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**Study of Romanian  
Private Pharmacists**

by

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This report is part of a series of PROFIT Research Studies, which address various topics related to private sector family planning. The studies grow out of PROFIT subprojects within the following three strategic areas: innovative investments, private health care providers, and employer-provided services.

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## ***ABSTRACT***

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In April 1996, the PROFIT Project assessed the knowledge, attitudes, and practices (KAP) of Romanian pharmacists about family planning and their level of interest in receiving training and promotional materials. Private pharmacists were shown to be willing and potentially effective means for expanding the use of modern contraceptive methods in Romania. Because revenues from contraceptive sales likely will remain an insignificant percent of total revenues, efforts to encourage private pharmacists to sell and provide information about contraceptives should emphasize the social and health benefits of these products, rather than the potential economic benefits of selling them. Cash flow is a major problem for private pharmacists, and they may require positive credit terms as an incentive to carry additional stocks of contraceptives.

The pharmacists consider themselves to be health professionals rather than business people. They are interested in and willing to pay for training about new contraceptive products and suppliers, but they are uninterested in business-oriented training.

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Patricia G. Oriol and Linda Griffin Kean assisted in preparing the final report.

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## ***ACRONYMS***

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IMAS	Institute of Marketing and Surveys
KAP	Knowledge, attitudes, and practices
PROFIT	Promoting Financial Investments and Transfers Project
RRHS	1993 Romanian Reproductive Health Survey
USAID	U.S. Agency for International Development



## ***EXECUTIVE SUMMARY***

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In 1995, USAID/Romania requested that the PROFIT Project develop a subproject to promote the use of modern contraceptives through the commercial sector. A major focus of the subproject was to involve private pharmacists in efforts to promote family planning.

In April 1996, PROFIT contracted with the Institute of Marketing and Survey (IMAS) to undertake a study of private pharmacists' business, knowledge, attitudes, and practices (KAP) about family planning and their level of interest in receiving training and promotional materials. The study included one-on-one interviews with 597 pharmacists who managed private pharmacies in five geographic areas of Romania, as well as six focus groups involving a total of 49 pharmacists from three cities (Bucharest, Cluj, and Iasi).

### **Findings**

Virtually all of the pharmacists in the interview sample (92.3%) were female. The average age was 45, and 56.1% were between ages 41 and 50. Respondents had been in the field of pharmacy for an average of 21 years.

Most of the pharmacies managed by respondents (67.4%) had been privatized or newly established between 1991 and 1993. Respondents' most common reasons for setting up a private pharmacy were the desire to work on their own (71.9%) or government-led privatization (51.8%). Fewer than half of the facilities (42.8%) were previously state-owned pharmacies, and only 38.3% included staff members held over from previous state ownership. When asked to describe their typical customers, most respondents described older or retired clients (69.0% of respondents).

The median number of employees in private pharmacies reported was three, two of whom are involved in selling medications. However, 26.6% of private pharmacies had six or more workers, and 14.4% had only one worker. Virtually all of the pharmacies (92.1%) employed fully educated pharmacists who had experience; 6.2% had a resident pharmacist; and 69.8% had a pharmacy assistant. Nearly all of the pharmacies (90.5%) used the services of an accountant, who, in most cases, was employed on a part-time basis.

Approximately two-fifths (39.6%) of the respondents failed to provide a response when asked about the total revenues of their pharmacies. Of those providing a response, the median value given was 149 million lei (approximately \$50,000). Revenues from contraceptive sales represented a very small proportion of total revenues (see *Figure 4.2*). In fact, more than half of respondents (52.3%) indicated that revenues from contraceptive sales were insignificant.

Cash flow and financial issues were the most common problems reported by private pharmacists (71.3% listed this type of problem). Almost half (41.4%) reported that slow reimbursement by the government for subsidized prescriptions was a major factor in cash flow management.

Competition among pharmacies is not a major concern in Romania. Many pharmacists (38.7%) reported feeling no competition. Focus group members commented on an undersupply of pharmacists, particularly in rural areas, and also mentioned government controls on the number and location of pharmacies.

Most private pharmacies stock and sell contraceptive products (see *Figure 4.1*). Condoms and oral contraceptives are very widely available, but IUDs and diaphragms are less available. The brand of condoms carried by most pharmacies was Durex (mentioned by 11.4% of pharmacists), and the most frequently carried brand of oral contraceptives was Rigevidon (39.5%). The factors that most influence whether specific brands of contraceptives are carried are price (48.7% of respondents), knowledge of and trust in the product (16.1%), quality (9.4%), and effectiveness (8.4%) (see *Figure 4.3*).

Most all pharmacies receive their stocks from warehouses (98.2%) and directly from pharmaceutical manufacturers (58.3%). They receive supplies several times a week (49.1%) or daily (36.0%).

Pharmacists reported being comfortable with selling contraceptives and confident in answering questions from customers (see *Figure 4.3*). However, pharmacists reported that they are not regularly asked for advice on contraceptives, despite the fact that they are regularly asked for advice about other medicines they sell. (Only 3.5% of respondents reported *not* being asked for advice about medicines, but 36.9% reported not being asked for advice on contraceptives.) Pharmacists were asked three questions that tested their knowledge about the use of oral contraceptives. The average pharmacist provided two correct answers and one incorrect answer (each had more than one possible correct and incorrect answer).

Nearly all respondents (91.2%) indicated that they were willing to display promotional materials about contraceptives in their pharmacies and they indicated a willingness to learn more about new products. When asked about topics for future training, the most common responses related to new producers and new products (see *Figure 4.4*).

## Conclusions

- Although most private pharmacies stock and sell contraceptives, contraceptive sales represent an insignificant percentage of total revenues. The typical customer at most pharmacies is an older, retired person, who is not a potential consumer for contraceptives.
- Cash flow is a major problem for private pharmacies. Most pharmacies use loans from banks and/or friends to pay for supplies, or buy on credit from suppliers. A major factor contributing to cash flow problems is delayed government reimbursement for discounted prescriptions sold to patients who are unable to pay full price.
- Pharmacists working in private pharmacies view themselves as health care professionals rather than as business people, reflecting the fact that they have been professionals for many years but have been in business for only a few years. Government controls on sales margins limit potential profits for private pharmacists. Pharmacists do not consider themselves to be in competition with each other.
- Most pharmacists expressed confidence in their ability to provide accurate information about contraceptive methods. However, the survey pointed out gaps in their knowledge about oral contraceptives.
- Pharmacists expressed an interest in and willingness to pay for training about new products and suppliers. Most respondents also expressed a willingness to display promotional materials for contraceptive products. They were less interested in training in such business areas as marketing, finance, human resources, advertising, and inventory management. (They were not asked about training in contraceptive methods.)

## Implications for Project Design

- Private pharmacists appear to be an effective and willing means of expanding the use of modern contraceptive methods in Romania, particularly given their professional orientation, generally positive attitudes toward contraception, and willingness to discuss contraception with customers.
- The sale of contraceptives is not likely to be a major source of revenue for private pharmacies. Therefore, efforts to encourage private pharmacists to sell and provide information on contraceptives should emphasize the social and health benefits of contraceptive use rather than the potential economic benefits to them.
- Given the cash flow problems faced by private pharmacies, attention should be given to finding ways of providing additional contraceptive stocks under positive credit terms. This might be accomplished through agreements with manufacturers and suppliers or alternative sources of credit.
- Consumers of contraceptives are sensitive to both price and quality. Price seems to be the most important factor for oral contraceptives, while perceived quality is most important for condoms. Pharmacist training and consumer education efforts might emphasize price and/or quality considerations.
- Pharmacists are quite interested in what is new and effective in the area of contraception. Training pharmacists about contraceptive methods should focus on new products.
- Only a minority of private pharmacists are interested in classic business training. Any business training should focus on the unique business conditions facing private pharmacies in Romania (limited profit margins, noncompetitive environment, etc.).

# 1.0 INTRODUCTION

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## 1.1 BACKGROUND

In December 1989, the removal of the Ceausescu regime resulted in sweeping economic and social changes. These changes included a shift from the previous regime's strict pro-natalist policies to government consent to reproductive health services. However, the effects of the previous regime's policies are still apparent. For example, the 1993 Romanian Reproductive Health Survey (RRHS) revealed that despite high awareness of modern contraceptives among women in union (98%), birth control use was dominated by traditional methods (43%) while use of modern methods remained relatively low (14.5%).<sup>1</sup> Moreover, four out of five traditional method users did not plan to change their current method. The RRHS survey also found that the heavy reliance on traditional methods was most frequently attributed to a fear of side effects, partner preference, and lack of information. In addition, accessibility and cost were cited by one-third of traditional method users as important reasons for not using modern contraceptives.<sup>2</sup> These facts reflect Ceausescu's efforts to deter contraceptive use by disseminating incorrect information about the safety of contraceptives and restricting their availability.

Since 1989 the Romanian government has implemented widespread reforms of economic and population policies. These reforms have supported the implementation of family planning programs, but progress has been slow. Romania's economic restructuring has allowed the establishment of new private companies or the privatization of former state-owned companies. In the health sector, private clinics and pharmacies are being established and state-owned facilities are being privatized.

Given these policy changes, USAID/Romania requested assistance in 1995 from the PROFIT Project to assess opportunities to encourage increased use of modern contraceptives

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<sup>1</sup> According to the *Reproductive Health Survey, Romania 1993*, this 14.5% is split among the following methods: IUD 4.2%, Condom 3.9%, Pills 3.1%, Tubal Ligation 1.4%, Others 1.9%.

<sup>2</sup> See *Reproductive Health Survey, Romania 1993*, Preliminary Report. Atlanta, GA: Institute for Mother Child Care, Ministry of Health and Division for Reproductive Health, Center for Disease Control and Prevention, January 1994.

through the private sector. As a result of the PROFIT Projects' marketing assessment,<sup>3</sup> USAID/Romania subsequently requested that PROFIT develop a subproject in Romania to include the following components:

- an IEC campaign to increase knowledge and use of modern contraceptive methods
- a business and contraceptive methods training program for private pharmacists
- a program to increase consumers' knowledge about the availability of contraceptive products through pharmaceutical distributors and pharmacies

To design the latter two activities, in April 1996 the PROFIT Project contracted the Institute of Marketing and Surveys (IMAS) to undertake a market survey of private pharmacists' business knowledge, attitudes, and practices (KAP) about contraceptives, and level of interest in business training. The purpose of this report is to describe the methods, findings, and conclusions of this research.

