

DOMESTIC RESEARCH BUREAU

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STUDY ON ORAL

CONTRACEPTIVE PILLS

C O N S U M E R S

MAIN FINDINGS



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STUDY ON ORAL CONTRACEPTIVE PILLS

PARAMEDICS

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1. INTRODUCTION



1.1 **THE RESEARCH PROBLEM:**

The status and mobility of Paramedical staff, Lady Health Visitors and Family Welfare Workers (LHVs and FWWs), enables them to reach almost every segment of the population and to maintain close contact with current and potential contraceptive users. These personnel are mainly associated with various family planning and health/maternity related institutions. Paramedical staff can play an important role not only in expanding the market for contraceptive products, but also as a source of counselling and guidance in the effective use of Oral Contraceptive Pills.

As a step towards understanding the role of Paramedics in expanding the market for Oral Contraceptive Pills, a survey was conducted among this target population.

1.2 **STATEMENT OF OBJECTIVES:**

The objectives of the survey were to assess:

Practice/Knowledge

- Mode of operation.
- Population covered.
- Type of advice most frequently given.
- Recommendation on use of contraceptive methods - specifically on Oral Contraceptive Pills.
- Awareness of side-effects of Oral Contraceptive Pills.
- Practice of advising on side-effects of Oral Contraceptive Pills and their treatment.

Attitudes

- Perceived advantages/disadvantages of Oral Contraceptive Pills.
- Attitudes towards use of Oral Contraceptive Pills.



General

- Contraceptive methods supplied by Paramedics.
- Practice of supplying Oral Contraceptive Pills.
- Awareness of available brands of contraceptive methods.
- Practice of recommending these brands.
- Training received.
- Personal Identification

1.3 SAMPLING PROCEDURE/METHODOLOGY:

The universe for this study was Paramedical staff (Lady Health Visitors and Family Welfare Workers) in Family Welfare and Health Centres with maternity/gynaecological wards, in towns of 25000 population and above.

Lists of Family Welfare Centres were obtained from the District Population Welfare Centres and of hospitals from other sources. Each of the centres had, on an average, 2-3 paramedical staff. These centres formed the frame for the selection of the sample.

At the 1st stage, 12 towns were selected, representing the four provinces and population sizes. Out of the 487 centres in these towns, at the 2nd stage, 212 centres were randomly selected. The ratio of Family Welfare Workers to Lady Health Visitors was approximately 70:30.

	<u>Centres in</u> <u>total</u> <u>Universe</u>	<u>Centres in</u> <u>selected towns</u>	
		<u>Enumerated</u>	<u>Operational</u>
Sind	186	36	34
Punjab	245	129	105
NWFP	36	36	27
Balochistan	<u>20</u>	<u>11</u>	<u>11</u>
<u>Total</u>	<u>487</u>	<u>212</u>	<u>177</u>



In the 12 cities, of the 212 centres visited, personnel were available at 177 centres. A total of 308 Family Welfare Workers and 158 Lady Health Visitors were reported to be working at these centres.

1-2 interviews were conducted at each centre. Paramedical staff was said to be living in about 18% of these centres.

SAMPLE SIZE:

	<u>Interviews</u>	
	<u>LHVs</u>	<u>FWWs</u>
<u>City Size 1</u>	<u>61</u>	<u>60</u>
Karachi	16	15
Lahore	15	15
Rawalpindi/Islamabad	10	10
Peshawar	10	10
Faisalabad	10	10
<u>City Size 2</u>	<u>27</u>	<u>28</u>
Bahawalpur	7	8
Sukkur	5	5
Quetta	10	10
Nawabshah	5	5
<u>City Size 3</u>	<u>12</u>	<u>12</u>
Rajanpur	5	5
Wazirabad	2	2
Bannu	5	5
<u>TOTAL</u>	<u>100</u>	<u>100</u>

WEIGHTING FACTORS:

Based on the proportion between the two target groups, the following weighting factors were used to combine results:

FWW : 2.33
LHV : 1.00

FIELD SCHEDULE:

Field work was conducted from April 11, 1990 to May 30, 1990.



2. EXECUTIVE SUMMARY



EXECUTIVE SUMMARY

CURRENT PRACTICE OF PARAMEDICS:

In towns with a population of 25,000 and above, Paramedics (Lady Health Visitors and Family Welfare Workers) sometimes visit women in their homes, while at other times, women come to the welfare centre.

Paramedics mainly come in contact with females. Contact with children is higher among Lady Health Visitors (64%) than Family Welfare Workers (34%). A fairly high proportion of these Paramedics also claim to provide advice to husbands. On an average, 17 women per day are provided advice on various matters by these Paramedics.

ADVICE ON CONTRACEPTION:

All the Paramedics claim to provide advice on contraception to an average of 8 out of 17 women contacted per day.

The IUD (79%) is the most frequently recommended method, followed by Injectables, sterilization (50% each) and Oral Contraceptive Pills (45%). Condoms are recommended by about half of the Family Welfare Workers and by only one-fourth of the Lady Health Visitors.

RECOMMENDATION OF ORAL CONTRACEPTIVE PILLS:

Overall, 93% of the Paramedics recommend use of Oral Contraceptive Pills. Oral Contraceptive Pills are recommended to women who do not have a history of contra-indicated ailments like jaundice and other specific diseases. Paramedics advise use of this method mainly to women between 25-35 years of age, to those who are afraid of sterilization, are apprehensive about the use of the IUD, are poor, suffer from general health, desire birth spacing and are not breast feeding.



Paramedics who recommend Oral Contraceptive Pills to women also claim to provide them with instructions on use of this method. Most of them do so through demonstrating with the package.

