that sell Perla throughout Honduras. Interviews were conducted with purchasers of any brand of oral contraceptive during a one month period in each pharmacy. Since this sampling plan results in a high probability of selecting customers who purchase OCs at high volume outlets, it was necessary to weight the data.

Nine women, most of whom were experienced interviewers with secondary or university degrees, were trained by ASHONPLAFA and FHI staff over a period of one week. Pharmacy owners agreed to have the interviewer on the

premises during work hours for exactly four weeks at each outlet. The interview took about 15 minutes to complete. (See Appendix 1 for the questionnaire.) A coupon worth the equivalent of US \$1.00 redeemable only at that pharmacy was presented to each purchaser on completion of the interview. This financial incentive served two purposes: first, as compensation for the respondent's time (the interview took approximately 15 minutes), and second, to gain the cooperation of the owner or manager.*

To determine statistical significance in the following tables, we used Chi-square tests, defining significance with a p-value of < 0.01 .

Results

I. Interview Results

More than 99% of the purchasers agreed to be interviewed (Table 1). Only one pharmacist refused to participate in the study and a substitution was made. Over a three-month period, 9 interviewers completed 2,231 interviews.

*The interviewers believe that the coupon was unnecessary to gain the collaboration of the purchasers. The coordinating staff of the project, however, think the coupon did facilitate the cooperation of the owner or manager of the pharmacy.

II. Purchases and Purchasers of OCs

Six months after Perla was introduced, a nationwide Maternal-Child Health and Family Planning Survey (MCH/FP 1984) was completed. Results of the 1984 survey showed that Perla accounted for 6% of all oral contraceptives obtained by women in union and 20% of orals sold in pharmacies. In the first trimester of 1986 (when the pharmacy survey took place), Perla had doubled its share of orals sold in pharmacies to 42% (Table 2).

Since prescriptions are not required in Honduras to purchase pills, anyone can buy them. Table 3 addresses who bought pills and includes some of the unexpected findings of the survey: Only 56% of the purchasers bought pills for themselves. Twenty-nine percent of the purchasers were men and 15% were women who said they purchased for someone else. Seventeen men and women (0.7%) bought pills either to regulate their periods, to fertilize their plants or for other non-contraceptive reasons. Who the purchaser was did not vary with the brand he or she bought.

Who then makes up this large group who buys pills for others and what is their relationship to the user? Table 4 shows that over 40% are spouses. Men bought primarily for their wives and friends while women were more likely to buy for friends, relatives and immediate family.

We wanted to determine if there were significant differences in the characteristics of women who bought pills for themselves as compared with women who did not. Purchasers who bought for someone else were asked about the characteristics of that person: her age, number of living children, and education. Comparisons of characteristics of the different types of

purchasers are made in Table 5, using as indicators electricity in the home, the type of sanitation facilities used by members of the household, and level of education achieved by the pill user. Users who bought their own pills were significantly more likely to have electricity and toilets in their homes and to be better educated than women whose husbands or other friends bought their pills. Almost 20% of the other purchasers could not answer questions about the user's level of education.

Demographic characteristics of the pill users according to who purchased the pills are presented in Table 6. The age distributions of users are very similar even though 12 percent of the other purchasers did not know the user's age. Women who bought pills for themselves had fewer living children than women whose husbands purchased the pill: 36% of the direct purchasers had no children or only one compared to 25% of the women whose husbands bought their orals.

Travel time to the pharmacy and method of transportation used varied by type of purchaser with husbands travelling the greatest distance (Table 7). Twenty-seven percent of the husbands compared to 15% of the women who bought pills for themselves and 18% of other purchasers travelled more than an hour to reach the pharmacy. Husbands were also significantly less likely to walk or travel by bus than users and other purchasers and more likely to have travelled by car or bicycle. These results suggest that women whose husbands are purchasing oral contraceptives live in more remote areas than the user purchasers or other purchasers. This inference is also supported by the fact that users whose husbands buy their pills for them have the most children and family sizes are larger in rural than in urban areas.

Other information on accessibility was obtained. Purchasers were asked where they had been prior to visiting the pharmacy, why they chose this particular pharmacy and how frequently they visit it. Half of all purchasers came to the pharmacy from home (Table 8). Husbands were the most likely to have come from work. They were also the most likely to have come from another town. The primary reasons for choosing a particular pharmacy were, in order of importance: location close to home or to work, a better supply of products than other pharmacies, location close to other shops, and better service and attention. Visits to pharmacies are made frequently: 29% reported that they came to this same pharmacy more than once a week.

Purchasers were asked about this particular visit to the pharmacy and about their purchases (Table 9). Eighty-eight percent of the purchasers entered the pharmacy with the intention of buying only oral contraceptives and 83% left having purchased only pills. Husbands were significantly less likely to have bought something else than were purchasers who bought for themselves or other purchasers. More than 90% of all purchasers bought only one cycle of pills. The most popular times of day to buy pills were between 3-5 p.m. (40%) and 9-11 a.m. (29%). Husbands were the group most likely to buy between six and seven in the evening.

As Table 3 indicates, 44% of the purchasers bought pills for someone else. Who made the decision to buy a particular brand: the purchaser or the user? Only 7% of the nonusers made the selection themselves (data not shown). The particular brand of pill selected varied according to who made the decision: among the nonusers, only 35% of the purchasers selecting the

brand themselves chose Perla compared with 45% when the user specified the brand (Table 10).

The role of the pharmacy attendant is a potentially powerful one for any service delivery program dependent on pharmacies. The SMP wanted to know if pharmacy personnel were more likely to recommend Perla or the more expensive brands to their customers. All purchasers were asked if the pharmacist had recommended the brand they bought. To the nonuser who was not told by the user which brand to buy, the pharmacists were more likely to recommend other brands than to recommend Perla (Table 11). Only 15% of the users reported a recommendation from the pharmacist. Eighteen percent of the Perla users had Perla recommended to them compared with 13% of the users of other brands.

Clerks are an important potential source of health care information. However, few purchasers, including the users themselves, solicited information about oral contraceptives from the pharmacy clerk (Table 12). The most frequent request for information concerned proper usage of the pill. There were virtually no differences between the users of Perla and other brands. When asked if they ever asked the pharmacist about contraceptives, less than a third answered affirmatively (Table 13). Purchasers said that they did not seek advice from pharmacy personnel because they preferred consulting a physician (35%), they felt no need to ask (they had no questions) (17%), they were buying for someone else (17%), or they believed pharmacy clerks lacked the knowledge to help them (16%). Almost two-thirds of the users of other brands reported that they would

prefer to ask a physician compared to 37% of the Perla users. Perla users, on the other hand, were twice as likely as users of other brands to report that they did not know what to ask or that they were too shy to ask.

III. Characteristics of Users of Perla

An important objective of the survey was to determine whether or not the social marketing program was reaching its target population of middle and low income women. Because data for users who did not purchase their own pills are limited, this section considers only purchasers who are also users.

We first compared socioeconomic background according to whether or not a woman purchased Perla or another brand (Table 14). The living standards of Perla users were significantly lower than the users of other brands; only two thirds had electricity compared with more than three fourths of the users of other brands. One in four Perla users had toilet facilities inside her home compared with half of the users of other commercial brands. Perla users also had significantly less education: only about a fourth had more than a primary education compared to nearly half of buyers of other brands. Perla users were of lower socio-economic status than users of other brands.

Other personal characteristics of the two groups that were examined were age and number of living children (Table 15). There was no difference in age: users of each group averaged 27 years old. There were significant differences, however, in family size. Half of the Perla users had three or more children compared with one third of the users of other brands. Mean number of children for Perla users was 2.5 and for users of other brands,

two. Table 16 provides information on mean number of children by age group for users of Perla and of commercial brands. Except for women 15-19, Perla users had more children than users of other brands. By the time women using Perla were 40 or older, they had 3.8 children compared to 3.2 for women using other brands.

IV. Contraceptive History

Program evaluators and funding agencies need to have information about source of contraceptive methods. The long term objective of any family planning program is to increase contraceptive use rather than duplicate services. One of the primary objectives of the survey was to determine the extent of source and method substitution: Are women switching from more expensive pills to Perla because Perla is cheaper? Are Perla users new contraceptors or users of less effective methods?

Again, we limited the analysis to those purchasers buying for themselves; husbands and other purchasers are unlikely to know past contraceptive practices and sources and were not asked about these. Table 17 provides information on contraceptive history. Fifty-five percent of the Perla users compared with 51% of the users of other brands reported using another brand of oral contraceptive or a different method prior to use of the current brand. Perla users were significantly more likely to have switched from another oral contraceptive than were users of other brands. A third of the Perla users never purchased any contraceptive but Perla and about 11% were contracepting for the first time. In comparison, 42% of users of other brands had used only that one brand and 7% were contracepting for the first time. Differences were statistically significant.

Women who bought orals and were contracepting for the first time might be expected to be younger than women who previously had used orals but had used only one brand. Women who had previously used orals but only one brand, likewise might be expected to be younger than women switching from other methods or brands. This was found to be true (Table 18) regardless of the brand currently used. Also, the number of living children followed the same pattern, highest for previous users of other brands/methods and lowest for first time buyers. One in five first time buyers had no children; 45% of Perla buyers and almost 75% of buyers of other brands had none or one child. These new buyers are using OCs to space births. Among women who previously used another brand or method, however, there is a considerable proportion that are older (35+) and have many children (4+).

Of the women who had switched from another brand or method, 78% had switched from another brand of orals (Table 19). Perla users were significantly more likely to have used another pill than were women using another brand. Only a small percentage switched from methods like rhythm, withdrawal, foam/tablets, and condoms which are less effective in preventing pregnancy. The pill most likely to have been used previously by both groups was Noriday.