## **1.2 RESEARCH OBJECTIVES**

The purpose of this research was to conduct a market survey among a nationwide sample of Romanian pharmacists working in private pharmacies. The results were to be used in designing PROFIT's subproject, which was to include training of private pharmacists in contraceptive procurement and sales and increased sales of contraceptive products through pharmaceutical distribution and pharmacy outlets. The research sought to assess contraceptive product stocks, pricing levels, and sales and to determine respondents':

- basic business practices
- attitudes and knowledge about the use of contraceptives
- perceptions of customer contraceptive buying patterns
- interest in attending training sessions to improve their knowledge of contraceptive products and their business skills

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<sup>3</sup> Susan Mitchell and Frank Feeley, *Marketing Assessment for the Sale of Contraceptives in the Private Sector: Romania*. Arlington, VA: The PROFIT Project, September 1994.

## 1.3 METHODS

### 1.3.1 Quantitative Research

The quantitative research involved one-on-one interviews with 597 pharmacists using a standardized questionnaire (*Appendix A*), comprised of closed and open-ended questions. Responses to the closed questions were quantified. The questionnaire was designed based on the findings of the focus group discussions described in *Section 1.3.2*. Interviews were held between May 2 and May 13, 1996.

Pharmacists were sampled from the following five areas of Romania that reflected historical regional boundaries and took into account the size of the population served by the respondents' pharmacies. The first two areas—Moldova and Oltenia—are located in eastern and southern Romania and are considered to be relatively isolated. The latter three—Transylvania, Bucharest,<sup>4</sup> and Banat—are in the west and capital city and are more heavily influenced by Western Europe and, in general, have more highly educated populations.

To be selected for this survey, pharmacists had to be:

- a practicing pharmacist
- in a management position
- working in a private pharmacy

*Appendix B* provides the frequency figures for each question in the questionnaire. The question numbers provided in *Appendix B* correlate to those used in the lists of relevant questions that appear at the beginning of each section. Findings from cross tabulations, analyses of variance, and correlations are presented throughout the report and are discussed only if the probability level of the statistic is less than 0.05.

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<sup>4</sup> Including Muntenia.

### **1.3.2 Qualitative Research**

Six focus group discussions were held between April 5 and April 17, 1996 in the cities of Bucharest, Cluj, and Iasi. A total of 49 pharmacists participated in groups ranging in size from 6 to 12. The focus group question guide is found in *Appendix C*.

Focus group generally met the following criteria:

- currently working in a private pharmacy
- working as a pharmacist or pharmacist's assistant
- and/or familiar with supplying or organizing pharmacies

Findings from the focus groups are incorporated into the presentation of the quantitative research.



## 2.0 DESCRIPTION OF THE SAMPLE

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- Q 53 What is your age?*  
*Q 54 What is your gender?*  
*Q 55 What is the last year of school you completed?*  
*Q 56 For how many years have you been in the field of pharmacology?*  
*Q 57 What is your position in the company?*  
*Q 58 Population size of the location of the pharmacy*

The average age of the pharmacists interviewed was 45, and 56.1% were between ages 41 and 50. The vast majority of respondents were female (92.3%), and 91.1% had earned a university degree and have at least two years experience. Respondents had been in the field of pharmacy for an average of 21 years; respondents from more populated areas had been in the field longer than those from rural areas or smaller towns. When asked to describe their positions in the pharmacies where they worked, the most common responses were employer/owner (54.1%), master pharmacist (23.6%), or partner (12.4%). The geographic distribution of pharmacists is listed below in *Figure 2.1*. Most worked in urban areas; only 12.4% worked in rural areas.

Figure 2.1 Area of Pharmacy Location		
Area	n	%
Bucharest/Muntenia	202	33.8
Transylvania	127	21.3
Moldova	121	20.3
Oltenia	102	17.1
Banat	45	7.5
Total	597	100.0

## 3.0 DESCRIPTION OF PHARMACIES

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This section describes the respondents' motivations for working in private pharmacies and the pharmacies' staffing patterns, client composition, competition, supply systems, and management structures.

### 3.1 ESTABLISHING THE BUSINESS: WHEN, WHY, AND HOW

- Q 1 In what year was the pharmacy privatized?*
- Q 2 What were the reasons for starting the private pharmacy?*
- Q 3 What was your work experience?*
- Q 6 What is the status of the pharmacy's premises?*

Since 1990, the Romanian government has allowed privatization of pharmacies. More than two-thirds (67.4%) of respondents established or privatized their pharmacies between 1991 and 1993. At the time of this survey in 1996, the pharmacists had worked in private pharmacies for an average of 3.3 years, although they had been in pharmacology for an average of 21 years.

Private pharmacies were established either as new businesses or through the privatization of state-owned pharmacies—42.8% of the respondents worked in pharmacy facilities that had previously been state-operated; and 54.4% worked in facilities that were not. Pharmacies located in the most populated locations were more likely to be new (rather than privatized state-owned operations). About half of the new pharmacy facilities were set up under the ownership of a company (50.2%), others occupied rented space from the state (29.2%) or rented space from a private individual (20.6%). Prior to working in their current private pharmacy, 91.0% of those interviewed had worked in a state-owned pharmacy, and 5.0% had worked in private pharmacies (4.2% as employees and 0.8% as owners).

When respondents were asked to list one or more reasons for choosing to work in a private pharmacy, nearly three-quarters (71.9%) cited a desire to work on their own. Over half (51.8%) were also motivated by the fact that the government allowed pharmacies to become privatized, and about a third (31.5%) hoped to earn higher salaries. Focus group respondents reported that working in private pharmacies had enabled them to learn more about pharmacies

and the business management of pharmacies than they had learned working in state-owned pharmacies. Focus group participants also reported that the privatization had opened significant opportunities for female managers.

## **3.2 STAFFING**

### **3.2.1 Number of Staff**

*Q 18 How many people work in the pharmacy?*

*Q 19 How many people sell medicine?*

*Q 21 How many people work part-time?*

The median number of people employed at the respondents' pharmacies was three, two of whom were involved in selling medicines. However, nearly 15% of the pharmacies were staffed by just one person. Staff size was most closely associated with a pharmacy's location—those pharmacies located in rural or less populated areas were more likely to be staffed by fewer than three employees, while pharmacies located in areas with populations of 50,000 or more were more likely to have four or more full-time staff.

Most pharmacies (61.5%) had employed at least one part-time employee, and 25.5% employed two or more part-time employees.

### **3.2.2 Staff Skills, Recruitment, and Background**

*Q 7 Where were the pharmacy's staff previously employed?*

*Q 8 How did you identify the staff people you hired?*

*Q 20 What is the background (training) of the pharmacy's staff?*

The staffing of pharmacies was closely associated with how the pharmacies were established. For example, 38.4% of respondents reported that one or more of their current staff members had worked previously at a state-owned pharmacy; almost all of these respondents (90.4%) previously worked in state-owned facilities. Of the 39.5% of respondents who reported that their staff was entirely new, 83.1% worked in new premises. Overall, just over half (55.4%) of respondents reported hiring new staff members. Finally, of the 14.1% who reported having a staff of just one, 78.6% were operating in new pharmacy sites.

The staffing of pharmacies was also associated with the population and size of the area they served. Pharmacies in small, rural areas were more likely to have staff members from previously state-owned pharmacies or to have just one person on staff. Pharmacies in larger areas were more likely to have new staff.

To recruit new staff, respondents relied on referrals from pharmacist friends (30.3%), referrals from pharmacy schools (9.0%), or advertisements in newspapers (6.2%). Focus group respondents noted that "keeping the original personnel was a criterion that made you better for the privatization."

The level of education of pharmacists in the respondents' pharmacies reflects the fact that Romanian law requires that pharmacists have a graduate degree in pharmacology. Almost all (92.1%) of respondent pharmacies employed pharmacists with a graduate degree in pharmacology and had at least two years experience as pharmacists; 69.8% employed pharmacist assistants who had undergraduate experience as pharmacists; 69.8% employed pharmacist assistants who had undergraduate degrees in pharmacology and experience as pharmacists; and 6.2% employed resident pharmacists who had graduate degrees in pharmacology but did not yet have experience as pharmacists.

### **3.2.3 Accounting and Computer Capabilities**

*Q 22 Does the pharmacy have an accountant?*

*Q 23 Does the pharmacy have a computer?*

*Q 24 For what does the pharmacy use the computer?*

Nearly all of the respondents (90.5%) reported that their pharmacies employed an accountant, most of whom worked on a part-time basis (78.4%). Pharmacies with larger staffs were more likely to report employing a full-time accountant, while those with smaller staffs were more likely to employ a part-time accountant.

Seventeen percent of respondents reported owning a computer. Among those respondents who did own computers, 38.9% reported using it for accounting purposes and 28.7% for inventory management (or 6.7% and 4.9% of all respondents, respectively). There was no association between employment of an accountant and either the ownership or the use of a computer for business purposes. Pharmacies that located in larger areas and employed more staff people were more likely to own a computer and to use it for accounting and stock management than those that were located

in less populated areas or had smaller staffs. Of those who owned computers, 18.5% (3.2% of all respondents) used them to track prescriptions and sales.

### **3.3 CLIENTS AND COMPETITION**

#### **3.3.1 Existing Clients**

*Q 14 Do you prefer regular or occasional clients?*

*Q 15 What are the characteristics of your most common clients?*

Most respondents (84.9%) indicated a preference for regular clients. In an open-ended format, respondents provided the following characteristics to describe their typical clients: older or retired persons (69.0%), children (21.8%), and poor people asking for subsidized prescriptions (21.3%).

#### **3.3.2 Competition**

*Q 12 How did you let people know about the pharmacy?*

*Q 13 Do you feel any competition among pharmacies?*

When asked whether they felt competition, the most common response (38.7%) was negative. Focus group respondents expressed the feeling that they are foremost part of Romania's health care delivery system and that they therefore make providing quality pharmacological services their top priority. The following comments from focus group participants highlight pharmacists' feelings about competition:

I don't care about competition, but I know that in order to keep my clients, I have to offer them what they want. First, I have to have good supply, then the customer will come back to my pharmacy.