SIDE-EFFECTS OF ORAL CONTRACEPTIVE PILLS:

Most (97%) of the Paramedics who recommend Oral Contraceptive Pills reported informing their clients about the side-effects that are likely to occur.

Most commonly known side-effects of Oral Contraceptive Pills are menstrual (heavy bleeding, irregular periods, spotting, etc.) and health problems (dizziness, nausea, headache, other discomforts) and obesity.

In case of menstrual and internal organic problems, obesity and skin eruptions due to use of Oral Contraceptive Pills, women are advised to consult their doctor or to take vitamin pills. For other side-effects/discomforts, Paramedics advise women to change dietary habits, to take vitamins or pain killers. In a minority of cases, women are counselled to discontinue Oral Contraceptive Pills.

ATTITUDE TOWARDS ORAL CONTRACEPTIVE PILLS:

Paramedics consider Oral Contraceptive Pills to be an effective (69%) and easier (45%) method of contraception, which regulates periods (26%) and one which can be used in cases where there is a mental barrier against the use of the IUD.

The main disadvantages of Oral Contraceptive Pills as perceived by Paramedics relate to menstrual, health (as mentioned previously) and weight increase problems. More than one-fourth also cite the high risk of pregnancy if the woman forgets to take a pill.



On comparison of Oral Contraceptive Pills with other contraceptive methods, slightly more than one-third (37%) of the Paramedics consider this method to be better, while a similar proportion consider it to be worse.

Oral Contraceptive Pills are considered to be a better method because they are easy to use and inexpensive. Reasons for considering this method worse than other methods relate to occurrence of side-effects like adverse effect on skin, weight increase, other health problems and effect on lactation.

More than half (57%) of the Paramedics are not in favour of increased use of Oral Contraceptive Pills. Main concerns are about the risk of pregnancy in case Oral Contraceptive Pills are not taken as per instructions, health related side-effects, increase in weight and menstrual irregularity.

SUPPLYING PRACTICE RELATED TO ORAL CONTRACEPTIVE PILLS:

Most (82%) of the Paramedics who visit homes carry contraceptive methods with them. This practice is more common among Family Welfare Workers than Lady Health Visitors.

Contraceptive methods carried to homes are Oral Contraceptive Pills (universal), Condoms (87%), Injections (78%), Foam/Jelly (66%) and IUDs (47%). While most (97%) of the Paramedics claimed availability of these methods with them all the time, presence of these methods could be verified with about two-thirds of them only.

Most (85%) of the Paramedics obtain Oral Contraceptive Pills at a cost of Rs.1/- per cycle. All Paramedics charge their clients the above amount (even if Oral Contraceptive Pills are provided to the centre free of cost). The brand mainly supplied to women is Lo-Femenal, with a small minority of Paramedics also providing Oral.



AWARENESS OF NON-FAMILY WELFARE CENTRE BRANDS
OF ORAL CONTRACEPTIVE PILLS:

Two-thirds of the Paramedics are aware of other than Family Welfare Centre brand of Oral Contraceptive Pills. Level of awareness for other brands is higher among Lady Health Visitors (75%) than Family Welfare Workers (62%).

Oral (69%), followed by Nordette and Minovlar (10-13%) are the best-known brands of Oral Contraceptive Pills. About one-third of the Paramedics aware of these brands recommend their use to women they come in contact with.

PROFILE OF PARAMEDICS:

A majority (95-98%) of the Paramedics claim to have completed a 3-month training course in Family Planning either at a training centre or at a Family Welfare Centre.

Average period of employment of the interviewed Paramedics ranged between 13-15 years.

CONCLUSION:

Contact of Paramedics with the potential user population of Oral Contraceptive Pills is high. However, results indicate that there is a resistance among the Paramedical staff in recommending use of this method.

There is a need to educate the Paramedics on long-term benefits of Oral Contraceptive Pills, and to motivate them to promote this method. This can be achieved by providing to the Paramedics, better and proper information on use of Oral Contraceptive Pills and treatment of side-effects likely to occur - thus through them to their clients.



3. CURRENT PRACTICES OF PARAMEDICS



3.1 Operation-Related



3.1.1 Mode of Operation:

More than two-thirds of the Paramedics (Lady Health Visitors & Family Welfare Workers) sometimes visit women in their homes while at other times, women come to the welfare centres. 10% of the Paramedics report that they mostly see women at their homes while 18% report that they mostly see their clients at the welfare centres.

(Table-1)

TABLE - 1

Q 1C: WHAT IS YOUR MODE OF OPERATION ?

MODE OF OPERATION
=====

	LHV	FMM	W.A
BASE : TOTAL PARAMEDICS =====	100	100	
	2	2	2
VISIT WOMEN IN HOMES	4	13	10
WOMEN COME TO MY WORK PLACE	30	13	18
SOME TIMES WOMEN COME TO MY WORK PLACE/ ON OTHERS WE VISIT WOMEN IN HOMES	68	70	69
OTHERS	1	8	6



3.1.2 Contact with Female vs. Male clients:

Contact with females was reported by all the Lady Health Visitors. Children are also said to be contacted by two-thirds (64%) and husbands by only 23% of the Paramedics.

Among Family Welfare Workers, the great majority (88%) reported contact with females and to a lesser extent with children (34%) and with males (30%).

Half of all Paramedics who claimed to see only females, when prompted, said that they also provided advice to husbands.

(Table-2)

SMC -PARAMEDICS

TABLE - 2

Q 1A: WHOM DO YOU SEE MORE OFTEN IN YOUR
DAY TO DAY WORK ?

B: DO YOU EVER SEE/ADVICE HUSBANDS ?