Table 20 shows the current OC purchased, by source of previous oral contraceptive. We have defined the commercial sector to include commercial brands provided at pharmacies and puestos and by private physicians, and the non-commercial sector as Ministry Health Centers (CESAMOs and CESARs) and ASHONPLAFA's clinic and CBD programs. Perla is a non-commercial brand sold in the commercial sector and is included in the non-commercial sector

under the SMP. Over half of all users got their previous brand in the commercial sector and 40% in the non-commercial sector. A higher percentage (62%) of users of other brands got their previous OC in the commercial sector compared with only 41% of Perla users. Women who switched from commercial brands to Perla are now buying less expensive pills. In fact, Perla is the least expensive pill in the commercial sector. Almost half of the Perla users who had taken pills before obtained their prior pill in the non-commercial sector so that by buying Perla, they have presumably switched to a preferable or more convenient source of supply even though it probably meant paying more for the pill. Pills at the Ministry of Health Centers are free and orals available through other ASHONPLAFA programs cost either \$0.25 or \$0.75, the same price as Perla. Finally, 32% of the buyers of other brands have switched from lower priced to higher priced pills.

To gain a better understanding of substitution patterns, we examined the characteristics of women according to where they bought their last brand of pills (Table 21). Both Perla users and users of other brands varied according to where they previously bought their pills: As one might expect, women who obtained pills in the non-commercial sector were significantly older, had more children, less education, and poorer sanitary facilities than women who previously bought in the commercial sector. The women who bought pills in the commercial sector, regardless of the pill they just purchased, were very similar (no relationships were found to be significant). Some women apparently switched from a commercially priced pill to Perla while others continued to buy a more expensive brand. However, among women who previously bought in the non-commercial sector, those who currently were buying Perla were significantly less educated and

had poorer sanitation facilities than women who were buying other brands. In short, substitution is occurring between the commercial and non-commercial sectors as well as within the sectors. The logical question that follows is why.

Women who had previously used another brand of oral contraceptives were asked why they had discontinued the earlier brand. The reasons reported were grouped into four categories: reasons related to side effects, availability, cost and pregnancy. Reasons were examined according to source of that pill and brand as shown in Table 22. More than half of the women reported switching brands because they experienced side effects with the earlier pill. About one in four women claimed that they had gone to their usual source and the pill had not been available.

About a third of the women who switched to Perla from the non-commercial sector complained about the lack of availability or the time it took to go to the previous source.* Twenty percent of the Perla users reported that they switched from commercial brands to Perla for economic reasons. Availability is a problem in both the commercial and non-commercial sectors. Sixteen percent of Perla users had switched from

*When the two largest components of the non-commercial sector, the CBD program and the Ministry of Health Centers, are examined more closely, we find that among all users of the CBD program, 32% complained of lack of availability and 1% reported a problem of supply or time. Among users of a health center, 12% said that their pill had not been available and 10% reported a problem of supply or time. Noriday, one of the brands most widely distributed by the non-commercial sector, was the pill most frequently unavailable (34%).

commercial brands to Perla for this reason while a third of the users of other brands reported that their prior pill purchased in the commercial sector had not been available.

Women who switched brands were asked how long they waited before starting the subsequent brand. The relationship between this time interval and reasons for discontinuing the pill is shown in Table 23. The time patterns for the Perla users and users of other brands appear to be similar. The majority of women who suspended pill use for a short period of time reported that they discontinued the previous pill because of side effects. Availability problems were also resolved quickly. Relatively few women waited more than three months to start another pill and most of those who had discontinued the earlier pill did so because of side effects or for pregnancy-related reasons.

The decision to discontinue one brand and choose another depends not only on why she quit the previous brand but also on information or perceptions about her new choice. Interviewers read aloud a list of possible reasons as to why a particular brand was selected and the user could answer affirmatively to as many as were appropriate.

The very different responses for users of Perla and of other brands may be related to how women get information about OCs. Seventy percent of the Perla purchasers gave advertising as a reason for buying Perla (Table 24). (Also, as we will see in Table 31, 77% of the Perla purchasers said the advertising had influenced their decision to buy Perla.) The ads were designed to create an image of quality and minimal side effects. Early ads also stressed its low price. Later ads fostered the image of women discussing contraception with their husbands and with their women friends. In the latter we see friends

recommending brands to one another. Although almost 20% of the purchasers of Perla reported that a physician had recommended Perla to them, the SMP has not promoted this product among the physician community. In the case of the other brands, the physician is a more important factor in determining what pill to buy.

Results from this table also indicate that Perla has created its own constituency; twice as many users of Perla than of other brands said they bought it because it was the only brand they knew.

V. Knowledge

As mentioned above, staff of the Social Marketing Program designed a special package insert to inform the user how to take the pill; ie, to begin taking the pill on the fifth day of her menstrual cycle and to take it daily. In an effort to increase compliance, it depicts a woman in a nightgown taking her pill at night in order to remind women to take the pill every day at the same time. It explains what to do if, however, she does forget to take pills: if she forgets one pill, she should take it as soon as she remembers and take the next pill at the usual time. Further instructions are included for women who forget two or three pills. The insert also includes a simple description of temporary side effects, such as breakthrough bleeding, headaches, nausea and breast tenderness, and a list of contraindications of the pill. (See Appendix 2 for a copy of the insert.)

Since we were concerned only with whether the material provided by Perla was understood, this section discusses only what Perla users know

about OCs*. Women were asked about the information on the package insert. Those women who had had absolutely no prior experience with the pill would be expected to know less about how and when to take it (they would not have had the opportunity to read the insert since they were buying a cycle for the first time). In Table 25, results are presented for Perla users according to whether a woman had previously used OCs.

Like Perla, many pills come in packets of 28, thus women are accustomed to taking pills continuously which may explain why 31% of the women who have taken pills reported a day other than the 5th day. The interviewer's question was: "When a woman begins to take the pill for the first time, on what day of her menstrual period should she take the first pill?" It is likely that some women interpreted the question as: "When should she begin a new cycle of pills?"

Most women recognized that the best time to take the pill was before bed which, in fact, is what the Perla insert recommends. It is interesting to note that women who had never used the pill before were significantly more likely to report "before bed" than women who had used the pill.

*Buyers of other OCs generally had higher levels of knowledge but this may be explained by the fact that they had more education than did Perla users.

Most women also recognized that oral contraceptives should be taken daily, however, there were a few women who reported that pills should be taken only on those days she had sexual relations. Nevertheless, such reporting should not be interpreted as a reliable measurement of personal behavior; without in depth questioning, compliance is often overestimated (5).

Women with no previous experience with orals were also more likely to report that they did not know what to do if they forgot the pill. Almost three-fourths of the women who had taken pills before knew that they should take two pills the next day, while only 56% of the Perla purchasers with no pill experience reported that they should take two pills the next day and 35% admitted that they did not know what to do.

Some side effects of the pill, such as breakthrough bleeding, headaches, nausea or weight gain, are well recognized by health care providers as usually being temporary and subsiding after a few months. Women need to be counselled about these side effects and encouraged to continue using the pill unless the side effects do not disappear. When asked whether or not a woman who had each of these problems should continue taking the pill, women who had previously used the pill were significantly more likely to say yes than were new users (Table 26). Generally, the new users were about as likely to report that they did not know as they were to report that a woman should continue. While previous users had more correct information, it is of concern that such a high proportion thought that women with common side effects should stop using the pill.

It is surprising to see how little difference there is between the two groups of women (those with and without experience taking the pill). Apparently women do not read the insert or they fail to understand it. Unfortunately we never asked pointblank whether the previous Perla user had ever read the insert.

Women with previous pill experience were also more likely to recognize contraindications to the pill than were women taking the pill for the first time: 26% of the women who had used pills knew of one or more contraindications compared with 19% of the women who bought Perla as their first packet of pills. The contraindications most frequently mentioned were hypertension, varicose veins, and pregnancy. Jaundice and advanced age were mentioned by only a few women. Use of oral contraceptives among women 30 or older who also present a second contraindication, especially smoking, is an important contraindication. Advanced age alone or in conjunction with smoking is not included on the Perla insert.

The insert does recommend that a woman consult a physician if she smokes more than 10 cigarettes a day and wishes to use the pill. Only 24% mentioned smoking as a risk. The increased risk of smoking at age 30 or older is not mentioned, perhaps because it is assumed that few Honduran women smoke or simply because there is no information about the prevalence of smoking among women in Honduras. The 1984 MCH/FP Survey showed that less than 10% of non-pregnant women in union smoke (based on a sample of 2076 women). Among the OC users interviewed in this survey 12% reported that they smoked (Table 27). About 14% of the women 30 to 34 smoke and 9% of the women 35 or older smoked.

The insert is obviously not the only source of information that a woman is exposed to and generally, education is a good predictor of levels of knowledge. Only current Perla users who had previously taken Perla or other brands of orals are included in Tables 28 and 29. We examined the association between education and knowledge about the pill using the same measures as in Tables 25 and 26. Education was positively associated with knowledge as to when in the menstrual cycle pills should be initiated for the first time (Table 28). Also, women with seven years or more of schooling were more likely than women with less to know what to do if they forgot a pill. There is no apparent association between the best time to take the pill and education.

Education did not have a consistent relationship with whether or not a woman should continue taking the pill when she experienced temporary side effects (Table 29). Again, knowledge of contraindications to the pill, was greater among women with seven years or more of education than those with less. Still, only 40% of the women with seven or more years of formal education could spontaneously identify a contraindication.

VI. Response to Perla Advertising

In March of 1984 when Perla was introduced, the Social Marketing Program began an active publicity campaign. The program produced a series of advertisements for radio as well as several spots for local television. Billboards for Perla were placed on major roads and highways in Tegucigalpa and San Pedro Sula which call attention to the fact that Perla is used in over 100 countries. (Initially, Perla was considered a Honduran product because of its low price and consequently perceived to be of inferior

quality). Posters have been strategically placed in pharmacies and puestos de venta ever since Perla was launched in 1984.

Nearly all purchasers buying for their own personal use (95%) reported that they had seen or heard an ad for Perla (Table 30). Three-fourths of the women reported hearing a radio ad and almost two-thirds had seen an ad on television. Less than 10% of the women could recall advertising either in a pharmacy, seeing a poster or billboard. Women with some secondary education or more were most likely to have seen an ad on television while women with a primary education or less were most likely to have heard a radio ad.