If I don't have a drug, I must send the customer to another pharmacy.

Among those respondents who did identify sources of competition, the most frequently mentioned sources of competition were the existing range of products (26.6%), ways of serving clients (12.7%), and the existence of too many pharmacies (11.1%). Focus group participants also

referred to a shortage of pharmacies in rural areas when they said that they “understand that instead of setting up a pharmacy in an urban area we should open it in a village.”

In order to let people know about their pharmacies, respondents reported relying on their reputations for delivering quality services and products and their locations. One-third of respondents reported that television and newspaper advertising by pharmaceutical companies influenced consumer demand, but many respondents felt that promotional advertising was an unscrupulous practice. Focus group participants offered the following insights:

Even if it were not forbidden by laws, our professional ethics would not allow advertising.

Pharmacies are not allowed to advertise. Even if we could, how would you advertise, by saying, “Our drugs are cheaper and fresher?” On the contrary, we must let people know about medical side effects.

Inaccurate advertising by manufacturers puts pharmacists in the awkward position of explaining to customers who become violent that they do not need to buy medicines that are not medically appropriate.

### 3.4 SOURCES OF SUPPLIES

*Q 10 What is the source of the pharmacy's supplies?*

*Q 16 How frequently does the pharmacy receive supplies?*

*Q 17 On what basis does the pharmacy renew its stock?*

Respondents reported being in frequent contact with suppliers and restocking as needed. Most respondents received supplies at least once a week; many were supplied several times a week (49.1%) or daily (36.0%). Pharmacists based their stocking on need (67.0%), special orders from clients (43.7%), or introduction of new products or advertisements (21.3%). They are supplied by warehouses (98.2%) or pharmaceutical manufacturers (53.8%). Pharmacies located in more urban areas that have larger staffs and greater revenues received supplies more frequently than smaller pharmacies with lower revenues. Only 15.6% respondents reported that cash flow constrained their stocking decisions.

## 3.5 MANAGEMENT

### 3.5.1 Identifying and Managing Problems

*Q 4*     *What problems have you faced in the pharmacy?*

*Q 5*     *How do you deal with problems that arise?*

Respondents were asked to describe the problems they faced in running their pharmacies. Financial challenges were reported most often (see *Figure 3.1*). Focus group participants reported having financial difficulties in establishing their private pharmacies and in being able to modernize their facilities (e.g., buy a computer).

The second most frequent problem related to government compensation for discounted prescriptions. Pharmacies are required by the government to sell products at a discount to consumers who are unable to pay full price. Pharmacists reported that the government was slow in making reimbursement for these discounted sales, a situation that contributes to pharmacists' cash flow problems.

Participants in the focus groups explained that government reimbursements can take several months. During the lag time, inflation can increase the price of products so that the amount received from the government does not cover the pharmacists' costs. Several pharmacists reported feeling compelled to provide compensated prescriptions, regardless of their own financial problems, for fear that the government would revoke their licenses or close their pharmacies. Fortunately, respondents in the focus groups also reported that suppliers were aware of pharmacists' tight cash flow situations and were lenient and understanding, in part "because otherwise their merchandise would not be sold."

<b>Figure 3.1</b>		
<b>Problems Facing Private Pharmacies</b>		
	n	%
<b>Financial problems</b>	426	71.4
Cash-flow problems	354	59.3
Bank-related	45	7.5
Lack of bank loans	27	4.5
Compensation for prescriptions	247	41.4
Supply problems (lack of medications)	169	28.3
Bureaucracy	105	17.6
Problems with facilities	93	15.6
None	24	4.0
Other	120	20.1

To deal with the problems they face, most respondents turn for advice to books or colleagues. For medical problems, respondents reported referring to books about new (67.2%) and existing (57.3%) medications or asking other pharmacists for professional advice (50.1%). Concerning business-related matters, respondents consult business materials (32.8%) or colleagues in private companies (31.0%). However, a considerable gap existed between the number of respondents who reported experiencing financial difficulties and the number who reported seeking some form of business assistance.

To manage financial difficulties, focus group participants mentioned borrowing money from friends and family members or mortgaging their personal property. They reported that the lower rents offered as an incentive by the government to private pharmacies had been critical to their survival. Despite their difficulties, focus group members reported that private pharmacies were better stocked than state-owned pharmacies. They took a longer-run view, saying, "You cannot have a serious business within one month or even five years." In order to assist each other, pharmacists reported exchanging products that were not selling.



### 3.5.2 Financial Management

*Q 11 How does the pharmacy pay suppliers?*

*Q 25 What were the pharmacy's total revenues last year?*

*Q 27 Which of the following statements best corresponds with your situation?*

- a) cash revenues are always enough to cover my supply costs*
- b) cash revenues are enough to cover my supply costs, but sometimes I have to borrow from my friends*
- c) cash revenues are enough to cover my supply costs, but sometimes I have to borrow from the bank*
- d) cash revenues are not enough to cover my supply costs, therefore, I have to borrow from my friends*
- e) cash revenues are not enough to cover my supply costs, therefore, I have to borrow from the bank*
- f) other*
- g) don't know/not applicable*

Two key findings highlight the financial challenges facing pharmacists. First, regardless of whether they purchase from distributors (e.g. warehouses or sales representatives) or directly from manufacturers, most pharmacists reported paying through a combination of credit and cash-on-delivery. Second, when asked to best describe their cash flow situation, 41.0% of respondents reported needing to borrow from banks in order to cover supply costs and another 22.1% reported needing to borrow from friends. The data indicate that pharmacies with fewer staff or those located in less populated areas were more likely to borrow from friends than from banks.

Government regulations limit the total wholesale and retail profit margins on products, preventing pharmacists from increasing prices to generate greater revenue. The allowable markup depends on import prices and ranges from 6% to 33% (see *Figure 3.2*).

Figure 3.2 Allowable Markup on Pharmaceutical Products	
Import price (US\$)	Total allowable markup (%)
Less than 1.66	33
1.67 - 3.33	30
3.34 - 6.66	25
6.67 - 10.00	20
10.01 - 13.33	15
13.34 - 16.66	12
16.67 - 25.00	10
25.01 - 33.33	8
Over 33.33	6

*Source: Susan Mitchell and Frank Feeley, Marketing Assessment for the Sale of Contraceptives in the Private Sector: Romania. Arlington, VA: The PROFIT Project, 1994.*

Only 60.4% of respondents agreed to provide information on their pharmacies' total revenues. The median annual revenue reported was approximately US\$50,000 (49 million lei). The data show that pharmacies that were located in a more populated area and had a larger staff had higher revenues.

### 3.6 LEGAL ISSUES

*Q 9 Which laws and regulations most influence the pharmacy?*

When asked what laws influence their activities, most respondents mentioned those of the Ministry of Health laws, those requiring pharmacies to provide discounted prescriptions to the needy, and those related to taxes and banking.

## 4.0 CONTRACEPTIVE METHODS PROVIDED IN PHARMACIES

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### 4.1 SUPPLY AND DEMAND

#### 4.1.1 Pharmacy Supply and Consumer Demand

*Supply:*

*Q 29 Does the pharmacy sell contraceptives?*

*Q 31 In the last week, what contraceptive methods did the pharmacy have for sale?*

*Demand:*

*Q 26 What percent of the pharmacy's total revenues are attributable to contraceptive sales?*

*Q 30 How do your clients ask for contraceptives?*

*Q 34 In the last week, what contraceptive methods were sold?*

The survey found that nearly all of the respondents' pharmacies supplied contraceptive methods (95.8%). The modern methods available for sale most commonly included condoms, oral contraceptives, and contraceptive films (see *Figure 4.1*).

Figure 4.1 Contraceptive Stock and Sales				
	In the last week, which of the following methods did you have for sale (Q 31)?		In the last week, which of the following methods did you sell (Q 34)?	
	n	%	n	%
Condoms	553	92.6	509	85.3
Oral contraceptives	533	89.3	482	80.7
Contraceptive films	422	70.7	345	57.8
IUDs	164	27.5	113	18.9
Quinine ovules	32	5.4	23	3.9
Diaphragms	29	4.9	21	3.5
Other	9	1.5	4	0.7

While nearly all respondents reported selling contraceptives, the vast majority reported that contraceptive sales contributed no more than 5% of their total revenues (see *Figure 4.2*).

Figure 4.2 Contribution of Contraceptive Sales to Total Revenues			
	n	%	Cumulative %
Under 1% or insignificant	312	52.3	52.3
Between 1% and 5%	196	32.8	85.1
Above 5%	25	4.2	89.3
Do not know	46	7.7	97.0
Not applicable	18	3.0	100.0

The majority of respondents reported that Romanian consumers are not embarrassed about requesting contraceptives (71.5%). However, this information should be interpreted with caution because a number of pharmacists in the focus groups mentioned that clients were shy about asking for contraceptive products. Clients were reported to wait until they were alone in the pharmacy or

to whisper when asking questions about contraceptives. Some pharmacists also noted that females were generally bolder than males about asking for contraceptives.

#### **4.1.2 Most and Least Popular Methods and Brands**

*Most popular methods and brands:*

- Q 35 What type of contraceptives sold the most?*
- Q 36 What brands of contraceptives sold the most?*
- Q 37 Why were the contraceptive methods and brands popular?*
- Q 38 Who is the producer?*

*Least popular methods and brands:*

- Q 39 What type of contraceptives sold the least?*
- Q 40 What brands of contraceptives sold the least?*
- Q 41 Why were the contraceptive methods and brands unpopular?*
- Q 42 Who is the producer?*

Of the contraceptive methods available in pharmacies, oral contraceptives are sold the most by 46.1% of respondents, followed by condoms (33.8%). Pharmacists perceive that the following factors contribute to consumers' selection of a particular contraceptive method: familiarity, degree of trust, price, and knowledge about a product and brand. Insufficient knowledge, degree of trust, and side effects were perceived to dissuade consumers from selecting a particular method (see *Figure 4.3*).