CONTACT WITH FEMALE VS MALE CLIENTS.
=====

	LHV	FHW	W.A
BASE : TOTAL PARAMEDICS	100	100	
=====			
	%	%	%
SEE MORE OFTEN			
=====			
ONLY FEMALES	31	50	44
ONLY MALES	0	12	8
MALE / FEMALE BOTH	5	4	4
FEMALE & CHILDREN	46	20	28
MALE/FEMALE/CHILDREN	18	14	15

Q 1B: DO YOU EVER SEE / ADVICE HUSBANDS ?

BASE : PARAMEDICS WHO SEE ONLY FEMALES

	LHV	FHW	W.A
=====			
	%	%	%
SEE / ADVICE HUSBANDS ALSO	55	50	52
DO NOT SEE HUSBANDS	45	50	48



3.1.3 Population of married women between 15-49 years of age under coverage/advised:

About one-fourth (28%) of the Paramedics could indicate the number of women in areas under coverage. Among these, average number of women indicated ranges between 26000 - 32000. (These numbers are usually estimates prepared by Family Welfare Centres).

During the normal course of activities, on an average, Paramedics provide advice on various matters to 17 women per day.

(Table-3)

SMC- PARAMEDICS

TABLE - 3

Q 28: WHAT DO YOU ESTIMATE IS THE TOTAL NUMBER OF WOMEN BETWEEN THE AGES OF 15 AND 49 YRS IN YOUR AREA ? I MEAN HOW MANY MARRIED COUPLES ?	POPULATION OF MARRIED WOMEN BETWEEN 15 - 49 YEARS OF AGE UNDER COVERAGE =====		
	LHV	FWM	W.A
BASE : TOTAL PARAMEDICS . =====	100	100	
	%	%	%
PARAMEDICS WHO COULD NOT INDICATE NO OF MARRIED MARRIED WOMEN IN AREAS UNDER COVERAGE	67	74	72
PARAMEDICS WHO INDICATED NO. OF MARRIED WOMEN IN AREAS UNDER COVERAGE	33	26	28
NUMBER OF MARRIED WOMEN IN AREA UNDER COVERAGE =====			
UNDER 10,000	4	2	3
10,000 -- 20,000	15	14	14
21,000 -- 30,000	36	25	28
30,000 -- 40,000	25	34	31
40,000 AND ABOVE	20	25	23
AVERAGE NUMBER OF MARRIED WOMEN IN AREAS UNDER COVERAGE	26,000	32,000	30,800
Q 23 ON AN AVG., AMONG THE WOMEN YOU MEET, HOW MANY WOMEN DO YOU ADVISE ON VARIOUS MATTERS?			
AVERAGE NUMBER OF WOMEN ADVISED PER DAY	21	15	17



3.1.4 Matters on which advised:

Paramedics were asked about matters on which they provide advice to people with whom they come in contact professionally.

Spontaneous responses indicate that almost all (94%) the Paramedics provide advice on contraception/family planning. Other matters advised on mainly relate to general hygiene (59%), child care, general health (48-49%) and immunization (21%).

(Table-4)

SNC- PARAMEDICS

TABLE - 4

Q 4A: ON WHICH MATTERS DO YOU MOSTLY GIVE ADVICE ?

MATTERS ON WHICH ADVISED
=====

	LHV	FWM	W.A
BASE : TOTAL PARAMEDICS . =====	100	100	
	%	%	%
CONTRACEPTION/FAMILY PLANNING	92	95	94
GENERAL HYGIENE	66	56	59
CHILD CARE	53	46	48
GENERAL HEALTH	50	49	49
IMMUNIZATION	31	16	21
FEMALE PROBLEMS(TREATMENT OF INFECTION ETC.)	16	7	10
CONJUGAL RELATIONS	8	5	6
INFERTILITY	5	2	3
OTHERS	5	4	5



3.2 Advice on Contraception



3.2.1 Advice on contraception:

When the few Paramedics who had not mentioned "advice on contraception" spontaneously were prompted, all stated that they provided advice on contraception.

Of the 17 women (Table-3) who on an average, come in contact with the Paramedics per day, 8 are advised on contraception.

(Table-5)

SNC- PARAMEDICS

TABLE - 5

Q 4B: DO YOU ADVISE THESE WOMEN ON
CONTRACEPTION OR FAMILY PLANNING ?

ADVISE ON CONTRACEPTION
=====

	LHV	FWM	W.A
BASE : TOTAL PARAMEDICS . =====	100	100	
	%	%	%
ADVISE ON CONTRACEPTION =====	100	100	100
	---	---	---
SPONTANEOUS (TABLE 4)	92	95	94
ON PROMPTING	8	5	6
AVERAGE NO.OF WOMEN BEING ADVISED PER DAY =====	9	7	8



3.2.2 Most frequently recommended method of contraception:

IUD/Loops (79%), followed by injections, sterilization (50% each) and Oral Contraceptive Pills (45%) were the methods of contraception most often recommended by Paramedics. Condoms are recommended by about half of the Family Welfare Workers, but by only one-fourth of the Lady Health Visitors.

Paramedics who had not mentioned Oral Contraceptive Pills as their most frequently recommended method of contraception were asked if they ever advised use of this method. Most of them replied in the affirmative.

Overall, 93% of the Paramedics recommend the use of Oral Contraceptive Pills.

(Table-6a)

SAC - PARAMEDICS

TABLE - 5A

Q6A: WHAT METHOD OF CONTRACEPTION
DO YOU MOSTLY RECOMMEND?

MOST FREQUENTLY RECOMMENDED METHOD OF CONTRACEPTION.