More than three-quarters of the women reported that the ad had influenced them positively to buy Perla (Table 31). According to sales data, publicity has had a positive impact. When sales data were compared with the program expenditures for publicity, increases in sales appear during and immediately following advertising campaigns (Figures 1 and 2) (6).

Overall, the women interviewed responded positively to the advertisements they had seen or heard. Most women liked the ads because of their family planning messages and emphasis on smaller families as well as for their informative content (Table 32). As expected, women who disliked the ads were more likely to be users of other brands than of Perla. However, their reasons for dislike were not well articulated. Perla users who reported not liking the ads said that the pills were no good and/or they were cheap.

DISCUSSION

At the time of the survey, staff of the Social Marketing Program estimated that Perla covered at least a third of the commercial sector for oral contraceptives, but survey results showed that it was responsible for 42% of pharmacy sales after being available for only two years. This is a rapid increase in coverage.

The Program did not expect to learn that as many as 44% of the purchasers were buying for someone else and that such a large percentage were men (28%). It is well known that in some Muslim societies women do not frequently leave the home and that their husbands will obtain their oral contraceptives (7). In Honduras, it appears that women whose husbands purchase pills for them are of lower socio-economic status than women who purchase the pills themselves or who have someone else purchase them. Husbands travel the largest distances to the pharmacy, their households have the poorest sanitary facilities, their wives the least education and the largest families, factors all suggesting that these purchasers come from the more rural areas. Thus although the SMP may not be directly accessible to many rural women, it can be reached by their husbands thereby increasing the geographic coverage of the program. Based on the information that such a large percentage of the purchasers were men, one might think that advertising campaigns should include men. However, only seven percent of the nonusers actually made the brand selection themselves which probably does not warrant a change in strategy.

The Social Marketing Program is reaching their target of women of middle to lower socio-economic status. Women buying commercial brands of

orals have more education and more comfortable homes than women who buy Perla.

Another goal of the Social Marketing Program is to create its own constituency rather than attract users who have already made the decision to use other pills or methods. In fact, to avoid source or method switching, the program has never promoted Perla through physicians since this might draw upon potential users who would otherwise receive a method or brand recommendation other than Perla. The program has relied entirely on its advertising strategies which have been designed to expand the market for all sources of supply as well as all methods. The communication strategies have stressed the benefits of contracepting and the benefits of oral contraceptives not the benefits of Perla. In the process of expanding the market, the SMP has targeted the never-user with messages to carry them through the process of "awareness, knowledge, interest and decision."

Comparable data from other social marketing programs do not exist. Nevertheless, this survey showed that the SMP has created its own market niche, with forty-five percent of Perla users qualifying as new users: women whose only method has been Perla and women contracepting for the very first time.

Some switching of sources (and methods) has occurred. However, it should be pointed out that switching is not a phenomenon created by the social marketing program; survey results show that it is occurring across all sectors at about the same rate (55% Perla vs. 51% other brands). With the introduction of a low priced brand, it might be expected that many women would buy it because of its low price, and in fact, they do. About

40% of the women who purchased Perla had previously purchased another brand of orals in the commercial sector. These women were of higher socioeconomic status than were other purchasers of Perla. They had similar household and personal characteristics to those of women switching from one commercial brand to another. If Perla had not appeared on the market, would these women have continued to buy their previous brand?

The results of the survey cannot answer this question but since the characteristics of women who have switched to Perla from a commercial brand are so similar to those of women switching from one commercially priced pill to another, we can perhaps conclude that what differentiates them is that Perla users recognize a good value. Why pay more for a comparable product?

What is perhaps surprising, is the movement within the non-commercial sector. About half of the brand switchers now buying Perla, and a third of all OC switchers, have moved from other non-commercial sources to the Social Marketing Program.

Why are these women changing sources when it often means paying more for their pills? The data suggest that there are logistical problems in the current delivery systems. Almost 30% of the women who switched to Perla or to other brands made a substitution because the OC they were buying was not available, or their previous source was inconvenient. Half of the Perla users who previously obtained oral contraceptives from the non-commercial sector did so from the ASHONPLAFA CBD Program. According to CBD service statistics, the number of new users (calculated every trimester) has decreased by 30% between January-March 1984 and July-

September 1986 (8). By law the SMP can sell only in pharmacies and puestos de medicina which restricts them to urban or semi-urban areas. Perhaps the CBD Program should emphasize rural communities and strengthen this already active component of the program.

The results also point to shortcomings in the delivery system of the Ministry of Health. Half of all women who previously obtained pills in the non-commercial sector used to go to Ministry of Health Centers. Nor is the commercial sector free of distribution problems. The difficulty of providing a constant source of supplies leads to further brand substitution, which in turn may lead to an increased incidence of side effects.

The major reason given for switching brands was the experience of side effects. Complaints of side effects is not a new phenomenon in Honduras or anywhere else. The 1984 MCH/FP Survey showed that of women who started using oral contraceptives since 1979, 49% complained of side effects believed to be associated with the pill, and 45% who quit taking the pill did so because of side effects or medical reasons. Furthermore, when women experiencing side effects sought medical attention, the most frequent advice was to change methods (36%) or change brands (30%) (2). Whether this is sound advice depends on balancing risks and benefits and the availability of other options, but family planning providers would not debate the importance of advising women that they can expect some side effects, perhaps for a period of three months, which then usually subside. These problems of side effects and switching lead to poor continuation rates. Family planning programs need to reinforce these issues in their counselling and educational efforts. The SMP could focus more of their

advertising and educational spots on such issues. It should be stressed, however, that this is not a problem of the SMP but a problem of all family planning programs.

In addition, since some side effects are more closely associated with the higher dose pills, such as Noriday (Norinyl 1/50), family planning programs may want to evaluate lower dose pills on a wider scale and if acceptable, distribute them more actively.

Results of the study also suggest that the package insert is not very effective. However, it is not clear whether women do not read it or they do not understand it. Before the SMP considers redesigning the package insert, they need to determine whether it is read, and if not, how users can be encouraged to read it.

Finally, did the program actually increase prevalence? Forty-five percent of the women who bought Perla had never used another method or brand before Perla. Had this product not been available, some women may not have begun to contracept; others might have bought another brand of OCs or chosen a different method of contraception. We cannot quantify any of these possibilities.

Data from two contraceptive prevalence surveys (1983 and 1985) in Bangladesh show that the increase in SMP sales has resulted in an increase in overall pill use (9). The results of the 1987 MCH/FP Survey will show if oral contraceptive use has increased since 1984. At that time, we will be better able to estimate what proportion of the increase in contraceptive

prevalence is attributable to the introduction of Perla into the Honduran market three years ago.

Conclusions and Recommendations

1. The SMP should be commended for providing convenient retail sales outlets for men and women who live in urban and semi-urban areas of Honduras. Two years from its date of introduction to the market, its oral contraceptive (OC) product, Perla, accounted for more than 40% of the OCs sold in pharmacies.
2. The program is clearly reaching its target population of women of middle and lower economic status. Perla users have less education, larger families and lower standards of living compared with users of other brands.
3. The study shows that 45% of the Perla users were new users: either buying Perla as their first time ever contraceptive or continuing to buy Perla but with no contraceptive experience prior to Perla. This implies that the SMP is tapping into a new group of women who use family planning.
4. Source substitution for oral contraceptives occurs both in the commercial sector and the non-commercial sector at about the same rate. As might be expected, women who have switched to Perla have come predominantly from the non-commercial sector and women who now buy a commercial brand have come largely from the commercial sector.
5. More than half of the women who reported having discontinued use of their previous pill changed brands because of reported side effects. The study also demonstrated a relatively low level of knowledge about

contraindications to oral contraceptives as well as the wide acceptance of discontinuing a pill if side effects manifest themselves.

Recommendation: The effects of switching brands and pill compliance on discontinuation rates may be areas that warrant further research.

6. The second most frequently reported reason for switching brands concerns dissatisfaction with the previous source; either the pill was no longer available or the source was inconvenient.

Recommendation: Ministry of Health Centers and ASHONPLAFA's CBD Program need to examine the logistics of their delivery systems. It appears that the number of new users in the CBD Program has diminished since Perla was introduced. This is also an area that requires further investigation.

7. **Recommendation:** Since some side effects are more closely associated with higher dose pills, family planning programs may want to evaluate lower dose pills on a wider scale and if acceptable, distribute them more actively.

8. Although the prevalence of smoking among Honduran pill users as determined in this study is not very high (12%), smoking is contraindicated for pill consumers 35 years of age and older. Almost one in 10 women buying pills at pharmacies fall into this category.

Recommendation: There is a need to discourage smoking among pill users of this age group and to recommend other methods of contraception if women wish to continue smoking.

9. Pill purchasers are not likely to ask pharmacists about contraceptive use, reporting that they prefer to ask a physician or that they have no need to ask questions. Perla users also reported that they did not know what to ask or that they were too shy to ask. Possibly, with special training, clerks could play a more active role in providing valuable health care information.

10. Knowledge about pill-taking among Perla users is not very complete. Overall education levels are a better predictor of knowledge about pill-taking than earlier experience with the pill. Either women who take Perla do not understand the insert or they fail to read it.

Recommendation: Before the SMP considers redesigning the insert, they should further investigate whether or not the insert is read, and if not, how to encourage women to do so.

11. The SMP has carried out a very successful advertising campaign in reaching a large audience: 95% of users of pills purchased in pharmacies reported having seen or heard an ad for Perla. Three-fourths of the Perla users said that the ads had influenced them to buy Perla.

12. Relatively few pill users have reacted negatively to the ads and when asked why they disliked an ad three out of four women said they either had no opinion or they disliked everything. These results suggest that the public controversy over advertising for Perla in the past few years was not broad-based.

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Table 1
 Unweighted Results of Interviews
 Survey of OC Purchasers, Honduras, 1986

Results	No. of Questionnaires	%
Interviews completed	2231	99.2
Total refusal	11	0.5
Refused during interview	4	0.2
Other	4	0.2
Total	2250	100.0

Note: Excludes 5 purchasers who bought Planocol, a once-a-month oral contraceptive manufactured in Mexico.