Figure 4.3 Factors Affecting the Popularity of Contraceptive Methods and Brands							
Reasons for Success of Most Popular Method and Brand				Reasons for Lack of Success of Least Popular Method and Brand			
Method		Brand		Method		Brand	
Degree of trust	28.3	Price	48.7	Degree of knowledge	14.1	Price	35.2
Effectiveness	26.3	Degree of knowledge	16.1	Degree of trust	11.2	Degree of knowledge	17.6
Side effects	13.2	Quality	9.4	Side effects	8.7		
Price	11.9	Effectiveness	8.4				

Price stood out as the major factor that persuaded or dissuaded the selection of a particular brand, followed by degree of knowledge. This finding is supported by data on the prices of best- and worst-selling brands of oral contraceptives: the best-selling brand had the lowest average price (US\$0.60), while the worst-selling brand was clearly the most expensive (US\$7.33). However, price apparently does not act as a deterrent for condom sales: the best-selling brand (Durex) was actually the most expensive (US\$1.14 for three condoms). It is important to note that Durex is heavily advertised by its manufacturer.

#### 4.1.3 Contraceptive Stock

*Q 32 Who produced the contraceptive products?*

*Q 33 Who supplied the contraceptive products?*

Warehouses were the most commonly reported source of contraceptive supplies. Focus group participants also mentioned that warehouse employees were a source of information about products. Data concerning who produced the contraceptive supplies that were sold in the pharmacies are not presented in this report due to the fact that respondents did not accurately identify pharmaceutical companies but instead often reported the countries from which the supplies were imported. However, it appears that the following producers sold the most products:

- oral contraceptives: Rigevidon
- IUD: Finishing Enterprises International
- condoms: Durex

## 4.2 KNOWLEDGE, ATTITUDES, AND PRACTICES ABOUT CONTRACEPTIVE METHODS

### 4.2.1 Attitudes toward Medical and Contraceptive Counseling

*Q 28 Do customers ask for advice concerning medicines?*

*Q 43 Do customers ask for advice concerning contraceptive methods?*

Pharmacists reported that customers frequently asked questions regarding the use and side effects of general medications, but that they asked less frequently about the use and side effects of contraceptive methods. Consumers were reported to seek advice from pharmacists about which contraceptive *method* to use, a type of advice they did not seek about other medications. More than a third of pharmacists (36.9%) reported that clients did not ask for advice about the contraceptive method they purchased while only 3.5% reported that no questions were asked about other medications.

### 4.2.2 Comfort in Providing Contraceptive Information and Counseling

*Q 44 To what extent do you agree with following statements?*

- a. I am comfortable selling contraceptives.*
- b. I feel confident in answering questions that customers ask about contraceptives.*
- c. I'd feel more comfortable if people selected methods based on doctor's advice.*
- d. I think selling contraceptives will help my business.*
- e. Personally, I think oral contraceptives are pretty safe.*

*Q 45 Which situation best describes your ability to provide contraceptive advice?*

Pharmacists were asked about their level of comfort in giving advice about and selling contraceptive products. The majority of respondents agreed that they felt comfortable selling

contraceptives (71.4%) and confident in answering consumers' questions about contraceptives (80.8%). A total of 16.9% of respondents reported being able to provide complete information about contraceptives without referring to medical sources; 64.8% stated they could provide complete information, but needed to consult informational materials; and 6.5% reported not being able to provide complete information even after consulting informational materials. Almost all of the pharmacists (86.9%) agreed that they were more comfortable when customers selected a method based on advice from a doctor.

Responses to three questions pertaining to pharmacists' comfort about contraceptive sales and counseling were combined into a composite variable. These questions included two concerning levels of comfort (Q 44a and Q 44b) and one on their ability to provide complete medical advice.<sup>5</sup> The range of possible scores for this composite variable was from 5 to 12, with 12 representing the highest level of comfort. The mean score for respondents' level of comfort was 9.5.

When the mean comfort levels were compared according to the revenues and location of the pharmacies, significant differences emerged. Those who were in pharmacies with the lowest revenues, and those who were located in rural areas had the highest comfort levels.

#### **4.2.3 Test of Contraceptive Knowledge**

*Q 46 When should a woman start taking oral contraceptives?*

*Q 47 What advice do you give to a woman who has missed one oral contraceptive pill?*

*Q 48 What advice do you give to a woman who has missed two oral contraceptive pills?*

Respondents' level of contraceptive knowledge was assessed using the above three questions about oral contraceptives. Since there were multiple correct and incorrect responses to each question, two variables were created to gauge the accuracy of respondents' answers.

One variable was created to count the total number of correct answers each respondent provided, and one variable was created to count the total number of incorrect answers. On average, respondents provided 1.97 correct answers (the range was from 0 to 7), and an average of 1.03 incorrect answers (the range was from 0 to 12).

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<sup>5</sup> Q 45



A composite “contraceptive knowledge” variable was created, using the difference between respondents’ total number of correct and incorrect answers. The contraceptive knowledge scores ranged from -7 to 5. A score of -7 indicated that a respondent provided 7 more incorrect answers than correct answers, and a score of 5 meant that a respondent provided 5 more correct than incorrect answers. On average, the mean contraceptive knowledge score was 0.86, meaning respondents provided nearly one more correct than incorrect answer.

Interestingly, there was no correlation between respondents’ level of comfort and contraceptive knowledge scores. Also, respondents’ contraceptive knowledge was not correlated with their ages, the size of the population served, or their length of time in profession.

### **4.3 FUTURE ACTIVITIES TO INCREASE CONTRACEPTIVE KNOWLEDGE AND AWARENESS**

#### **4.3.1 Training**

*Q 49 In what fields of business do you feel you need to improve your knowledge?*

*Q 50 In what fields of business would you be willing to pay for training?*

The survey explored pharmacists’ interest in business training. Respondents reported being most interested in receiving training related to new products and suppliers (76.0%). They were also most willing to pay for this type of training (60.3%). About one-third of respondents were interested in training related to marketing (35.5%) and finance (30.5%), but they were less willing to pay for such training (21.8% and 17.4%, respectively) (see *Figure 4.4*).

	Need to improve knowledge (%)	Willing to pay for training (%)
New suppliers and products	76.0	60.3
Marketing	35.5	23.6
Finance	30.5	21.8
Human resources	26.8	17.4
Advertising	25.0	14.2
Stock management	19.8	10.2

### **4.3.2 Increasing Contraceptive Knowledge and Awareness**

*Q 51 Are you willing to display materials that increase knowledge and awareness of contraceptive methods?*

*Q 52 What should the knowledge and awareness materials look like (contain)?*

More than four-fifths of the pharmacists (81.2%) indicated a willingness to display educational materials about contraceptive methods in their pharmacies (compared to the 95.8% of respondents who sold contraceptive products). A willingness to help increase knowledge and awareness of contraceptive methods was unrelated to the pharmacies' locations, staff size, cash flow situation, or total revenues. It was also unrelated to the length of time the respondent had been in the profession. However, the age of the respondent was a factor: older respondents (especially those over age 56) were less inclined to display informational materials.

When pharmacists were asked about the characteristics that informational materials should have, the characteristics most frequently mentioned were:

#### **Visibility:**

- explicit (41.0%)
- attractive, colored (32.5%)
- posters (16.2%)

**Informational:**

- information (33.5%)
- decent/discreet (18.3%)
- brochures/leaflets (10.7%)
- description of families (2.0%)
- prospectus (1.7%)

## 5.0 CONCLUSIONS AND IMPLICATIONS

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### 5.1 CONCLUSIONS

- Although most private pharmacies stock and sell contraceptives, contraceptive sales represent an insignificant percentage of total revenues. The typical customer at most pharmacies is an older, retired person, who is not a potential consumer for contraceptives.
- Cash flow is a major problem for private pharmacies. Most pharmacies use loans from banks and/or friends to pay for supplies, or buy on credit from suppliers. A major factor contributing to cash flow problems is delayed government reimbursement for discounted prescriptions sold to patients who are unable to pay full price.
- Pharmacists working in private pharmacies view themselves as health care professionals rather than as business people, reflecting the fact that they have been professionals for many years but have been in business for only a few years. Government controls on sales margins limit potential profits for private pharmacists. Pharmacists do not consider themselves to be in competition with each other.
- Most pharmacists expressed confidence in their ability to provide accurate information about contraceptive methods. However, the survey pointed out gaps in their knowledge about oral contraceptives.
- Pharmacists expressed an interest in and willingness to pay for training about new products and suppliers. Most respondents also expressed a willingness to display promotional materials for contraceptive products. They were less interested in training in such business areas as marketing, finance, human resources, advertising, and inventory management. (They were not asked about training in contraceptive methods.)

## 5.2 IMPLICATIONS FOR PROJECT DESIGN

- Private pharmacists appear to be an effective and willing means of expanding the use of modern contraceptive methods in Romania, particularly given their professional orientation, generally positive attitudes toward contraception, and willingness to discuss contraception with customers.
- The sale of contraceptives is not likely to be a major source of revenue for private pharmacies. Therefore, efforts to encourage private pharmacists to sell and provide information on contraceptives should emphasize the social and health benefits of contraceptive use rather than the potential economic benefits to them.
- Given the cash flow problems faced by private pharmacies, attention should be given to finding ways of providing additional contraceptive stocks under positive credit terms. This might be accomplished through agreements with suppliers or alternative sources of credit.
- Consumers of contraceptives are sensitive to both price and quality. Price seems to be the most important factor for oral contraceptives, while perceived quality is most important for condoms. Pharmacist training and consumer education efforts might emphasize price and/or quality considerations.
- Pharmacists are quite interested in what is new and effective in the area of contraception. Training pharmacists about contraceptive methods should focus on new products.
- Only a minority of private pharmacists are interested in classic business training. Any business training should focus on the unique business conditions facing private pharmacies in Romania (limited profit margins, noncompetitive environment, etc.).

# APPENDIX A. QUANTITATIVE SURVEY QUESTIONNAIRE

Questionnaire no.: |\_|\_|\_|\_|  
 Interviewer code: |\_|\_|\_|

Date: |\_|\_|: |\_|\_| 1996  
 Beginning time of interview: |\_|\_|: |\_|\_|

The purpose of this questionnaire is to find out more about private pharmacies and the products offered through private pharmacies. This investigation is being conducted in many cities in our country. We assure you that you will not be identified. We are not interested in your name, only in your opinion.