	LHV	FWW	W.A
BASE : TOTAL PARAMEDICS .	100	100	
=====			
	%	%	%
MOST RECOMMENDED METHOD			
=====			
OCPs	91	94	93
=====	==	==	==
MOST RECOMMENDED	33	50	45
ALSO RECOMMENDED	58	44	48
IUD/LOOPS	87	75	79
INJECTIONS	56	47	50
STERILIZATION	53	49	50
CONDOMS	24	48	41
FOAMS/JELLIES/CREAMS	5	18	14
OTHERS	0	2	1



3.3 Recommendation of Oral Contraceptive Pills



3.3.1 Reasons for not recommending use of Oral Contraceptive Pills:

Only 7% of the Paramedics do not recommend Oral Contraceptive Pills. Reasons given for not doing so are scattered.

(Table-6b)

SMC- PARAMEDICS

TABLE - 68

Q & C : WHY DO YOU NOT RECOMMEND OCPs?

REASONS FOR NOT RECOMMENDING USE OF OCPs
=====

	LHV	FWW	W.A
BASE : PARAMEDICS WHO DO NOT RECOMMEND OCPs. =====	9	6	
REASONS FOR NOT RECOMMENDING: =====	NO	NO	NO
CONSIDER TAKING PILLS AN EFFORT/NUISANCE .	4	2	3
CAUSE ACNE/PIMPLES/ADVERSE EFFECT ON SKIN .	3	1	2
WOMEN FORGET TO TAKE OCPs RESULTING IN PREGNANCY	3	1	2
EFFECTS FLOW OF MILK IN LACTATING MOTHERS .	3	0	1
MAJORITY OF OUR WOMEN ARE POOR/MALNOURISHED CANNOT AFFORD OCPs/NUTRITIONAL DIET .	2	1	1
INCREASES WEIGHT	3	1	2
OTHERS	5	2	3



3.3.2 Circumstances under which Oral Contraceptive Pills are recommended:

Paramedics most often recommend Oral Contraceptive Pills to women who do not have specific health problems such as hypertension, jaundice, etc. Besides these, women who are apprehensive about the IUD/Loop, are poor, suffer from general ill health, desire spacing between children, are not breastfeeding or fear sterilization are also advised to use Oral Contraceptive Pills.

(Table-7)

SMC- PARAMEDICS

TABLE - 7

Q 7 : UNDER WHAT CIRCUMSTANCES DO YOU RECOMMEND
THE USE OF OCPs?CIRCUMSTANCES UNDER WHICH OCPs ARE RECOMMENDED
=====

	LHV	FWM	W.A
BASE : PARAMEDICS WHO RECOMMEND OCPs. =====	91	94	
TO WOMEN WHO DO NOT HAVE ANY OF THESE HEALTH PROBLEMS: =====	80	75	77
HYPERTENSION	37	43	41
JAUNDICE	27	24	25
DIABETES	18	22	20
HEART AILMENTS	13	17	16
GROWTHS / TUMORS	13	9	10
HEADACHE/VERTIGO	5	6	5
TUBERCULOSIS	2	7	5
BODY ACHES / PAINS	2	2	2
KIDNEY TROUBLE	1	6	4
CANCER	2	3	3
ASTHMA	1	6	4
PALPITATION/UNEASINESS	0	1	1
TO WOMEN WHO :			

FEAR/DO NOT LIKE IUD/LOOP	27	23	24
ARE POOR.	27	21	23
GENERALLY ILL .	16	21	20
DESIRE SPACING BETWEEN CHILDREN	16	16	16
ARE NOT BREAST FEEDING	16	16	16
HAVE TOO MANY CHILDREN	23	10	14
HAVE MENSTRUAL PROBLEMS	17	12	14

EXCESSIVE BLEEDING	10	5	7
IRREGULAR MENSES	7	7	7
FEAR OPERATION	8	16	14
ARE GOING ON PILGRIMAGE	13	11	11
HAVE HUSBANDS WHO DO NOT WISH TO USE CONDOM	7	7	7
ARE HEALTHY, AS ENDURANCE TO SIDE EFFECTS WOULD BE BETTER.	2	8	6
CANNOT COME TO THE CENTRE FOR CONTRACEPTION	4	2	3
OTHERS	3	4	4



3.3.3 Extent to which Oral Contraceptive Pills are recommended to various types of women:

Paramedics were asked if their practice of recommending Oral Contraceptive Pills differed for various types of women. Most of them stated that this was indeed the case.

Oral Contraceptive Pills are recommended to women who do not have a history of contraindicated ailments, to women of certain age groups (mainly to those between 25-35 years).

(Table-8)

SMC- PARAMEDICS

TABLE - 8

	PRACTICE OF RECOMMENDING OCPs =====		
	LHV	FWW	H.A
B BA : DOES YOUR PRACTICE OF RECOMMENDING THE USE OF OCPs ,DIFFER FOR DIFFERENT WOMEN?			
BB : TO WHAT WOMEN DO YOU RECOMMEND USE OF OCPs ?			
BASE : PARAMEDICS WHO RECOMMEND OCPs. =====	91	94	
	2	2	2
A) PRACTICE OF RECOMMENDING OCPs.:- -----			
NO , SAME FOR ALL WOMEN	1	3	2
YES , DIFFERENT FOR SOME WOMEN .	99	97	98
B) TYPE OF WOMEN WHO ARE RECOMMENDED USE OF OCPs. -----			
OF CERTAIN AGES -----	50	54	53
LESS THAN 25 YEARS	15	19	18
25 - 35 YEARS	44	46	45
ABOVE 35 YEARS	8	11	10
THOSE NOT SUFFERING FROM CERTAIN AILMENTS	100	100	100
STERILISATION IS RECOMMENDED TO THOSE WITH LARGE FAMILIES .	25	18	20
OTHERS	5	4	4



3.3.4 Women to whom Oral Contraceptive Pills are not recommended/
who should not use Oral Contraceptive Pills:

Paramedics were asked to what types of women they do not recommend Oral Contraceptive Pills and what types of women should never use Oral Contraceptive Pills. Responses are similar to those reported in Table-8. Oral Contraceptive Pills are not recommended to, or should not be used by, women with a history of contraindications, to women who are breastfeeding and, by small proportions, to women who have 4-5 children - sterilization is advised.