Table 2

Distribution of Oral Contraceptives Provided by All Sources
and Orals Sold in Pharmacies in 1984 and 1986

Survey of OC Purchasers, Honduras, 1986

Brand of OC	All Sources MCH/FP 1984 Survey	Pharmacies MCH/FP 1984 Survey	Pharmacies** 1986
Noriday	47.0	5.6	7.9
Microgynon	15.0	12.0	4.5
Ovral	7.5	6.5	5.6
Perla	6.3	20.4	41.7
Nordette	5.1	13.0	11.5
Norminest	4.0	0.0	--
Neogynon	2.2	6.5	1.8
Others	12.8	36.0	27.0*
Total	100.0	100.0	100.0
No. of cases	(406)	(132)	(2231)

*Triquilar 5.8%
Eugynon 2.0%
Others 19.2% (includes Norminest)

**Survey of OC purchasers, Honduras, 1986.

Table 3

Distribution of Purchasers of Oral Contraceptives According
to Whether Purchased for Self or Others by Brand Purchased

Survey of OC Purchasers, Honduras, 1986

Purchaser	Total	Perla	Other Brands
For self*	56.0	53.2	58.0
For others			
Men purchasing	28.6	28.8	28.5
Women purchasing	14.7	17.3	12.8
For other use	0.7	0.7	0.6
Total	100.0	100.0	100.0
No. of cases	(2231)	(1045)	(1186)

*Four women bought pills for themselves and someone else.

Table 4

Distribution of Women for Whom OCs Were Bought by Sex of Purchaser

Survey of OC Purchasers, Honduras, 1986

Others for Whom OCs Bought	Sex of Purchaser		
	Total	Male	Female
Spouse	43.5	66.6	0.0
Friend	24.5	17.7	37.4
Relative	13.1	4.4	29.5
Sister	8.5	2.1	20.5
Mother	6.2	5.8	7.1
Other	4.1	3.4	5.4
No. of cases	(1037)	(667)	(370)

Table 5

Distribution of Socio-economic Indicators of
Purchasers and OC Users by Purchaser

Survey of OC Purchasers, Honduras, 1986

Socio-economic Indicators	Purchaser		
	User	Husband	Other
<u>Household of Purchaser</u>			
Electricity			
Yes	72.9	61.6	66.4
No	27.1	38.4	33.6
<u>Sanitation</u>			
Inside toilet	40.1	27.3	43.0
Outside toilet	13.8	15.9	11.6
Latrine	35.2	41.0	29.2
None	11.0	15.8	16.1
<u>Education of OC User</u>			
None	5.1	6.3	3.4
Primary 1-3	15.7	24.6	13.4
4-6	38.7	34.7	34.7
Secondary 1-3	12.0	10.3	7.2
4-6	22.2	18.2	20.1
University	6.3	5.0	2.3
Unknown	0.0	0.8	18.8
No. of Cases	(1177)	(471)	(565)

Table 6

Distribution of Characteristics of OC Users by Purchaser

Survey of OC Purchasers, Honduras, 1986

Characteristics of OC User	Purchaser		
	User	Husband	Other
<u>Age</u>			
<14	0.0	1.0	0.0
15-19	9.5	8.9	7.5
20-24	29.4	27.5	26.3
25-29	29.7	28.1	28.3
30-34	19.1	18.1	13.6
35-39	9.1	12.5	9.3
>40	3.2	3.7	3.3
Unknown	0.0	0.1	11.7
<u>Number of Living Children</u>			
0	7.6	8.4	10.1
1	28.2	16.5	20.8
2	23.4	23.5	23.4
3	16.5	15.9	15.1
>4	24.3	35.7	27.0
Unknown	0.0	0.0	3.6
No. of Cases	(1177)	(471)	(565)

Table 7

Distribution of the Method of Transportation Used and Length of Time
to Get to the Pharmacy by Type of Purchaser

Survey of OC Purchasers, Honduras, 1986

Transportation/Time	Total	Purchaser		
		User	Husband	Other
<u>Length of Time</u>				
0-14 minutes	32.1	32.2	29.0	34.1
15-29 minutes	23.2	25.0	20.7	20.9
30-59 minutes	26.6	28.0	22.7	26.7
1 hour-1 hour 59 min.	10.5	8.8	13.5	12.0
≥2 hours	7.5	6.0	13.8	6.2
Unknown	0.1	0.0	0.2	0.1
Total	100.0	100.0	100.0	100.0
 <u>Method of Transportation</u>				
Walked	43.0	47.0	33.0	41.7
Bus	36.7	37.6	31.4	38.7
Car	9.2	8.0	15.3	7.1
Bike	7.2	3.9	15.1	8.3
Taxi	2.0	2.7	1.1	1.2
Motor bike	1.0	0.5	1.5	1.6
Other	1.0	0.3	2.6	1.4
Total	100.0	100.0	100.0	100.0
No. of cases	(2211)	(76)	(471)	(564)

Table 8

Distribution of Location of Purchaser before Visiting
the Pharmacy, Reasons for Pharmacy Selection, and Frequency of Visits
to Pharmacy by Type of Purchaser

Survey of OC Purchasers, Honduras, 1986

Pharmacy Visits	Total	Purchaser		
		User	Husband	Other
<u>Location</u>				
Home	50.6	51.8	42.6	54.0
Work	22.9	19.8	33.1	22.1
Market	8.8	10.5	5.9	7.2
Other town	5.1	4.7	8.7	3.4
Others' home	2.5	2.4	2.3	2.8
Doctor's office	2.3	3.4	0.8	1.0
School	1.3	1.4	0.2	1.9
Elsewhere	6.5	6.0	6.2	7.6
Total	100.0	100.0	100.0	100.0
<u>Reason</u>				
Close to home/work	28.9	30.3	23.8	29.6
Better supply	11.8	10.1	17.8	11.0
Close to other stores	10.8	10.8	11.2	10.6
Better clerks	10.0	10.0	10.6	9.5
By chance	7.4	8.4	4.3	7.4
Close to bus	5.6	6.8	5.4	3.0
Has credit	4.5	4.0	7.6	3.3
Open at night	3.0	2.1	3.9	4.2
Other	18.0	17.5	15.4	21.3
Total	100.0	100.0	100.0	100.0
<u>Frequency per Month</u>				
<1	8.1	7.2	9.5	8.8
1	22.3	25.4	25.5	13.1
2	13.1	12.9	11.7	14.9
3	14.5	13.1	14.3	17.6
>4	28.7	26.6	29.3	33.1
First visit	13.3	14.8	9.7	12.5
Total	100.0	100.0	100.0	100.0
No. of cases	(2213)	(1177)	(471)	(565)

Table 9

Distribution of Purchasing Patterns of Oral Contraceptive Users
by Brand Purchased

Survey of OC Purchasers, Honduras, 1986

Purchasing Patterns	Total	Purchaser		
		User	Husband	Other
<u>Reason for Visit to Pharmacy</u>				
Buy OCs	87.7	87.7	89.4	86.5
Buy OCs & something else	10.4	10.6	9.0	10.9
Buy something else	1.5	1.4	1.0	2.0
Unknown	0.4	0.3	0.5	0.6
<u>Bought Something Else</u>				
Yes	17.0	18.8	11.9	17.1
No	83.0	81.2	88.1	82.9
<u>No. of Cycles Purchased</u>				
1 cycle	92.3	93.6	89.1	91.8
2 cycles	5.5	4.7	7.8	5.8
≥ 3 cycles	2.2	1.7	3.1	2.4
<u>Amount Spent on Total Purchases</u>				
<5 Lp.	57.9	58.4	55.7	58.6
5-10 Lp.	34.4	33.9	36.7	33.7
>10 Lp.	7.7	7.8	7.6	7.7
<u>Time of Day Purchase Made</u>				
8 am	3.9	4.1	1.7	5.2
9-11 am	28.7	29.1	29.2	27.2
12-2 pm	15.1	14.5	15.9	16.1
3-5 pm	40.1	41.0	35.6	41.4
6-7 pm	9.7	8.8	15.0	7.7
Before 8 am and after 7 pm	2.5	2.5	2.6	2.4
No. of Cases	(2213)	(1177)	(565)	(471)

Table 10

Distribution of Brand Purchased by Who Purchased What Pill
Survey of OC Purchasers, Honduras, 1986

Brand	User	Nonuser	
		User's Decision	Purchaser's Decision
Perla	39.6	45.1	34.5
Nordette	11.8	11.2	6.7
Triquilar	5.2	6.3	9.7
Microgynon	5.8	2.9	2.2
Ovral	6.5	4.8	1.6
Noriday	8.9	6.3	10.6
Neogynon	1.6	2.3	0.0
Eugynon	2.7	1.4	0.0
Others	17.9	19.8	34.6
Total	100.0	100.0	100.0
No. of cases	(1181)	(974)	(59)

*Includes 17 cases where pill was purchased for reasons other than contraception.