Q 1    In what year was your pharmacy privatized?	19  _ _
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Q 2    Why did you do this?	y	n
a)    privatization	1	2
b)    opportunity for higher salary	1	2
c)    the desire to work on my own	1	2
d)    lower costs	1	2
e)    other	1	2
f)    don't know/not applicable	1	2

Q 3    In what type of pharmacy did you work before setting up this private pharmacy?	y	n
a)    in a state-owned pharmacy	1	2
b)    in a private pharmacy, as an employee	1	2
c)    in a private pharmacy, as the owner	1	2
d)    other	1	2
e)    don't know/not applicable	1	2

Q 4		What problems have you faced in this business? What else?	

Q 5		What have you done to deal with these problems?		y	n
	a)	read books about business	1	2	
	b)	read books about existing medicines	1	2	
	c)	read books about new medicines	1	2	
	d)	consulted with friends who own or work in a private pharmacy	1	2	
	e)	consulted with friends who own or work in a private company	1	2	
	f)	other			
	g)	don't know/not applicable	1	2	

Q 6		What was the situation of the pharmacy's premises?		
	a)	they were the same as the previously state-owned pharmacy and didn't require any further arrangements		1
	b)	they were the same as the previously state-owned pharmacy but they required further arrangements		2
	c)	they were new premises, specially arranged for a pharmacy, rented from state		3
	d)	they were new premises, specially arranged for a pharmacy, rented from a private person		4
	e)	they were new premises, specially arranged for a pharmacy, owned by a company		5
	f)	other		6
	e)	don't know/not applicable		9

Q 7 Current staff of the pharmacy are:		
a)	the same staff from the state-owned pharmacy	1
b)	the same staff from the state-owned pharmacy, while some persons have left and were not replaced	2
c)	the same staff from the state-owned pharmacy, while some persons have left and some new people have been hired	3
d)	reduced to only one person, the owner of the pharmacy	4
e)	made up of only newly hired persons	5
f)	other	6
g)	don't know/not applicable	9

Q 8 How did you identify staff that you have hired?			y	n
a)	an announcement in a newspaper	1	2	
b)	recommended by a pharmacist colleague	1	2	
c)	recommended by school of pharmacology faculty	1	2	
d)	other	1	2	
e)	don't know/not applicable	1	2	

Q 9 What laws and regulations most influence your pharmacy?	

Q 10 From whom do you get your medical supplies?			y	n
a)	salespersons	1	2	
b)	warehouses	1	2	
c)	manufacturers	1	2	
d)	other	1	2	
e)	don't know/not applicable	1	2	



Q 11 How do you pay suppliers?				
Supplier	Means of payment			
	Cash on delivery	Credit	Both	DK/NA
a) salesperson	1	2	3	9
b) warehouses	1	2	3	9
c) manufacturers	1	2	3	9
d) other	1	2	3	9

Q 12 How do you let people know about your pharmacy?	

Q 13 Do you feel any competition among pharmacies? Please explain.	

Q 14 Do you prefer to have regular clients or occasional clients?		
	a) regular clients	1
	b) occasional clients	2
	c) don't know/not applicable	9

Q 15 What are the characteristics of your most common clients?	

Q 16 How frequently does your pharmacy receive supplies?		
a)	daily	1
b)	several times a week	2
c)	several times a month	3
d)	once a month	4
e)	other	5
f)	don't know/not applicable	9

Q 17 On what basis does your pharmacy renew its stock?	

Q 18 How many persons work in the pharmacy?	
_ _ _	

Q 19 How many persons sell medicines?	
_ _ _	

Q 20 What is their background?		
a)	pharmacist assistant	1
b)	resident pharmacist	2
c)	pharmacist	3
d)	don't know/not applicable	9

Q 21 How many persons work part-time in your pharmacy?	
_ _ _	

Q 22 Does your pharmacy's accountant work:		
a)	full-time	1
b)	part-time	2
c)	other	3
d)	don't know/not applicable	9

Q 23	Does your pharmacy have a computer?	Y N
------	-------------------------------------	-----

Q 24	What does the pharmacy use it for?	
------	------------------------------------	--

Q 25	What were the pharmacy's total revenues last year?	
------	--	--

Q 26	What percent of the pharmacy's total revenues are attributable to contraceptive sales?	%
------	--	---

Q 27 Which of the following statements best corresponds with your situation?		
a)	cash revenues are always enough to cover my supply costs	1
b)	cash revenues are enough to cover my supply costs, but sometimes I have to borrow from my friends	2
c)	cash revenues are enough to cover my supply costs, but sometimes I have to borrow from the bank	3
d)	cash revenues are not enough to cover my supply costs, therefore, I have to borrow from my friends	4
e)	cash revenues are not enough to cover my supply costs, therefore, I have to borrow from the bank	5
f)	other	6
g)	don't know/not applicable	9

Q 28	Do your customers ask for advice concerning medicines they buy? What do they ask?

**Now, I would like to talk about the types of contraceptive products you have in your pharmacy.**

Q 29 Does your pharmacy sell contraceptives?		
	yes	1
	no	2

Q 30 How do your clients ask for contraceptives?	

Q 31 In the last week, what contraceptive methods did you have for sale:				
Method	Q 31 Yes	Q 32 Who manufactured it?	Q 33 Who supplied it?	Q 34 Did someone buy this method?
a) IUDs	1			1
b) condoms	1			1
c) oral contraceptives	1			1
d) quinine ovules	1			1
e) diaphragms	1			1
f) contraceptive films	1			1
g) other	1			1

Q 35 What method of contraceptives sold the most?	_ _
---	-----

Q 36 What brand of contraceptives sold the most?	_ _
--	-----

Q 37 Why do you think the brand and method sold the most?	
Brand	Method

Q 38 Who is the manufacturer?	_ _
-------------------------------	-----

Q 39 What method of contraceptives sold the least?	_ _
--	-----

Q 40	What brand of contraceptives sold the least?	_____	
------	--	-------	--

Q 41		Why do you think the brand and method did not sell?	
Brand		Method	
_____		_____	

Q 42	Who is the manufacturer?	_____	
------	--------------------------	-------	--

Q 43	Do customers ask for advice concerning contraceptive methods?
_____	_____

Q 44						To what extent do you agree with the following statements?					
		Completely agree	Agree	Disagree	Completely disagree	DK/NA					
a)	I am comfortable selling contraceptives	1	2	3	4	9					
b)	I feel confident in answering questions that customers ask about contraceptives	1	2	3	4	9					
c)	I'd feel more comfortable if people selected methods based on doctor's advice	1	2	3	4	9					
d)	I think selling contraceptives will help my business	1	2	3	4	9					
e)	Personally, I think oral contraceptives are pretty safe	1	2	3	4	9					

Q 45 Which situation best describes your ability to provide contraceptive advice?		
a)	I am able to provide complete advice without reading materials/literature	1
b)	I am able to provide complete advice but have to read materials/literature	2
c)	I am not able to provide complete advice without reading materials/literature	3
d)	No one asks my advice although I sell contraceptives	4
e)	Other	5
f)	Don't know/not applicable	9

**Now let's talk about some situations you can face related to oral contraceptives.**

Q 46 When should a woman start taking oral contraceptive pills?		y	n
a)	tonight	1	2
b)	tomorrow night	1	2
c)	within 5 days	1	2
d)	the day her period begins	1	2
e)	the second day her period begins	1	2
f)	the first Sunday after her period stops	1	2
g)	the first Monday after her period stops	1	2
h)	the fifth day after her period begins	1	2
i)	today, if she's sure she isn't pregnant	1	2
j)	other	1	2
g)	don't know/not applicable	1	2

Q 47 What advice would you give to a woman who has missed one oral contraceptive pill?		y	n
a)	take the missed pill immediately when remembered and take the others as usual	1	2
b)	take two pills when she has to take the next pill	1	2
c)	continue taking the pills as if nothing has happened	1	2
d)	other	1	2
e)	don't know/not applicable	1	2

Q 48	What advice would you give to a woman who has missed two oral contraceptive pills?	y	n
	a) take the two pills when she remembers and take remaining pills as usual	1	2
	b) take two pills when she has to take the next pill	1	2
	c) take three pills when she has to take the next pill	1	2
	d) continue taking the pills as if nothing has happened.	1	2
	e) don't know/not applicable	1	2

**Our client would like to organize some training which will help you in your future activities.**

Q 49	In what fields of business do you feel you need to improve your knowledge	y	n
	a) human resources management	1	2
	b) finance-accountancy	1	2
	c) stock inventory	1	2
	d) marketing	1	2
	e) publicity/promotional activity	1	2
	f) new manufacturers, new products, news in your area	1	2
	g) other	1	2
	h) don't know/not applicable	1	2

Q 50	In what fields of business would you be willing to pay for training?	y	n
	a) human resources management	1	2
	b) finance-accountancy	1	2
	c) stock inventory	1	2
	d) marketing	1	2
	e) publicity/promotional activity	1	2
	f) new manufacturers, new products, news in your area?	1	2
	g) other	1	2
	h) don't know/not applicable	1	2

Q 51 Are you willing to display materials that increase knowledge and awareness of contraceptive methods?		
	Yes	1
	No	2

Q 52 What should these materials look like (contain)?	

**Please help me with the following information about yourself.**

Q 53 Your age (reached years):	
--------------------------------	--

Q 54 Gender		
	Male	1
	Female	2

Q 55 What was the last year of education you completed?		
	High school	1
	Post high school	2
	University	3
	don't know/not applicable	9

Q 56 How many years have you been in the field of pharmacology?	
---	--

Q 57 What is your position in the company?	