(Table-9)

SMC- PARAMEDICS

TABLE - 9

Q BC : TO WHAT WOMEN YOU DO NOT RECOMMEND USE OF DCPs ?
 =====
 WOMEN TO WHOM DCPs ARE NOT RECOMMENDED/WHO SHOULD NOT USE DCPs

D: ARE THERE ANY OTHER KINDS OF WOMEN WHO SHOULD NEVER USE DCPs?

	LHV		FHW		WA	
BASE : PARAMEDICS WHO RECOMMEND DCPs.	91		94			
=====	%		%		%	
		SHOULD		SHOULD		SHOULD
	NOT	NEVER	NOT	NEVER	NOT	NEVER
	RECOM	USE	RECOM	USE	RECOM	USE
PROPORTION OF PARAMEDICS WHO SAY : DCPs ARE NOT RECOMMENDED TO /SHOULD NEVER BE USED BY WOMEN WHO:	100	92	100	93	100	92
-----	---	---	---	---	---	---
BREAST FEED	41	21	36	15	38	17
HAVE 4-5 CHILDREN / STERILIZATION IS RECOMMENDED AND NOT PILLS	12	7	15	4	14	5
ARE OF CERTAIN AGE GROUPS	4	8	8	5	7	6
HAVE SOME AILMENTS LIKE:	80	50	80	65	80	60
-----	--	--	--	--	--	--
HYPERTENSION	76	16	69	21	71	19
DIABETES	54	16	62	15	60	15
JAUNDICE (PRESENT/PAST HISTORY)	53	18	47	24	49	22
HEART TROUBLE	36	43	40	40	39	41
WEAKNESS/ANEMIA	26	19	23	5	24	9
UTERUS DISORDERS/MALFUNCTION	20	20	16	16	17	17
KIDNEY TROUBLE	18	15	21	16	20	16
STOMACH PROBLEMS	7	1	7	5	7	4
ASTHMA	4	8	12	16	10	14
OTHERS	10	10	6	10	7	10



3.3.5 Instructions on use of Oral Contraceptive Pills:

All the Paramedics who recommend the use of Oral Contraceptive Pills to women also claim to provide them with instructions on use of this method. Most of them do so through demonstration with the package.

(Table-10)

SMC- PARAMEDICS

TABLE - 10

Q 9A : WHEN YOU RECOMMEND USE OF OCPs, DO YOU INSTRUCT WOMEN HOW TO USE THE PILLS ?	INSTRUCTIONS ON USE OF OCPs.		
	LHV	FWW	N.A
B: HOW DO YOU INSTRUCT THE WOMEN ? DO YOU TELL THEM VERBALLY OR DO YOU DEMONSTRATE THE PROCEDURE WITH A PACKAGE?			
BASE : PARAMEDICS WHO RECOMMEND OCPs. =====	91	94	
	%	%	%
INSTRUCT ON USE OF OCPs	99	100	100
DO NOT INSTRUCT ON USE OF OCPs.	1	0	0
BASE : PARAMEDICS WHO INSTRUCT ON USAGE OF OCPs. =====	90	94	
	%	%	%
INSTRUCT VERBALLY	3	7	6
DEMONSTRATE WITH PACKAGE	97	93	94

BEST AVAILABLE DOCUMENT



3.4 Side-Effects of Oral Contraceptive Pills



3.4.1 Proportion of Paramedics who inform clients about side-effects:

Most (97%) of the Paramedics who recommend the use of Oral Contraceptive Pills to women claimed that they also inform their clients about the side-effects that are likely to occur.

(Table-11a)

SNC- PARAMEDICS

TABLE - 11A

Q 9C : DO YOU INFORM THEM ABOUT THE POSSIBLE
SIDE EFFECTS OF OCPs?

PROPORTION OF PARAMEDICS WHO INFORM CLIENTS ABOUT SIDE EFFECTS
=====

	LHV	FHW	W.A
BASE : PARAMEDICS WHO RECOMMEND OCPs. =====	91	94	
	%	%	%
INFORMATION PROVIDED ABOUT SIDE EFFECTS.	98	96	77
INFORMATION NOT PROVIDED ABOUT SIDE EFFECTS	2	4	3



3.4.2 Average number of Oral Contraceptive Pill users
who complain about side effects per day:

Among their clients using Oral Contraceptive Pills, on an average about 2 women per day complain to Paramedics about side-effects of Oral Contraceptive Pills.

(Table-11b)

SNC- PARAMEDICS

TABLE - 118

AVG. NO. OF OCP USERS WHO COMPLAIN ABOUT SIDE EFFECTS PER DAY
=====Q 10A : HOW MANY WOMEN WHO ARE USING OCPs
COMPLAIN TO YOU ABOUT SIDE EFFECTS/DAY ?

	LHV	FWH	N.A
SACE : PARAMEDICS WHO RECOMMEND OCPs. =====	91	94	
AVG.NO.OF FEMALE USERS OF OCPs WHO COMPLAIN ABOUT SIDE EFFECTS PER DAY . =====	1	2	2



3.4.3 Most commonly known side-effects:

The most commonly mentioned/known side effects of Oral Contraceptive Pills are menstrual and health related problems and obesity/weight gain.