Table 11

Clerk Recommended Brand to Purchaser by Type of
Purchaser and Brand Purchased
(Distribution)

Survey of OC Purchasers, Honduras, 1986

Type of Purchaser	Total	Perla	Other Brands
<u>Nonuser and Not Told</u>			
<u>What Pill to Buy</u>			
Yes	41.2	30.2	46.3
No	58.8	69.8	53.7
Total	100.0	100.0	100.0
No. of cases	(60)	(29)	(31)
<u>User</u>			
Yes	14.8	17.5	13.0
No	85.2	82.5	87.0
Total	100.0	100.0	100.0
No. of cases	(1181)	(530)	(651)

Table 12

Percent of Nonusers and Users Who Requested Specific Information
from Pharmacy Clerk

Survey of OC Purchasers, Honduras, 1986

Topic	Total	Nonuser	User		
			Total	Perla	Other Brands
How to use	4.5	2.6	5.9	6.8	5.3
Effectiveness	3.8	2.2	5.1	3.3	6.3
Side effects	2.4	1.8	2.8	2.5	3.1
Other	2.1	2.5	1.7	1.6	1.8
No. of cases	(2213)	(1033)	(1180)	(529)	(651)

Table 13

Distribution of Purchasers Who Ask the Pharmacist
about Contraceptives and If Not, Why Not,
by Type of Purchaser

Survey of OC Purchasers, Honduras, 1986

Ask/Why Not	Total	Nonuser	User		
			Total	Perla	Other Brands
Ask					
Yes	31.9	28.9	34.2	35.5	33.3
No	68.1	71.1	65.8	64.5	66.7
Total	100.0	100.0	100.0	100.0	100.0
No. of cases	(2214)	(1033)	(1181)	(530)	(651)
Why Not					
Prefer asking MD	35.1	14.5	52.3	37.3	61.9
No need	17.0	16.3	17.5	20.5	15.6
Buying for other	16.7	36.6	0.0	0.0	0.0
Doesn't know what to ask	15.8	21.6	11.0	15.9	7.9
Too shy	6.9	3.2	9.9	13.8	7.5
First OCs	3.6	3.6	3.5	4.9	2.6
Clerk not qualified	1.7	1.4	2.0	2.1	1.9
Other	3.3	2.7	3.7	5.6	2.5
Total	100.0	100.0	100.0	100.0	100.0
No. of cases	(1568)	(789)	(779)	(347)	(432)

Table 14

Distribution of Socio-economic Indicators of
Oral Contraceptive Users by Brand Purchased

Survey of OC Purchasers, Honduras, 1986

Socio-economic Indicators	Total	Perla	Other Brands
<u>Household</u>			
Electricity			
Yes	73.1	66.2	77.6
No	26.9	33.8	22.4
Sanitation			
Inside toilet	40.6	25.0	50.8
Outside toilet	13.6	15.4	12.5
Latrine	34.9	43.2	29.4
None	10.9	16.4	7.3
<u>Education</u>			
None	5.1	6.3	4.4
Primary 1-3	15.7	22.4	11.2
4-6	38.7	44.1	35.1
Secondary 1-3	12.0	15.4	9.8
4-6	22.2	9.9	30.3
University	6.3	1.9	9.3
No. of Cases	(1181)	(530)	(651)

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Table 15

Distribution of Personal Characteristics of Oral Contraceptive Users
by Brand Purchased

Survey of OC Purchasers, Honduras, 1986

Personal Characteristics	Total	Perla	Other Brands
<u>Age</u>			
15-19	9.5	10.7	8.7
20-24	29.4	28.1	30.2
25-29	29.7	26.9	31.6
30-34	19.1	21.2	17.7
35-39	9.1	10.8	8.0
40-44	3.2	2.4	3.8
Average	26.9	26.8	27.0
<u>Number of Living Children</u>			
0	7.6	6.8	8.1
1	28.2	18.0	34.9
2	23.4	23.5	23.3
3	16.5	19.1	14.8
≥4	24.3	32.6	18.9
Average	2.2	2.5	2.0
No. of Cases	(1181)	(530)	(651)

Table 16

Mean Number of Living Children by User's Age and Brand Purchased
Survey of OC Purchasers, Honduras, 1986

Age of OC User	Total	Perla	Other Brands
15-19	1.0	0.9	1.0
20-24	1.6	1.8	1.5
25-29	2.2	2.8	1.8
30-34	2.9	3.2	2.7
35-39	3.7	3.8	3.5
<u>≥40</u>	3.3	3.8	3.2
No. of cases	(1181)	(530)	(651)

Table 17

Distribution of Previous Contraceptive Use among Current Users
by Brand Purchased

Survey of OC Purchasers, Honduras, 1986

Previous Use	Total	Perla	Other Brands
Switchers from other method/brand	52.7	55.0	51.0
OCs	41.2	47.6	37.0
Other methods	11.5	7.4	14.0
Non-switchers	47.3	45.0	49.0
Used same brand previously	38.8	33.7	42.4
First time user	8.5	11.3	6.6
Total	100.0	100.0	100.0
No. of cases	(1181)	(530)	(651)

Table 18

Age of Woman and Number of Children by Brand Bought and Previous
Contraceptive Use

Survey of OC Purchasers, Honduras, 1986

Characteristics	Perla			Other Brands		
	Used Previous Method/ Brand	No Previous Method/ Brand	First Time User of Contraception	Used Previous Method/ Brand	No Previous Method/ Brand	First Time User of Contraception
<u>Age</u>						
15-19	3.7	14.3	33.6	5.7	7.8	37.4
20-24	26.9	28.5	32.7	28.2	34.2	20.9
25-29	29.1	26.3	17.6	33.8	31.2	17.1
30-34	20.7	24.7	13.5	19.4	16.5	12.2
35-39	16.8	4.2	1.3	8.7	8.1	2.0
40-44	2.8	2.1	1.4	4.3	2.2	10.4
<u>Number of Children</u>						
0	4.2	7.4	18.2	4.1	11.1	20.9
1	15.2	19.5	27.2	33.2	34.1	53.1
2	20.8	30.9	14.5	24.8	23.2	12.6
3	22.5	14.2	17.5	17.8	12.1	9.4
≥4	37.4	28.0	22.6	20.1	19.6	4.1
No. of cases	(260)	(196)	(74)	(350)	(272)	(29)

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Table 19

Distribution of Previous Method and Brand of Oral Contraceptive
Used by Brand Purchased

Survey of OC Purchasers, Honduras, 1986

Characteristics	Total	Perla	Other Brands
<u>Previous Method Used</u>			
OCs	78.2	86.5	72.5
IUD	7.2	4.7	8.9
Condoms	4.1	0.9	6.4
Rhythm	4.1	3.7	4.4
Injectables	3.7	3.1	4.2
Foam/tablets	2.0	1.0	2.8
Withdrawal	0.3	0.2	0.4
Other	0.3	0.0	0.3
No. of cases	(610)	(260)	(350)
<u>Previous OC Used</u>			
Noriday	38.0	43.3	33.6
Microgynon	12.7	14.5	11.2
Nordette	7.8	10.7	5.5
Ovral	7.1	7.3	6.9
Perla	5.9	0.0	10.8
Neogynon	3.2	2.1	4.1
Triquilar	3.2	2.4	3.9
Eugynon	1.2	0.7	1.6
Other	20.9	19.1	22.4
Total	100.0	100.0	100.0
No. of cases	(486)	(223)	(263)

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Table 20

Distribution of Source of Previous Oral Contraceptive
by Brand Purchased

Survey of OC Purchasers, Honduras, 1986

Source of Previous OC	Total	Perla	Other Brands
Commercial Sector	52.1	40.9	61.5
Same pharmacy/puesto	24.9	14.4	33.7
Another pharmacy/puesto	24.5	24.8	24.2
Private physician	2.7	1.7	3.6
Non-commercial Sector	39.5	48.7	31.8
CESAMO, CESAR	16.2	19.4	13.5
CBD program	13.4	24.7	4.0
ASHONPLAFA clinic	4.0	4.6	3.4
SMP	5.9	0.0	10.9
Other*	8.4	10.3	6.8
Total	100.0	100.0	100.0
No. of cases	(484)	(222)	(262)

*Includes hospitals, friends and others.

Table 21

Distribution of Characteristics of Women by Source* of Previous
Oral Contraceptive by Brand Purchased

Survey of OC Purchasers, Honduras, 1986

Characteristics	Perla		Other Brands	
	Non-commercial	Commercial	Non-commercial	Commercial
<u>Age</u>				
15-19	2.3	1.0	7.5	7.7
20-24	21.7	38.7	28.5	31.6
25-29	24.2	33.1	28.3	30.9
30-34	24.3	20.2	24.2	15.6
35-39	24.6	5.1	9.6	8.2
40-44	3.0	1.9	1.9	6.0
<u>Number of Living Children</u>				
0	0.0	4.5	4.4	4.5
1	7.6	27.9	14.2	37.8
2	18.9	25.7	28.6	23.5
3	26.5	20.2	25.9	12.5
>4	47.1	21.7	26.9	21.7
<u>Education</u>				
None	8.5	3.8	13.7	3.2
Primary 1-3	29.0	9.6	9.9	12.5
4-6	47.9	36.9	51.7	31.5
Secondary 1-3	12.4	21.6	6.2	12.8
4-6	2.2	19.9	12.3	32.2
University	0.0	8.3	6.2	7.8
<u>Electricity</u>				
Yes	62.6	73.9	67.2	77.2
No	37.4	26.1	32.8	22.8
<u>Sanitation</u>				
Inside toilet	8.0	46.0	36.7	48.5
Outside toilet	17.8	14.4	19.7	12.7
Latrine	56.6	26.5	37.6	29.0
None	17.6	13.1	6.0	9.8
No. of Cases	(107)	(106)	(101)	(156)

*Source category "other" not included in analysis.