Q 58 Location of pharmacy:	
----------------------------	--

Computer operator code: |\_ |

Time Interview ended |\_ |\_: |\_ |



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## Location of Focus Groups

Place	Participants	Number and Gender
Bucharest	Pharmacists working in a private pharmacy as pharmacist assistants, 25-55 years old	7 females
Bucharest	Pharmacists working in a private pharmacy familiar with supply and business related issues	6 females
Cluj	Pharmacists working in a private pharmacy as pharmacist assistants, 25-55 years old	8 females
Cluj	Pharmacists working in a private pharmacy familiar with supply and business related issues	11 females and 1 male
Iasi	Pharmacists working in a private pharmacy as pharmacist assistants, 25-55 years old	6 females
Iasi	Pharmacists working in a private pharmacy familiar with supply and business related issues	10 females
Total		48 Females and 1 Male

### Q 1: In what year was the pharmacy privatized?

	n	%	Cum %
1990	18	3.0	3.0
1991	132	22.1	25.1
1992	130	21.8	46.9
1993	140	23.5	70.4
1994	82	13.7	84.1
1995	70	11.7	95.8
1996	19	3.2	99.0
Don't Know	6	1.0	100.0
Total	597	100.0	
Average	Year Opened: 1993	# Years in Private Sector: 3.3	

**Q 2 What were the reasons for starting the private pharmacy?**

	n	%
Will to work on own	429	71.9
Privatization	309	51.8
Higher salary	188	31.5
Other	102	17.1
Low costs	17	2.8
Don't know	17	2.8
Total	1,062	177.9

**Q 3 What was your work experience?**

	n	%
State-owned pharmacy	543	91.0
Private pharmacy, employer	25	4.2
Private pharmacy, owner	5	0.8
My first try	10	1.7
Other situation	14	2.3
Total	597	100.0

**Q 4 What problems have you faced in the pharmacy?**

	n	%
Cash-flow problems	354	59.3
Compensation for prescriptions	247	41.4
Supply problems (lack of medications)	169	28.3
Bureaucracy	105	17.6
Problems with facilities	93	15.6
Bank-related problems	45	7.5
Lack of banks loans	27	4.5
Uncertainty, wrong privatization system	26	4.4
No problems	24	4.0
Patients	19	3.2
Problems related to furniture (requested by pharmacy)	16	2.7
Other problems	16	2.7
Too many taxes	16	2.7
Lack of qualified personnel	14	2.3
Problems related to state-owned company	7	1.2
Invoices, accounting	6	1.0
Don't know	1,204	na

**Q 5 How do you deal with problems that arise?**

	n	%
Read books about new medicines	401	67.2
Read books about existing medicines	342	57.3
Asked friends with private pharmacies	299	50.1
Read books about business	196	32.8
Asked friends with private companies	185	31.0
Other situation	102	17.1
Don't know/not applicable	6	1.0

**Q 6 What is the status of the pharmacy's premises?**

	n	%	Sub-total %
Same as state-owned, with no changes	162	27.1	63.3
Same as state-owned, but required changes	94	15.7	36.7
Sub-total state	256	42.80	100.0
New, rented from state	95	15.9	29.2
New, rented from private person	67	11.2	20.6
New, owned by company	163	27.3	50.2
Sub-total new	325	54.4	100.0
Other	15	2.5	
Don't know	1	0.2	
Total	597	99.9	

**Q 7 Where were the pharmacy's staff previously employed?**

	n	%	Sub-total %
Same staff from state-owned facility with no changes	76	12.7	33.2
Same staff from state-owned facility while some staff left	58	9.7	25.3
Same staff from state-owned while some staff left & some were hired	95	15.9	41.5
Sub-total state	229	38.3	100
Only new personnel employed	236	39.5	
Only 1 person employed	84	14.1	
Other situation	46	7.7	
Don't know	2	0.3	
Total	597	99.9	

**Q 8 How did you identify the staff people you hired?**

	n	%
Recommendation of pharmacist friend	181	30.3
Recommended by faculty of school of pharmacology	54	9.0
Announcement in newspaper	37	6.2
Other	236	39.5
Don't know/not applicable	144	24.1
Total	652	

**Q 9 What laws and regulations most influence the pharmacy?**

	n	%
Health Ministry Law	194	32.5
Laws concerning compensated prescriptions	189	31.7
Laws concerning taxes, banks, anything financial	119	19.9
Laws regarding private pharmacies and health	86	14.4
Other	43	7.2
Laws concerning distribution of medicines	30	5.0
Laws regarding trade and economy	28	4.7
Privatization law	17	2.8
Welfare law	14	2.3
There are no laws	8	1.3
No possibility of buying premises (state owned)	5	0.8
Don't know/not applicable	461	

**Q 10 What is the source of the pharmacy's supplies?**

	n	%
Warehouse	586	98.2
Manufacturer	321	53.8
Sales person	346	15.6
Other	9	1.5
Don't know/not applicable	2	0.3
Total	597	

**Q 11 How does the pharmacy pay suppliers?**

	Salesperson		Warehouse		Manufacturer		Other	
	n	%	n	%	n	%	n	%
Both cash and credit	262	43.9	442	74.0	176	29.5	6	1.0
Cash-on-delivery	54	9.0	58	9.7	110	18.4	1	0.2
Credit	31	5.2	84	14.1	25	4.2	2	0.3
Don't know/not applicable	250	41.9	13	2.2	286	47.9	588	98.5
Total	597	100.0	597	100.0	597	100.0	597	100.0



**Q 12 How do you let people know about the pharmacy?**

	n	%
<b>Location</b>		
Pharmacy before 1989	202	33.8
Good trading area	95	15.9
The only/first pharmacy in area	27	4.5
<b>Sub-total location</b>	<b>324</b>	<b>54.3</b>
<b>Reputation</b>		
Word of mouth, acquaintances	125	20.9
Physicians recommendations	73	12.2
Well supplied pharmacy	49	8.2
Seriousness of serving clients	40	6.7
<b>Sub-total reputation</b>	<b>287</b>	<b>48.1</b>
<b>Advertising by Manufacturers</b>		
Commercials (papers, TV, leaflets)	200	33.5
<b>None</b>		
No publicity	23	3.9
Unknown/new pharmacy	1	0.2
<b>Sub-total none</b>	<b>24</b>	<b>4.0</b>

**Q 13 Do you feel any competition among pharmacies?**

	n	%
<b>Not interested</b>	231	38.7
<b>Services offered/recommendation</b>		
Existing range of products	159	26.6
Ways of serving clients	76	12.7
Only some pharmacies have compensated prescriptions	17	2.8
Prices	14	2.3
Physicians recommendations	9	1.5
<b>Sub-total services offered</b>	275	45.9
<b>Other pharmacies</b>		
Too many pharmacies in area/too close on another	66	11.1
Competition with state-owned pharmacies	13	2.2
Competition with pharmacies from Bucharest	1	0.2
<b>Sub-total other pharmacies</b>	80	13.5
<b>Variations</b>		
Variations in sales amount (increase/decrease)	44	7.4
Variations in numbers of clients (increase/decrease)	18	3.0
<b>Sub-total variations</b>	62	10.4
Other/I don't know	38	6.4

**Q 14 Do you prefer regular or occasional clients?**

	n	%
Regular clients	507	84.9
Occasional clients	71	11.9
Don't know/not applicable	19	3.2
<b>Total</b>	597	

**Q 15 What are the characteristics of your most common clients?**

	n	%
Older/retired persons	412	69.0
Young persons	66	11.1
Old and young persons	34	5.7
Children	130	21.8
All social categories	142	23.8
Poor people asking for subsidized prescriptions	127	21.3
Females	85	14.2
Males	17	2.8
Both genders	92	15.4
Neighbors, acquaintances	44	7.4
Other	12	2.0
Don't know/not applicable	1,227	

**Q 16 How frequently does the pharmacy receive supplies?**

	n	%
Several times a week	293	49.1
Daily	215	36.0
Several times a month	61	10.2
Other	25	4.2
Once a month	3	0.5
Total	597	100.0

**Q 17 On what basis does the pharmacy renew its stock?**

	n	%
As needed	400	67.0
Due to special orders	261	43.7
For new products	127	21.3
When money is available	93	15.6
Due to seasons or celebrations	70	11.7
Due to epidemics	18	3.0
Other reasons	2	0.3
Don't know/not applicable	820	

**Q 18 How many people work in the pharmacy?****Q 19 How many people sell medicine?****Q 21 How many people work part-time?**

	Q 18 (Work)			Q 19 (Sell Medicine)			Q 21 (Work Part-time)		
	n	%	Cum %	n	%	Cum %	n	%	Cum %
0		0.0	0.0	5	0.8	0.8	230	38.5	38.5
1	86	14.4	14.4	126	21.1	21.9	217	36.3	74.8
2	104	17.4	31.8	202	33.8	55.7	105	17.6	92.4
3	116	19.4	51.2	96	16.1	71.8	34	5.7	98.1
4	75	12.6	63.8	71	11.9	83.7	7	1.2	99.3
5	57	9.5	73.3	36	6.0	89.7	4	0.7	100.0
6-10	131	21.9	95.2	55	9.2	98.9		0.0	100.0
11 +	28	4.7	99.9	6	1.0	99.9		0.0	100.0
Total	597	99.9		597	100.0		597	100.0	
Average	4.5			3.1			1.0		

**Q 20 What is the background (training) of the pharmacy's staff?**

	n	%
Pharmacist	550	92.1
Pharmacist assistant	417	69.8
Resident pharmacist	37	6.2
Don't know/not applicable	2	0.3

**Q 22 Does the pharmacy have an accountant?**

	n	%
Part-time	468	78.4
Full-time	72	12.1
Other situation	54	9.0
Don't know/not applicable	3	0.5
Total	597	100.0

**Q 23 Does the pharmacy have a computer?**

	n	%
Yes	102	17.1
No	495	82.9
Total	597	100.0

**Q 24 For what does the pharmacy use the computer?**

	n	%
Accounting	42	38.9
Stock inventory	31	28.7
Prescriptions	20	18.5
Don't use yet	8	7.4
Sales	7	6.5
Total	108	100.0

**Q 25 What were the pharmacy's total revenues last year?**

US\$ (000's)	Lei (millions)	n	%	Cum %
< 8	< - 25	32	5.4	5.4
8 - 17	26 - 50	66	11.1	16.5
18 - 33	51 - 100	61	10.2	26.7
34 - 50	101 - 150	33	5.5	32.2
51 - 67	151 - 200	39	6.5	38.7
68 - 100	201 - 300	44	7.4	46.1
101 - 167	301 - 500	51	8.5	54.6
168 - 300	501 - 900	29	4.9	59.5
Don't know/not applicable		166	27.8	87.3
Refuse to answer		76	12.7	100.0
Total		597	100.0	