Specific menstrual problems cited were heavy bleeding, irregular periods, spotting and no/scant menstrual bleeding.

Health problems mentioned included dizziness, nausea/vomiting, headache, weakness due to heavy bleeding, skin eruptions and body pain.

(Table-11c)

SNC - PARAMEDICS

TABLE - 11C

Q 10B : WHAT ARE THE MOST COMMON SIDE EFFECTS
MENTIONED ?Q 11A : BESIDES THOSE MENTIONED ,WHAT OTHER SIDE
EFFECTS DO YOU KNOW OF ?MOST COMMONLY KNOWN SIDE EFFECTS
=====

	LHV	FHW	W.A
BASE : PARAMEDICS WHO RECOMMEND OCPs.	91	94	
=====	%	%	%

COMMONLY MENTIONED SIDE-EFFECTS

MENSTRUAL PROBLEMS	100	100	100
-----	---	---	---
HEAVY BLEEDING	50	50	50
IRREGULAR PERIODS	35	25	28
SPOTTING	25	28	27
NO OR SCANT MENSTRUAL BLEEDING	24	23	23
HEALTH PROBLEMS	98	97	97
-----	---	---	---
DIZZINESS	45	55	52
NAUSEA/VOMITTING	43	47	46
HEADACHE	32	29	30
ACNE/PIMPLES/ADVERSE EFFECT ON SKIN	25	20	22
WEAKNESS BECAUSE OF HEAVY BLEEDING	17	35	30
BODY PAINS	15	12	13
HEARTBURN/ACIDITY	5	8	7
CRAMPS	5	5	5
STOMACH UPSET	4	2	3
CANCER	2	2	2
OBESITY/WEIGHT GAIN	89	77	81
INTERNAL ORGANIC PROBLEMS	8	7	7
IRRITABILITY	9	6	7
DIFFICULTIES IN CHILD BIRTH	4	2	3
OTHERS	5	4	5



3.4.4 Advice on how to deal with side-effects:

In case of menstrual problems due to use of Oral Contraceptive Pills, Paramedics advise women to consult their doctor or to take vitamin supplements. A minority (12%) advise these women to switch to IUDs.

For most other side-effects/discomforts, Paramedics advise clients to change dietary habits or to take vitamins to relieve symptoms like dizziness, weakness, anti-nausea pills for nausea/vomitting and pain killers for headaches and body pains. For skin problems, internal organic problems and obesity/weight gain, clients are advised to consult a doctor. In a minority of cases, women are counselled to discontinue Oral Contraceptive Pills.

(Table-12)

SMC- PARAMEDICS

TABLE - 12

Q 118 : WHAT ADVICE DO YOU GIVE TO YOUR CLIENTS
TO DEAL WITH THESE SIDE EFFECTS ?

ADVICE ON HOW TO DEAL WITH SIDE EFFECTS
=====

	LHV	FMW	W.A
BASE : PARAMEDICS TO WHOM WOMEN COMPLAIN ABOUT SIDE EFFECTS. =====	91	94	
	%	%	%
RECOMMENDATION TO DEAL WITH SIDE EFFECTS =====			
MENSTRUAL PROBLEMS -----	100	100	
CONSULT DOCTOR	40	45	43
TAKE VITAMIN SUPPLEMENT	23	35	31
USE IUD - DISCONTINUE OCPs	14	11	12
TAKE NUTRITIONAL DIET	16	7	9
GET BLOOD TESTED.	5	0	1
OTHERS	5	4	4
HEALTH PROBLEMS -----	98	97	
TAKE NUTRITIONAL DIET	53	74	68
TAKE VITAMIN SUPPLEMENT	42	55	51
CONSULT DOCTOR	37	50	46
TAKE PAINKILLERS	46	29	34
TAKE ANTI NAUSEA PILLS	31	25	27
USE IUD - DISCONTINUE OCPs	12	20	18
TAKE TRANQUILIZERS	4	3	3
OTHERS	19	28	25
OBESITY/WEIGHT GAIN -----	89	77	
CONSULT DOCTOR .	50	45	47
USE IUD - DISCONTINUE OCPs	20	33	29
GET BLOOD TESTED.	14	14	14
TAKE NUTRITIONAL DIET	9	7	8
TAKE VITAMIN SUPPLEMENT	3	7	6
OTHERS	4	2	3

SMC- PARAMEDICS

TABLE - 12
(CONTD)

ADVICE ON HOW TO DEAL WITH SIDE EFFECTS			
=====			
Q 11B : WHAT ADVICE DO YOU GIVE TO YOUR CLIENTS TO DEAL WITH THESE SIDE EFFECTS ?	LHW	FHW	M.A
BASE : PARAMEDICS TO WHOM WOMEN COMPLAIN ABOUT SIDE EFFECTS.	91	94	
=====	%	%	%
RECOMMENDATION TO DEAL WITH SIDE EFFECTS			
=====			
DIZZINESS	45	55	
=====	%	%	%
TAKE NUTRITIONAL DIET	35	40	39
TAKE VITAMIN SUPPLEMENT	32	34	33
CONSULT DOCTOR	16	15	15
USE IUD - DISCONTINUE OCPs	5	6	6
TRANQUILIZERS	7	6	7
OTHERS	5	9	8
NAUSEA/VOMITTING	43	47	
=====	%	%	%
TAKE ANTI-NAUSEA PILLS	65	52	56
TAKE NUTRITIONAL DIET	16	19	18
TAKE VITAMIN SUPPLEMENT	12	10	10
CONSULT DOCTOR	6	21	17
USE IUD - DISCONTINUE OCPs	2	10	7
OTHERS	7	3	4
HEADACHE	32	29	
=====	%	%	%
TAKE PAIN KILLERS	77	65	68
TAKE VITAMIN SUPPLEMENT	11	6	8
TAKE NUTRITIONAL DIET	7	15	12
CONSULT DOCTOR	2	9	7
USE IUD - DISCONTINUE OCPs	2	3	3
TAKE TRANQUILIZERS	2	0	1
OTHERS	5	7	6
ACNE/PIMPLES/ADVERSE EFFECT ON SKIN	25	20	
=====	%	%	%
CONSULT DOCTOR	50	50	50
TAKE VITAMIN SUPPLEMENT	10	27	22
TAKE NUTRITIONAL DIET	12	25	21
USE IUD - DISCONTINUE OCPs	24	7	12
OTHERS	4	4	4