Table 22

Reason for Discontinuing Previous Oral Contraceptive by Current
Brand and Type of Source of Previous OC

Survey of OC Purchasers, Honduras, 1986

Reason	Total	Perla		Other Brands	
		Non-commercial	Commercial	Non-commercial	Commercial
<u>Side effects</u>					
Experienced	53.1	47.4	48.3	76.0	49.6
Afraid of	2.5	0.4	1.9	5.5	2.7
<u>Availability</u>					
Not available	23.4	23.9	15.9	8.0	33.2
Problem with supply/time*	4.0	8.1	1.0	2.4	1.7
<u>Cost</u>	3.9	0.6	19.6	0.0	0.0
<u>Pregnancy-related</u>					
Wanted to get pregnant	3.2	6.9	0.5	2.7	2.6
Got pregnant using	0.7	0.8	0.0	0.9	1.1
<u>Other**</u>	9.2	11.9	12.8	4.5	9.1
Total	100.0	100.0	100.0	100.0	100.0
No. of cases	(483)	(107)	(105)	(101)	(156)

* Didn't have time to go or wasted a lot of time at the previous source

** Husband absent or opposed

Wanted to switch to Perla or other brand

MD recommended

Didn't like previous brand

Moved

Table 23

Reason for Discontinuing Previous Oral Contraceptive by
Current Brand and Interval between Brands

Survey of OC Purchasers, Honduras, 1986

Reason	Perla		Other Brands	
	0-3 mo.	>3 mo.	0-3 mo.	>3 mo.
<u>Side effects</u>				
Experienced	50.8	33.3	71.0	50.0
Afraid of	2.7	0.0	6.3	2.6
<u>Availability</u>				
Not available	26.3	2.5	28.3	0.0
Problem with supply/time*	5.9	8.4	2.2	0.0
<u>Cost</u>	10.6	0.0	0.0	0.0
<u>Pregnancy-related</u>				
Wanted to get pregnant	0.2	20.2	0.6	14.4
Got pregnant using	0.0	2.3	0.0	7.0
<u>Other**</u>	7.7	26.8	6.2	13.6
Total	100.0	100.0	100.0	100.0
No. of cases	(187)	(36)	(224)	(38)

* Didn't have time to go or wasted a lot of time at the previous source

**Husband absent or opposed

Wanted to switch to Perla or other brand

MD recommended

Didn't like previous brand

Moved

Table 24

Percentage of Users Buying for Selected Reasons
by Brand Purchased

Survey of OC Purchasers, Honduras, 1986

Reasons	Total	Perla	Other Brands
<u>Quality</u>			
Fewer side effects	61.6	53.5	66.8
More effective	49.7	45.8	52.2
Higher quality	55.6	49.0	59.9
<u>Recommended</u>			
Physician	43.3	18.7	59.3
Friend	27.7	36.5	22.0
Pharmacist	15.7	17.0	15.0
<u>Cost</u>			
Less expensive	39.4	66.0	22.0
<u>Advertisement</u>			
Saw/heard ad	29.1	69.5	2.6
<u>Other</u>			
Only brand known	10.7	15.3	7.7
Other	3.4	5.8	1.8
No. of cases	(1180)	(529)	(651)

Table 25

Knowledge of Pill-Taking among Users of Perla
by Previous Use of Oral Contraceptives
(Distribution)

Survey of OC Purchasers, Honduras, 1986

How to Take the Pill	<u>Previous Use of OCs</u>	<u>No Previous Use of OCs*</u>
<u>What day of cycle to begin</u>		
5th day	68.1	64.0
Other than 5th	31.4	20.8
Doesn't know	0.5	15.2
<u>Best time to take OC</u>		
Before bed	62.0	71.9
After meal	10.7	3.2
Same each day	8.6	1.3
Afternoon	8.4	9.3
Anytime	5.8	10.6
Morning	4.1	1.3
Other	0.4	0.3
Doesn't know	0.0	2.1
<u>Frequency of taking OC</u>		
Every day	97.4	93.1
Only after sex	2.6	5.5
Other	0.0	0.3
Doesn't know	0.0	1.2
<u>What to do if forgets</u>		
2 pills next day	73.1	55.9
Take when remembers	5.4	5.9
Skip it	2.8	0.4
Use other method	2.2	0.2
Other	2.9	2.1
Doesn't know	13.6	35.4
No. of cases	(420)	(110)

* Based on knowledge of the last method only. The woman's penultimate method could have been the pill.

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Table 26

Percentage of Perla Users Aware of Side Effects and
Contraindications to Oral Contraceptive Use by Previous Use

Survey of OC Purchasers, Honduras, 1986

Side Effects and Contraindications to Oral Contraceptives	Previous Use of OCs	No Previous Use of OCs
<hr/>		
Given the problem, should a woman continue using the pill? <u>(% answering yes or DK**)</u>		
Weight gain	34.3	26.7
DK	12.7	24.6
Headaches	29.4	14.4
DK	5.4	23.2
Nausea	29.2	12.0
DK**	5.0	18.4
Spotting	26.2	22.9
DK	6.6	24.9
No. of cases	(420)	(110)
<u>Know Contraindications</u>		
Yes	26.1	18.9
No. of cases	(420)	(110)
<u>Recognition of Contraindications</u>		
Hypertension	57.4	*
Varicose veins	50.6	*
Pregnancy	40.0	*
Smoking	23.5	*
Diabetes	12.3	*
Jaundice	7.6	*
Advanced age	5.2	*
Other	26.2	*
No. of cases	(103)	(16)

* Less than 25 cases

**Doesn't know

Table 27

Distribution of Oral Contraceptive Users by Smoking Habits
and Percent of Those Who Smoke in Each Age Category by
Brand Purchased

Survey of OC Purchasers, Honduras, 1986

Smoking Habits	Total	Perla	Other Brands
<u>Smokes</u>			
Total	11.9	10.8	12.6
No. of cases	(1181)	(530)	(651)
<u>Age (%)</u>			
15-19	7.7 (114)	7.3 (66)	8.1 (48)
20-24	9.3 (348)	11.1 (157)	8.2 (191)
25-29	15.4 (359)	8.2 (150)	19.4 (209)
30-34	14.4 (206)	19.7 (91)	10.3 (115)
>35	8.9 (154)	3.7 (66)	12.6 (88)

*Less than 25 cases.

61'

Table 28

Knowledge of Pill-Taking among Perla Users Who
Previously Used OCs by Education*
(Distribution)

Survey of OC Purchasers, Honduras, 1986

How to Take the Pill	Total	0-5 yrs	6 yrs	≥7 yrs
<u>What day of cycle to Begin</u>				
5th day	68.1	60.0	72.3	76.3
Other than 5th day	31.4	39.2	26.9	23.7
Doesn't know	0.5	0.8	0.8	0.0
<u>Best time to take OC</u>				
Before bed	62.0	60.0	71.1	56.3
After meal	10.7	15.7	6.8	6.9
Afternoon	8.4	9.7	1.1	13.4
Same each day	8.6	8.5	7.9	9.5
Anytime	5.8	0.8	10.1	9.0
Morning	4.1	4.8	2.2	4.9
Other	0.4	0.5	0.8	0.0
<u>Frequency of taking OC</u>				
Every day	97.4	97.7	96.9	97.3
Only for sex	2.6	2.3	3.1	2.7
Doesn't know	0.0	0.0	0.0	0.0
<u>What to do if forgets</u>				
2 pills next day	73.1	68.5	66.4	86.0
Take when remember	5.4	4.7	6.0	5.7
Skip it	2.8	2.6	4.5	1.6
Use another method	2.2	3.5	2.6	0.0
Other	2.9	5.9	1.2	0.0
Doesn't know	13.6	14.8	19.3	6.6
No. of cases	(420)	(200)	(109)	(111)

* First time users of orals excluded.

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Table 29

Percentage of Perla Users* Aware of Side Effects and
Contraindications to Oral Contraceptive Use by Education

Survey of Purchasers of OCs, Honduras, 1986

Side Effects and Contraindications to Oral Contraceptives	Total	0-5 yrs	6 yrs	≥7 yrs
Given the problem, should a woman continue using the pill? <u>% answering yes or DK**)</u>				
Weight gain	34.3	35.4	29.6	37.1
DK	12.7	14.3	17.8	5.4
Headache	29.4	37.8	16.4	29.1
DK	5.4	6.5	9.0	0.2
Nausea	29.2	29.7	26.4	31.1
DK**	5.0	8.2	3.9	1.3
Spotting	26.2	31.1	11.6	32.6
DK	6.6	7.6	10.5	1.5
No. of cases	(420)	(200)	(109)	(111)
<u>Know of Contra- indications?</u>				
Yes	26.1	21.2	19.7	39.5
No. of cases	(420)	(200)	(109)	(111)
<u>Recognition of Contraindications</u>				
Hypertension	57.4	42.8	60.7	67.5
Varicose veins	50.6	42.9	51.1	56.4
Pregnancy	40.0	29.6	44.2	46.4
Smoking	23.5	18.2	16.6	31.0
Diabetes	12.3	0.0	18.0	19.3
Jaundice	7.6	4.1	14.1	7.4
Advanced age	5.2	1.5	3.6	9.0
Other	26.2	42.9	18.1	16.7
No. of cases	(103)	(34)	(26)	(43)

* First time users of orals excluded

**Doesn't know

Table 30

Percent of OC Users Who Have Been Exposed to Perla Advertising
by Education

Survey of OC Purchasers, Honduras, 1986

	Education						Total
	None	Primary 1-3	Primary 4-6	Secondary 1-3	Secondary 4-6	University Superior	
<u>Seen ad for Perla</u>							
Yes	93.3	97.0	92.2	100.0	96.4	99.5	95.3
No	6.4	3.0	7.8	0.0	3.6	0.5	4.7
No. of cases	(74)	(191)	(419)	(154)	(287)	(56)	(1181)
<u>Which medium</u>							
Radio	92.3	81.2	81.7	71.9	69.2	59.0	76.6
Television	33.7	38.6	50.5	79.1	94.5	93.8	64.1
Pharmacy	0.9	2.6	7.7	6.1	13.3	15.8	8.2
Poster	0.0	0.2	6.9	6.4	8.4	3.6	5.5
Billboard	0.0	1.0	3.4	2.9	8.1	5.9	4.0
Health shop	0.0	0.5	1.3	4.9	1.2	0.0	1.5

Table 31

Advertising Influenced Decision to Buy Perla by
Education of Purchaser

Survey of OC Purchasers, Honduras, 1986

Ad Influenced Decision to Buy Perla?	Education						Total
	None	Primary 1-3	Primary 4-6	Secondary 1-3	Secondary 4-6	University Superior	
Yes	91.7	75.5	84.2	65.4	70.0	*	77.1
No	8.3	24.5	15.8	34.6	30.0	*	22.9
No. of cases	(46)	(117)	(213)	(70)	(57)	(5)	(508)

* Less than 25 cases

65

Table 32

Response to Advertising by Brand Purchased
 Survey of OC Purchasers, Honduras, 1986