**Q 26 What percent of the pharmacy's total revenues are attributable to contraceptive sales?**

	n	%	Cum %
Under 1% or insignificant	312	52.3	52.3
Between 1% and 5%	196	32.8	85.1
Above 5%	25	4.2	89.3
Do not know	46	7.7	97.0
Not applicable	18	3.0	100.0

**Q 27 Which of the following statements best corresponds with your situation?**

	n	%
Cash revenues are not enough to cover my supply costs, therefore, I have to borrow from the bank	144	24.1
Cash revenues are enough to cover my supply costs, but sometimes I have to borrow from the bank	101	16.9
Cash revenues are always enough to cover my supply costs	90	15.1
Cash revenues are enough to cover my supply costs, but sometimes I have to borrow from my friends	76	12.7
Cash revenues are not enough to cover my supply costs, therefore, I have to borrow from my friends	56	9.4
Supplier provides products on credit	50	8.4
Other	70	11.7
Don't know/not applicable	10	1.7
Total	597	100.0

**Q 28 Do customers ask for advice concerning medicines?**

**Q 43 Do customers ask for advice concerning contraceptive methods?**

Type of advice	Q 28 (medicines)		Q 43 (contraceptive methods)	
	y	%	y	%
Usage	417	69.8	168	28.1
Side effects	245	41.0	87	14.6
What to use			133	22.3
Thorough medical advice	154	25.8		
Medicine substitutes	106	17.8		
Other	66	11.1	22	3.7
Expiration date	31	5.2		
Price	27	4.5		
No advice	21	3.5	220	36.9
Send to the physician	14	2.3	60	10.1

**Q 29 Does the pharmacy sell contraceptives?**

	n	%
Yes	572	95.8
No	25	4.2
Total	597	100.0

**Q 30 How do your clients ask for contraceptives?**

	n	%
Not embarrassed	427	71.5
Embarrassed	64	10.7
Other	67	11.2
Don't know/not applicable	39	6.5
Total	597	



- Q 31** In the last week, what contraceptive methods did the pharmacy have for sale?  
**Q 32** Who produced those contraceptive products?  
**Q 34** In the last week, what contraceptive methods were sold?  
**Q 35** What type of contraceptives sold the most?  
**Q 38** Who is the producer?  
**Q 39** What type of contraceptives sold the least?  
**Q 42** Who is the producer?

	Q 31 (had for sale)		Q 34 (someone bought)		Q 35 (sold the most)		Q 39 (sold the least)	
	n	%	n	%	n	%	n	%
Condoms	553	92.6	509	85.3	202	33.8	38	6.4
Oral contraceptives	533	89.3	482	80.7	275	46.1	178	29.8
Contraceptive films	422	70.7	345	57.8	61	10.2	114	19.1
IUDs	164	27.5	113	18.9	8	1.3	96	16.1
Quinine ovules	32	5.4	23	3.9	2	0.3	17	2.8
Diaphragms	29	4.9	21	3.5	na	0.0	2	0.3
Others	9	1.5	4	0.7	16	2.7	21	3.5
Don't know/not applicable		0.0		0.0	33	5.5	131	21.9

*Note:* The responses to questions 32, 38, and 42 are not included.

**Q 33 Who supplied these contraceptive products?**

	Condoms		OCs		Films		IUDs		Quinine ovules		Diaphragms	
	n	%	n	%	n	%	n	%	n	%	n	%
Unnamed warehouse	281	56	270	58	218	61	75	51	9	56	14	58
Named warehouses	140	28	140	30	101	28	42	28	6	38	9	38
Eurofarm	25	5	35	8	34	10	8	5	1	6	1	4
Farmexim	11	2	11	2		0	7	5				
Plurifarm	39	8	4	1	1	0	1	1				
Unifarm	3	1	3	1	1	0	12	8				
Napofarm	1	0	2	0	1	0	3	2				
Remedia	1	0	1	0		0		0				
Don't know/ not applicable	96		131		241		449		581		573	

**Q 36 What brands of contraceptives sold the most?****Q 40 What brands of contraceptives sold the least?**

CONDOM Brands	Units	Prices (\$US) (3000 lei = US\$1)		Q 36 (most sold)		Q 40 (least sold)	
		Min	Max	n	%	n	%
		Durex	3 pieces	0.86	1.33	68	11.4
ACT	1 piece	0.13	0.17	10	1.7	1	0.2
Eros	3 pieces	0.30		6	1.0	3	0.5
Galant	3 pieces	0.40		2	0.3		0.0
Jiffis (Poland)	3 pieces	0.59	0.61	4	0.7	2	0.3
Lilly	1 piece	0.18		4	0.7	2	0.3
Love Time (Japan)	3 pieces	0.59	0.84	1	0.2		0.0

ORAL CONTRACEPTIVES Brand	Prices (\$US) (3000 lei = US\$1)			Q 36 (most sold)		Q 40 (least sold)	
	Units	Min	Max	n	%	n	%
Rigevidon	one month	0.42	0.79	236	39.5	23	3.9
Microginon	one month	3.33	5.00	7	1.2	29	4.9
Ovidon	one month	0.67	1.26	7	1.2	27	4.5
Diane	one month	5.00	9.67	5	0.8	66	11.1
Triregol	one month	.16	1.41	4	0.7	7	1.2
	one month	3.67	3.72				
Femoden	one month	4.14			0.0	11	1.8
Minidril	one month	1.41	3.33	3	0.5	10	1.7
Triquilai	one month	2.73	3.82		0.0	20	3.4

**Q 36 What brands of contraceptives sold the most?**

**Q 40 What brands of contraceptives sold the least?**

OTHER Brands	Type	Prices (\$US) (3000 lei = US\$1)		Q 36 (most sold)		Q 40 (least sold)	
		Min	Max	n	%	n	%
Shering	IUD	10.33	0.17	7	1.2	17	2.8
FEI (Canada)	IUD	0.65		8	1.3		
Contraceptives Films	10 films	0.62	0.92	61	10.2		

**Q 37 Why were the contraceptive methods and brands popular?**

**Q 41 Why were the contraceptive methods and brands unpopular?**

	Q 37 (popular)		Q 41 (unpopular)	
	Product (%)	Brand (%)	Product (%)	Brand (%)
Level of comfort	28.3	2.2	11.2	1.5
Efficiency, effectiveness	26.3	8.4	4.2	1.2
Side effects	13.2	4.5	8.7	1.8
Price	11.9	48.7	3.7	35.2
Degree of knowledge	7.4	16.1	14.1	17.6
Advertising, publicity	0.7	3.4	1.8	2.5
Quality	4.4	9.4	0.0	1.2
Physician prescription	3.9	2.0	4.5	5.2
Look, packaging	0.5	1.2	0.0	0.2
Don't know/not applicable	103.5	104.2	151.8	133.7

**Q 44 To what extent do you agree with the following statements?**

	Completely agree (%)	Agree (%)	Disagree (%)	Completely disagree (%)	DK/NA (%)
a. I am comfortable selling contraceptives	22.3	49.1	11.6	4.0	13.1
b. I feel confident in answering questions that customers ask about contraceptives	37.4	43.4	7.9	1.3	10.1
c. I'd feel more comfortable if people selected methods based on doctor's advice	62.8	24.1	6.2	0.5	6.4
d. I think selling contraceptives will help my business	9.7	30.3	28.3	21.9	9.7
e. Personally, I think oral contraceptives are pretty safe	32.2	42.9	10.4	4.0	10.6

**Q 45 Which situation best describes your ability to provide contraceptive advice?**

	n	%
I am able to provide complete advice about contraceptives without reading materials	101	16.9
I am able to provide complete advice about contraceptives, but have to read materials	387	64.8
I am not able to provide complete advice about contraceptives even after reading materials	39	6.5
No one has asked my advice, although I sell contraceptives	33	5.5
Other situation	8	1.3
Don't know/not applicable	29	4.9
Total	597	

**Q 46 When should a woman start taking oral contraceptives?**

	n	%
Tonight	35	5.9
Tomorrow night	21	3.5
Within 5 days	26	4.4
On the day her period begins	72	12.1
On the second day of her period	14	2.3
On the first Sunday after her period stops	20	3.4
On the first Monday after her period stops	25	4.2
On the fifth day after her period began	371	62.1
Today, if certain she is not pregnant	35	5.9
Other	154	25.8
Other: provide an explanation	20	
Other: it depends on brand	81	
Other: stop taking as it is ineffective	2	
Other: go to see a physician	37	
Other	11	
Don't know	2	

**Q 47 What advice do you give to a woman who has missed one oral contraceptive pill?**

	n	%
Take the missed pill immediately when she remembers and take others as normal	174	29.1
Take two pills when she has to take next pill	68	11.4
Keep taking as though nothing happened	143	24.0
Other	205	34.3
Other: use another product	18	
Other: provide an explanation	53	
Other: it depends on brand	20	
Other: go to see a physician	33	
Other: stop taking as it is ineffective	60	
Others	26	
Don't know	6	

**Q 48 What advice do you give to a woman who has missed two oral contraceptive pills?**

	n	%
Take two pills immediately when she remembers and take others as usual	41	6.9
Take two pills when she is to take the next pill	18	3.0
Take three pills when she is to take next pill	12	2.0
Keep following as though nothing happened	116	19.4
Next two times, take two pills, then continue as usual	22	3.7
Other	345	57.8
Other: use another product	25	
Other: provide an explanation	33	
Other: it depends on brand	17	
Other: go to see a physician	75	
Other: stop taking as it is ineffective	160	
Others	25	
Don't know	9	

**Q 49 In what fields of business do you feel you need to improve your knowledge?**

**Q 50 In what fields would you be willing to pay for training?**

	Q 49 (improve knowledge)		Q 50 (pay for training)		% Difference
	n	%	n	%	%
New suppliers, new products, area news	454	76.0	360	60.3	20.7
Marketing	212	35.5	141	23.6	33.5
Finance	182	30.5	130	21.8	28.6
Human resources	160	26.8	104	17.4	35.0
Advertising/promotion	149	25.0	85	14.2	43.0
Stock management	118	19.8	61	10.2	48.3
Other	18	3.0	25	4.2	
Don't know/not applicable	20	3.4	72	12.1	