SMC- PARAMEDICS

TABLE - 12
(CONTD)Q 11B : WHAT ADVICE DO YOU GIVE TO YOUR CLIENTS
TO DEAL WITH THESE SIDE EFFECTS ?ADVICE ON HOW TO DEAL WITH SIDE EFFECTS
=====

	LHV	FWW	W.A
BASE : PARAMEDICS TO WHOM WOMEN COMPLAIN ABOUT SIDE EFFECTS	91	94	
RECOMMENDATION TO DEAL WITH SIDE EFFECTS =====			
WEAKNESS BECAUSE OF HEAVY BLEEDING =====	17	35	
	%	%	%
TAKE NUTRITIONAL DIET	71	59	63
TAKE VITAMIN SUPPLEMENT	48	52	51
CONSULT DOCTOR	3	14	11
USE IUD - DISCONTINUE DCPS	0	2	2
OTHERS	3	16	12
BODY PAINS =====	15	12	
	%	%	%
TAKE PAIN KILLERS	80	45	56
TAKE NUTRITIONAL DIET	7	36	27
TAKE VITAMIN SUPPLEMENT	7	18	15
USE IUD - DISCONTINUE DCPS	0	9	6
OTHERS	13	19	17
INTERNAL ORGANIC PROBLEMS =====	8	7	
CONSULT DOCTOR	5	3	4
TAKE VITAMIN SUPPLEMENT	2	2	2
GET BLOOD TESTED	0	2	1
OTHERS	2	1	1

SMC - PARAMEDICS

TABLE - 12
(CONT'D)

Q 118 : WHAT ADVICE DO YOU GIVE TO YOUR CLIENTS TO DEAL WITH THESE SIDE EFFECTS ?		ADVICE ON HOW TO DEAL WITH SIDE EFFECTS =====		
		LHV	FWW	N.A
BASE : PARAMEDICS TO WHOM WOMEN COMPLAIN ABOUT SIDE EFFECTS		91	94	
RECOMMENDATION TO DEAL WITH SIDE EFFECTS				
IRRITABILITY	NOS.	9	6	7
=====				
TAKE VITAMIN SUPPLEMENT		2	3	3
TAKE TRANQUILIZERS		1	2	2
TAKE ANTI-NAUSEA PILLS		0	1	1
CONSULT DOCTOR		1	2	2
TAKE NUTRITIONAL DIET		0	2	1
USE IUD - DISCONTINUE OCPs		1	4	3
OTHERS		2	3	3
HEARTBURN/ACIDITY	NOS.	5	8	7
=====				
TAKE VITAMIN SUPPLEMENT		1	1	1
CONSULT DOCTOR		2	1	1
TAKE NUTRITIONAL DIET		5	3	4
USE IUD / DISCONTINUE OCPs		0	1	1
OTHERS		4	1	2
CRAMPS	NOS.	5	5	5
=====				
TAKE VITAMIN SUPPLEMENT		2	0	1
TAKE PAIN KILLERS		5	3	4
CONSULT DOCTOR		4	2	3
TAKE NUTRITIONAL DIET		3	0	1
OTHERS		2	2	2
OTHERS		5	4	4
=====		NO	NO	NO
TAKE VITAMIN SUPPLEMENT		9	5	6
CONSULT DOCTOR		8	8	8
TAKE NUTRITIONAL DIET		9	3	5
USE IUD / DISCONTINUE OCPs.		3	2	2
TAKE PAIN KILLERS		1	0	0
GET BLOOD TESTED		1	0	0
OTHERS		2	2	2



4. ATTITUDE TOWARDS ORAL CONTRACEPTIVE PILLS



4.1 Advantages/benefits of Oral Contraceptive Pills:

More than two-thirds (69%) of the Paramedics consider Oral Contraceptive Pills to be an effective method of contraception. Other advantages of Oral Contraceptive Pills mentioned relate to it being an easier method of contraception (45%), one which regulates periods (26%), and one that can be used in cases where there is a mental barrier against the use of the IUD.

(Table-13)

SMC- PARAMEDICS

TABLE - 13

Q 12A/13A : WHAT IN YOUR OPINION ARE THE
ADVANTAGES/BENEFITS OF USING OCPs ?

ADVANTAGES / BENEFITS OF OCPs.

	LHV	FWH	W.A
BASE : TOTAL PARAMEDICS =====	100	100	
	%	%	%
ADVANTAGES OF OCPs -----			
100% SUCCESSFUL /EFFECTIVE /LOW RISK OF PREGNANCY	70	69	69
EASIER METHOD	48	44	45
REGULATES PERIODS/CURES CYCLE DISTURBANCES	34	22	26
CAN BE USED WHERE THERE IS MENTAL BARRIER AGAINST USE OF IUD	27	34	32
OCPs ARE SAFER THAN OTHER METHODS	14	9	11
ENSURES FEMALE'S HEALTH BY PROVIDING ADEQ. SPACINGS	9	7	8
SHORT TERM METHOD CAN BE DISCONTINUED EASILY	9	7	8
CAN BE USED IN CASES LIKE CEASERIAN WHERE IUDs CANNOT BE USED	4	7	6
USE OF PILLS DOES NOT INTERFERE WITH PHYSICAL SATISFACTION AS CONDOMS DO	4	2	3
OTHERS	13	10	11



4.2 Disadvantages of Oral Contraceptive Pills:

In the opinion of Paramedics, the main disadvantages of Oral Contraceptive Pills relate to menstrual, health or weight increase problems. More than one-fourth also cite the high risk of pregnancy if the woman forgets to take a pill.