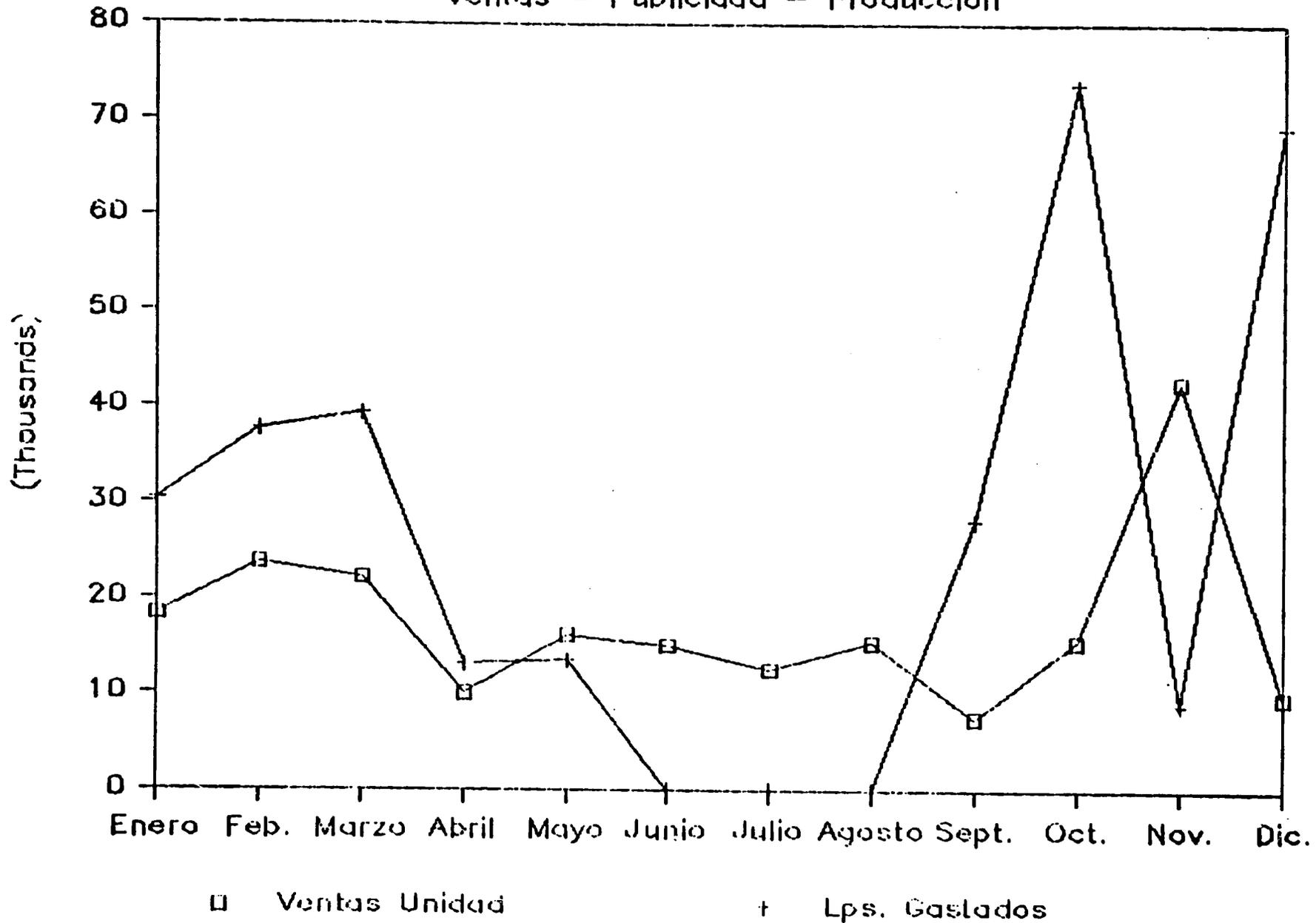
Response	Total	Perla Users	Other Users
<u>Reason liked ad</u>			
Teaches family planning	28.6	26.5	30.1
Message to take pills daily	28.6	27.1	29.6
Promotion of fewer children	21.3	29.1	15.9
Combination of the above	2.0	2.9	1.3
Other	9.2	9.7	8.8
No opinion	10.1	4.4	14.1
Doesn't know	0.2	0.2	0.2
Total	100.0	100.0	100.0
No. of cases	(1070)	(503)	(567)
<u>Reason did not like ad</u>			
No opinion	43.8	54.3	42.0
Disliked everything	32.3	21.8	34.1
Children hear ad	4.6	2.6	4.9
Doesn't like Perla	5.1	6.3	4.9
Actors too old	0.4	0.0	0.5
Other	13.3	12.2	13.5
Doesn't know	0.5	2.7	0.1
Total	100.0	100.0	100.0
No. of cases	(211)	(46)	(165)

89.

FIGURE 2

Correlacion Ventas - Publicidad 1985

Ventas - Publicidad - Produccion



7. ¿Compró otra cosa además de las pastillas anticonceptivas? 46
1. Sí
 2. No → Pase a 9
8. ¿Cuál fue la razón principal de venir a la farmacia hoy? 47
1. Comprar pastillas anticonceptivas
 2. Comprar pastillas anticonceptivas y otra cosa
 3. Comprar otra cosa
 8. Otro, especifique _____
9. ¿Cuál fue el total de sus gastos en la farmacia, incluyendo la compra de las pastillas? 48
1. Menos de Lps. 5.00
 2. Lps. 5.00 a Lps. 10.00
 3. Más de Lps. 10.00
10. ¿De dónde vino antes de la farmacia? 49
1. El trabajo
 2. Su casa
 3. Casa de amiga/familiar
 4. Escuela/colegio
 5. Mercado
 8. Otro lugar, especifique _____
11. ¿Y de su casa, cuánto tiempo le tardaría para llegar aquí? 50
- _____ 51-52
- horas minutos
12. ¿Qué medio principal de transporte usó para venir aquí? 53
1. Caminando
 2. Bus
 3. Carro
 8. Otro, especifique _____
13. ¿Generalmente cuántas veces al mes compra Ud. en esta farmacia (puesto)? 54
1. Es la primera vez
 2. 0
 3. 1 vez
 4. 2 veces
 5. 3 veces
 6. 4 veces o más
14. ¿Por qué vino a esta farmacia? 55
1. Le queda más cerca a su casa
 2. Le queda cerca de su trabajo
 3. Le queda cerca de otras tiendas
 4. Tiene crédito en esta farmacia
 5. Viene a hacer consulta al médico
 8. Otro, especifique _____

15. ¿Ud. pidió información del vendedor(a) de la farmacia sobre los siguientes puntos? ¿El vendedor(a) le dió información sin que Ud. la pidiera? (Leerse)

	Pidió Información?		Recibió Información?	
	Sí	No	Sí	No
a. Eficacia de las pastillas	1	2	1	2
b. Efectos colaterales de las pastillas	1	2	1	2
c. Como tomarlas	1	2	1	2
d. Otro, especifique _____	1	2	1	2

 66-67

 66-68
 66-69

 67-68

16. Generalmente, cuándo Ud. tiene una pregunta o duda sobre métodos para planificar la familia, la comenta con el farmacéutico?

1. Sí
2. No → ¿Por qué no?
 1. Tímida
 2. No sabe que preguntar
 3. El vendedor no va a saber contestar
 4. El vendedor está demasiado ocupado
 5. No necesita información
 6. Prefiere consultar con médico
 8. Otro, especifique _____

 64-65

17. ¿Qué marca de pastilla compró hoy?

1. Perla
2. Nordette
3. Ovral
4. Eugynón
5. Neogynón
6. Microgynón
7. Triquilar
8. Otro, especifique _____

 66

18. (Para la entrevistadora) ¿Recordó la marca con facilidad?

1. Sí
2. No

 67

19. ¿Era esta la marca de pastilla que Ud. quería comprar?

1. Sí
2. No → ¿Cuál era la pastilla que quería? _____

 66-69

20. ¿El vendedor(a) le recomendó que comprara esta marca?

1. Sí
2. No → PASE a 22

 70

21. ¿Cuándo se la recomendó? hoy o antes?

1. Hoy
2. Antes

 71

22. ¿Cuántos ciclos compró hoy? _____

 72

23. ¿Compró Ud. las pastillas anticonceptivas para tomarlas Ud. o para otra persona o para otro uso? 73

1. Uso propio → Pase a 30

2. Para otra persona

8. Otro uso, especifique _____ TERMINAR LA ENTREVISTA

24. ¿Y esta persona es? 74

1. Su esposa

2. Su mamá

3. Pariente, especifique _____

8. Otro, especifique _____

25. ¿Cuántos años tiene ella? _____ 75-76

98. No sabe

26. ¿Cuántos hijos tiene ella? _____ 77-78

98. No sabe

27. ¿Cuál es el grado o año más alto que ella aprobó en la escuela? 79-80

1. Primaria	0	1	2	3	4	5	6	
2. Secundaria		1	2	3	4	5	6	
3. Universidad y Superior		1	2	3	4	5	6	7 y más

98. No sabe

28. ¿Ella fuma cigarrillos? 81

1. Sí

2. No

3. No sabe

29. ¿Quién pidió esta marca: Ud. o la persona que va a tomar las pastillas? 82

1. La persona de la entrevista

2. La usuaria → TERMINAR LA ENTREVISTA

30. ¿Cuáles de las siguientes razones le hicieron decidir comprar esta marca en vez de otra?

	<u>Sí</u>	<u>No</u>	
1. Mejor calidad	1	2	<input type="checkbox"/> 83
2. Más barata	1	2	<input type="checkbox"/> 84
3. Más eficaz	1	2	<input type="checkbox"/> 85
4. Causa menos molestias	1	2	<input type="checkbox"/> 86
5. Unica marca que conocía	1	2	<input type="checkbox"/> 87
6. Vió o escuchó un anuncio	1	2	<input type="checkbox"/> 88
7. Médico la recomendó	1	2	<input type="checkbox"/> 89
8. Amiga(o) la recomendó	1	2	<input type="checkbox"/> 90
9. Farmacéutico o vendedor la recomendó	1	2	<input type="checkbox"/> 91
10. Otro,			<input type="checkbox"/> 92
especifique _____	1	2	

TERMINAR LA ENTREVISTA si la entrevista no es con la usuaria.