**Q 51 Are you willing to display materials which increase knowledge and awareness of contraceptive methods?**

	n	%
Yes	485	81.2
No	112	18.8
Total	597	100.0



**Q 52 What should the knowledge and awareness materials look like (contain)?**

	n	%
Explicit, suggestive	245	41.0
Informative	200	33.5
Attractive, colored	194	32.5
Decent, discrete	109	18.3
Posters	97	16.2
Brochures, leaflets	64	10.7
Do not agree	54	9.0
Description of a family	12	2.0
Prospectus	10	1.7
Don't know/not applicable	1,403	235.0

**Q 53 What is your age?**

Age	n	%	Cum %
24 - 30	22	3.7	3.7
31 - 35	32	5.4	9.1
36 - 40	98	16.4	25.5
41 - 45	170	28.5	54.0
46 - 50	165	27.6	81.6
51 - 55	62	10.4	92.0
56 - 60	31	5.2	97.2
61 - 70	17	2.8	100.0
Total	597	100.0	
Average	45		

**Q 54 What is your gender?**

	n	%
Male	45	7.5
Female	552	92.5
Total	597.0	

**Q 55 What is the last year of school you completed?**

	n	%
University	544	91.1
Post high school	48	8.0
High school	2	0.3
Don't know/not applicable	3	0.5
Total	597	

**Q 56 How many years have you been in the field of pharmacology?**

	n	%	Cum %
0	6	1.0	1.0
1 - 5	17	2.8	3.8
6 - 10	37	6.2	10.0
11 - 15	77	12.9	22.9
16 - 20	185	31.0	53.9
21 - 25	130	21.8	75.7
26 - 30	87	14.6	90.3
31 - 35	38	6.4	96.7
35 +	20	3.4	100.1
Total	597	100.0	
Average	21		

**Q 57 What is your position in the company?**

	n	%
Employer, single owner	323	54.1
Master pharmacist	141	23.6
Partner	74	12.4
Manager	48	8.0
Pharmacist	38	6.4
Director	17	2.8
Shop assistant	5	0.8
Physician	4	0.7
Nurse	1	0.2

**Q 58 Population size of the location of the pharmacy**

	n	%
Rural	74	12.4
Under 50,000	55	9.2
50,000 - 199,999	248	41.5
Over 200,000	220	36.9
Total	597	

## **APPENDIX C. FOCUS GROUP DISCUSSION GUIDE**

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### **INTRODUCTION**

#### **1. Moderator's Introduction**

Good afternoon! I am \_\_\_\_\_ from the Institute of Marketing and Surveys, and I will be your moderator today. Before beginning, I would like to ask if anyone has already participated in a focus group session. *(If so, the appropriate measures will be taken.)*

I will be asking you some questions which I would like to group to talk about. Your opinions are very important for me. There are no right or wrong answers. Please speak up at anytime during this discussion, even if you have a different opinion from others.

Now, let me introduce the scope of our discussion.

*(Introduction: pharmacies as a business, contraceptive's use in Romania, abortion).*

One more thing: I have more than one focus group discussion a day and I want to remember exactly what each of you have said. Therefore, I will be recording this discussion using a camera/recorder to remember what was discussed here today.

#### **2. Participants' Introduction**

To begin, I'd like to tell you a bit about myself *(moderator introduction)*.

- Please tell me something about yourselves.  
*(age, education, family situation, occupation...)*

### **PART ONE: PHARMACY AS A BUSINESS**

#### **RECENT HISTORY**

- Why did you set up a private pharmacy?  
*(Probe: It was legally possible.  
I wanted to be independent.  
I no longer wanted to work just for a salary.)*

- When did you begin to work as a private pharmacist?
- How did you make this decision?  
(Probe: *Was there a family discussion beforehand? A discussion with your friends/spouses?*)
- Did you feel ready to go into the private sector? Why?  
(Probe: *Read books about business*  
*Discussed with friends*  
*Discussed with relatives*)
- Is there any tradition of owning private businesses in your family?  
(Probe: *before the Second World War, or even after 1989*)
- What about the field of pharmacology?  
(Verify: *the meaning of tradition*)

### Capital

- How did you get the capital to start-up your private pharmacy? Why did you use these sources?  
(Probe: *Borrowed money from the bank? friends? family?*)

### Pharmacy Premises

- How did you find the current premises of your pharmacy? Why did you choose them?  
(Probe: *Is it rented or owned?*  
*Is the rent an important part of your administrative expenses?*  
*Are the premises appropriate for a pharmacy?*)

### Recruiting and Training the Staff

- How did you recruit your staff?  
(Probe: *ad, acquaintances...*)
- Why did you choose this process?  
(Probe: *Had you worked with them before?*  
*Is it safer to appeal to acquaintances?*  
*Did you organize job training for them?*)

### Specific Rules and Laws

- Which laws influence the operations of your pharmacy?

### Information about Producers and Distributors

- How did you know where to get the products that you needed? Why do you prefer this process?  
(Probe: *Through advertising on TV? Check the ad, the program  
Professional magazine?  
Salespersons? Did they come directly to you to offer their products?  
Traditional suppliers?*)

### Advertising

- How did you make the local community aware that you opened a pharmacy? Why did you choose these options?  
(Probe: *Through word of mouth?  
Did you pay to advertise in the local newspapers?  
On radio? On TV?  
Did you get free advertising? What for?*)

### Competition

- Is there any competition for you in the local community?
- Is competition currently a concern for you? Why? If “Yes,” what do you do to solve this problem?
- Do you feel there is any trend of specialization among pharmacies within your local community? Which one?
- Do you feel the market is already covered by the existing pharmacies or is there still room for growth? Why?

## BASIC BUSINESS PRACTICES

### Stock Management

- Usually how many items do you have in stock? How many figures?  
(Probe: *two figures, three figures, four figures*)?
- How do you know when to renew the stock? (*time, criteria*)
- How do you pay the suppliers? Why?  
(Probe: *Do you have credit from them or do you pay COD (cash on delivery)*)?
- When a stock item is moving slowly do you use a sales promotion? Why yes/no?

**Personnel Management**

- What is the structure of your staff?
- How many persons do you use:  
to directly serve the customers?  
to handle stock? Accounting? Cashier?

**Cash Flow Management**

- Do you use bank loans in order to get cash?
- Do you accept “subsidized prescriptions?” Which one? (25%, 50%, 75%)
- Do you give credit to your customers?
- Is the cash flow enough to safely run the pharmacy? How?
- Are there any seasonal trends in your cash flow? What causes them?
- What is your usual margin?  
(*Ask about the margin, not the profit. Check high/low bounds.*)

**Financial Management**

- Do you use a professional accountant?
- Does he/she work full time for you?
- Do you have a computer in your pharmacy?
- What do you use it for?  
(*Probe: Accounting?*  
*Word processing?*  
*Stock management?*)

**Selling and Serving the Customers**

- Do your customers usually ask for medical advice?  
(*e.g., what to use in a certain situation*)?
- In what situations? How specific do you have to be?  
(*Probe: get details, don't ask all questions at once, encourage discussion.*)
- Why do you think these things happen?
- What are the pharmacy's regular business hours? Do you think they are suitable for your customers? Why?

## PART TWO: FAMILY PLANNING, CONTRACEPTIVES, ABORTION

We would now like to learn more about family planning and the use of contraceptives by your customers.

- Do you have contraceptive methods in stock?
- Which kinds? (*condoms, pills etc.*)
- Who produces/supplies them?
- Are they visible on shelves?
- Are there any promotional material about contraceptive methods in your pharmacy? Posters? Booklets? Flyers?
- What methods of contraceptives are requested by customers?  
(*Probe: Be specific; condom, pills, etc.*)
- Which contraceptive is most requested? Which is the least requested?
- Who usually buys contraceptives?  
(*Probe: Women's age: under 20, 20-30, over 30 years?*  
*Men's age: under 20, 20-30, over 30 years?*)
- How are they requested? Did you notice any details?  
(*Ask for as much as possible*)
- Do they ask for further information? About which issues?  
(*Probe: How to use them*  
*Price*  
*Quality*  
*Do the customers ask for brochures or leaflets about contraceptives?)*
- Are contraceptive sales an important part of your total revenues? Why? Do you see any possibility in the future to increase the sales of contraceptives? How?

### Abortion

I'm sure you are aware that abortion is a major problem in Romania. The experts say that abortion is the most frequently used family planning procedure.

- Why do you think abortion is used on such a large scale?  
(*Probe: Level of comfort*  
*Lack of education/information*  
*Contraceptives are too expensive for the Romanian families*  
*Is there a problem of tradition, culture, religion? Which one?)*
- Are unwanted pregnancies and abortions a problem faced just by gypsies or by all Romanians? Why do you think it happens?



- Do you feel that Romanian women are concerned about abortion? Why?
- Are they asking you for advise about family planning? How?
- Are you prepared to give them the most appropriate information about family planning?
- How do you think Romanians could avoid having so many abortions?  
(Probe: *What do you think about having contraceptives subsidized by the Government?*  
*Is there a need for information and educational campaigns?*)
- Do you feel that private pharmacies have any role to play in increasing the use of contraceptives among Romanian families? How?

### **PART THREE: INTEREST AND AVAILABILITY FOR TRAINING**

As I understand it, when you started the business, you didn't know too much about management.

- Is this right?
- Now that you have some experience, do you feel you need any training? What type(s)? Are you willing to pay for it?
- What is the most important type of training you feel you need?  
(Probe: *Human resources management?*  
*Financial management?*  
*Inventory management?*  
*Marketing?*  
*Advertising?*  
*Professional training about new manufacturers, new products, general news in your profession?)*
- Do you feel you need more training or information about family planning?  
(Probe: *Generally, about family planning?*  
*Use of contraceptives?*  
*Natural ways of avoiding pregnancy?*  
*The risks of abortions?)*
- Do you feel you need more promotional materials about contraceptives?  
(*brochures, leaflets, flyers, posters*)
- What should these materials contain and look like?
- If these material were available, would you be willing to display them? Why?