12

31. ¿Desde que comenzó a tomar _____, ha dejado de tomarla?
(la marca de 17)

 03

1. Sí
2. No → PASE a 33
3. Es la primera vez que va a tomarla → PASE a 34

32. ¿Por qué dejó de tomarla?

 04

1. Quería tener un hijo
2. Quedó embarazada cuando usaba esta marca
3. No estaba su esposo
4. Temor que le causaría daño
5. Sintió malestares
6. Esposo se opuso
7. No podía encontrar esta marca
8. Otro, especifique _____

33. ¿Hace cuánto tiempo ha estado usando _____ sin
interrupción? (la marca de 17)

		05
		06-07

_____ años _____ meses

(Si es desde su último parto, pregunte exactamente el número de mses.)

777. Es la primera vez que vuelve a tomar la pastilla después del embarazo.

34. ¿Usó otra marca de pastilla o un método diferente, tal como el DIU, el condón, ritmo o retiro, antes de comenzar a tomar _____?
(la marca de 17)

 08

1. Sí
2. No → PASE a 40

35. ¿Qué método usó antes de comenzar a tomar _____?
(la marca de 17)

		09-100
--	--	--------

(Si ha usado más de un método, indique el último)

1. Pastillas → ¿Qué marca? _____
2. DIU
3. Condón
4. Espuma/tabletas vaginales
5. Retiro
6. Ritmo
8. Otro, especifique _____

36. ¿Dónde consiguió este método?

 101

0. No corresponde (ritmo/retiro)
1. Esta farmacia/puesto de venta
2. Otra farmacia
3. Otro puesto de venta
4. Clínica de ASHONPLAFA
5. Distribuidora comunitaria
6. Médico
7. Centro de Salud (CESAR, CESAMO)
8. Otro, especifique _____

37. ¿Por qué dejó de usar esta marca (o este método)? 102
1. Quería tener un hijo
 2. Quedó embarazada cuando usaba esta marca o método
 3. No estaba su esposo
 4. Temor que le causaría daño
 5. Sintió malestares
 6. Esposo se opuso
 7. No podía encontrar esta marca o método
 8. Otro, especifique _____
38. ¿Compró _____ inmediatamente (menos de 2 meses) después 103
 (la marca de 17)
 de dejar la marca/método anterior? ¿Esperó 2 ó 3 meses; esperó más?
1. Inmediatamente → PASE a 40
 2. 2-3 meses
 3. Más de 3 meses
39. ¿Por qué no comenzó a usar inmediatamente este nuevo método? 104
1. Embarazo
 2. Razones económicas
 3. Esposo no permitió
 4. No sabía que marca/método usar
 5. No estaba su esposo
 8. Otro, especifique _____
40. ¿Sabe Ud. cuándo una mujer por razones de salud no debe de tomar la 105
 pastilla? 106
1. Sí → ¿Por qué razones? (No lea en voz alta.) 107
 2. No → PASE a 42 108
1. hipertensión 109
 2. edad avanzada 110
 3. ictericia 111
 4. fuma cigarillos 112
 5. várices 113
 6. diabetes 114
 7. embarazada
 8. otro, especifique _____
41. ¿Dónde sería el lugar más apropiado para obtener información sobre 115
 el porqué una mujer no debería tomar la pastilla?
1. El papelito dentro del sobre de pastillas
 2. Amiga(o)
 3. Médico
 4. Centro de Salud (CESAR, CESAMO)
 5. Hospital
 8. Otro, especifique _____
42. ¿Cuando comienza a tomar la pastilla por primera vez, en qué día de 116
 su regla debe tomar la primera pastilla? _____ día

43. ¿Cuál es la mejor hora para tomar la pastilla?

1. Cualquier hora
2. La misma hora todos los días
3. Por la mañana
4. Por la tarde
5. Antes de acostarse
8. Otro, especifique _____

116

44. ¿Debe tomar la pastilla todos los días o solamente cuando va a tener relaciones sexuales?

1. Todos los días
2. Solamente cuando va a tener relaciones
8. Otro, especifique _____

117

45. ¿Qué debe hacer si olvida tomar una pastilla?

1. Tomarla en cuanto se acuerde
2. No tomar la pastilla olvidada
3. Dejar de tomar las pastillas durante ese mes y usar otro método
4. Tomar dos pastillas al siguiente día
5. No sabe
8. Otro, especifique _____

118

46. ¿Si una mujer que acaba de comenzar a tomar la pastilla, siente uno de los siguientes problemas durante los primeros 3 meses, piensa Ud. que debería continuar tomando la pastilla? (Leerse)

	Sí	No	No sabe
1. Náusea	1	2	3
2. Dolor de cabeza	1	2	3
3. Sangrado entre una regla y otra	1	2	3
4. Aumento de peso	1	2	3

119
 120
 121
 122

47. ¿Ha oído o ha visto un anuncio de PERLA?

1. Sí
2. No TERMINAR LA ENTREVISTA

123

48. ¿Dónde fue? (Marcar todos los que corresponden.)

1. Radio
2. Televisión
3. Farmacia
4. Puesto de venta
5. Poster
6. Anuncio
8. Otro, especifique _____

124
 125
 126
 127
 128
 129
 130

49. ¿Qué le gustó del anuncio?

1. El mensaje de tomar todos los días
2. Dan a conocer como planificar la familia
3. La cajita y/o el estuche
4. Que las personas no tienen tantos hijos al ver el anuncio
8. Otro, especifique _____

131-13

45

50. ¿Qué no le gustó del anuncio?
1. Le gustó todo (nada)
 2. Los niños escuchan
 3. Las personas son viejas
 8. Otro, especifique _____

133-134

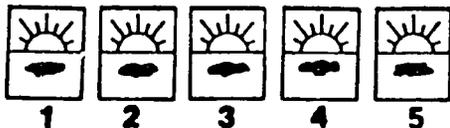
TERMINAR LA ENTREVISTA

51. (Para mujeres que compraron PERLA) ¿Este anuncio influyó en la selección de PERLA?
1. Sí
 2. No

135

for081k

136-137



Tome la primera pastilla blanca el día 5o. de su regla. Saque su píldora empujándola hacia abajo.

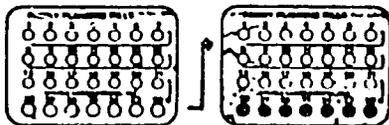


Tomese con agua al acostarse

COMO USAR PERLA

Si es la primera vez que va a tomar Perla, empiece a tomarlas en el quinto día de su menstruación (regla), esté o no esté sangrando.

Empiece siempre con la primera pastilla blanca y continúe tomándolas siguiendo la dirección de las flechas hasta tomarlas todas (blancas y cafés). Tome una Perla todos los días, de preferencia antes de acostarse.

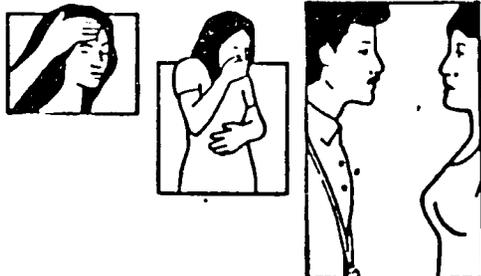


Tome una cada día en orden. Al terminar un ciclo de pastillas debe iniciarse otro sin interrupción.

EFFECTOS SECUNDARIOS TEMPORALES.

Si sangra entre los períodos de menstruación mientras está tomando PERLA, continúe tomándolas según las instrucciones; los sangrados son generalmente temporales. Sin embargo, si el sangrado persiste o continúa, consulte a su médico o al centro de salud.

Mientras su organismo se adapta a PERLA, es posible que usted sienta algunos síntomas parecidos al embarazo, como: dolor de cabeza, náuseas, sensibilidad en los senos (pechos), etc.



Si esta sensibilidad continúa después de dos meses, visite a su médico o el centro de salud.

PRECAUCIONES

Consulte a su médico si usted padece o ha padecido de las siguientes enfermedades o condiciones de salud:

- Sangrado abundante intermenstrual; sangrado después de las relaciones sexuales.
- Presión arterial alta (Hipertensión).
- Color amarillo en la piel ó en los ojos (Ictericia, Hepatitis).
- Cáncer conocido o sospechado.
- Azúcar en la sangre (Diabetes).
- Derrame cerebral.
- Ataque al corazón.
- Várices muy resaltadas o inflamadas.

- Epilepsia o "ataques".

No debe tomar pastillas anticonceptivas sin consultar a su médico sí:

- Está embarazada o cree que podría estarlo.
- Está amamantando (dando el pecho) durante los primeros 6 a 9 meses de vida del niño (tierno).
- Si la leche de pecho es el único alimento del niño.
- Si usted fuma más de 10 cigarrillos al día.

SI OLVIDA TOMAR PERLA



1 DIA



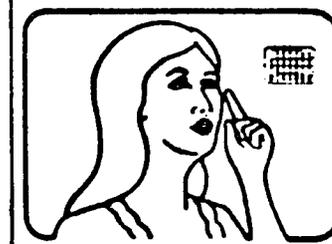
Si olvida tomar una pastilla, tómela tan pronto lo recuerde, y tome la siguiente a la hora acostumbrada.



2 DIA



Si olvida tomar su pastilla por dos días seguidos, tome una pastilla, tome la otra tan pronto lo recuerde y tome la siguiente a la hora acostumbrada. Continúe tomando las pastillas y use un método adicional hasta que se le terminen.



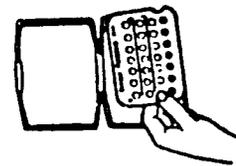
3 DIA



Si olvida tomar sus pastillas por 3 días seguidos, usted está sin protección, no continúe tomándolas y empiece un nuevo ciclo de Perla después del quinto día de su próxima regla.

Use otro método para evitar embarazo hasta que empiece a tomar Perla de nuevo.

Perla
anticonceptivo oral



LEA CUIDADOSAMENTE LAS INSTRUCCIONES