The specific menstrual and health problems are similar to those mentioned previously.

(Table-14)

SMC- PARAMEDICS

TABLE - 14

DISADVANTAGES OF USING OCPs

Q 13B : WHAT IN YOUR OPINION ARE THE
DISADVANTAGES OF USING OCPs?

	LHV	FVN	H.A
BASE : TOTAL PARAMEDICS	100	100	
=====	%	%	%
DISADVANTAGES			
=====			
MENSTRUAL PROBLEMS	90	86	89
=====	--	--	--
HEAVY BLEEDING	41	31	38
IRREGULAR PERIODS	20	28	22
SPOTTING	22	16	20
NO OR SCANT MENSTRUAL BLEEDING	17	12	16
HEALTH PROBLEMS	89	76	80
-----	--	--	--
DIZZINESS	44	41	42
NAUSEA/VOMITTING	26	35	32
ACNE/PIMPLES/ADVERSE EFFECT ON SKIN	27	24	25
HEADACHE	25	25	25
WEAKNESS	21	29	27
CRAMPS	7	3	4
HEARTBURN/ACIDITY	5	2	3
BODY PAINS	3	6	5
STOMACH UPSET	2	1	1
CANCER	1	1	1
OBESITY/WEIGHT GAIN	63	57	61
OF HIGH RISK IN CASE OF FORGETTING TO TAKE PILL.	30	27	28
INTERNAL ORGANIC PROBLEMS	16	6	9
IRRITABILITY	8	5	6
IS A PROLONGED PROCEDURE	3	1	2
DIFFICULTIES IN CHILD BIRTH	2	0	1
OTHERS	5	6	6



4.3 Comparison of Oral Contraceptive Pills with other methods:

Opinion of Paramedics on this subject are sharply divided. Slightly more than one-third (37%) of the Paramedics consider Oral Contraceptive Pills to be better than other contraceptive methods, while a similar proportion consider them to be worse.

(Table-15a)

SMC- PARAMEDICS

TABLE - 15A

Q 12B : DO YOU CONSIDER THIS METHOD OF
CONTRACEPTION TO BE BETTER OR WORSE
THAN OTHER MODERN CONTRACEPTIVE METHODS ?

COMPARISON OF OCPs WITH OTHER METHODS

	LHV	FWM	W.A
BASE : TOTAL PARAMEDICS	100	100	
=====			
	%	%	%
OCPs ARE :			
=====			
WORSE THAN OTHER METHODS	40	33	35
ABOUT THE SAME	16	33	28
BETTER THAN OTHERS	44	34	37
MEAN SCORE	2.04	2.01	2.02

MODE OF CALCULATION :	INTERPRETATION :
	MEAN SCORE =
WORSE THAN OTHER METHODS * 1	1 -- WORSE THAN OTHER METHOD .
ABOUT THE SAME * 2	2 -- ABOUT THE SAME
BETTER THAN OTHERS * 3	3 -- BETTER THAN OTHERS .

SUM OF ABOVE THREE VALUES /100



4.3.1 Reasons for considering Oral Contraceptive Pills better than other methods:

Oral Contraceptive Pills are considered to be a better method mainly because they are easy to use, are inexpensive, and, to a lesser extent, are effective in preventing pregnancy.

(Table-15b)

SMC- PARAMEDICS

TABLE - 15B

Q 12C : WHY DO YOU SAY THAT ?

REASONS FOR CONSIDERING OCPs BETTER

	LHV	FWM	W.A
BASE : PARAMEDICS WHO CONSIDER OCPs BETTER	44	34	
=====			
REASONS FOR CONSIDERING BETTER:	2	2	2
=====			
EASY METHOD	66	65	65
CHEAP	64	56	58
EFFECTIVE IN PREVENTING PREGNANCY	19	24	22
IDEAL FOR WOMEN WHO :			

FEAR OPERATION/IUD	11	6	8
CANNOT GO TO HOSPITALS /FMC THEMSELVES	7	12	10
WHOSE HUSBANDS DO NOT LIKE CONDOMS	9	3	5
REGULATES MENSES	11	6	8
REPLENISHES HARMONES AMONG WEAK WOMEN	5	6	5
NO INTERNAL HARMFUL EFFECTS	2	6	5
OTHERS	5	3	4



4.3.2 Reasons for considering Oral Contraceptive Pills worse than other methods:

Reasons for considering Oral Contraceptive Pills worse than other methods relate mainly to side-effects of pill usage, e.g. adverse effects on skin, increase in weight, palpitation, other health problems and effect on lactation.

(Table-15c)

SMC- PARAMEDICS

TABLE - 15C

Q 12C : WHY DO YOU SAY THAT ?

REASONS FOR CONSIDERING OCPs WORSE
=====

	LHV	FWM	M.A
BASE : PARAMEDICS WHO CONSIDER OCPs WORSE =====	40	33	
	%	%	%
REASONS FOR CONSIDERING WORSE: =====			
HEALTH PROBLEMS CAUSED -----			
ACHE/PIMPLES/ADVERSE EFFECT ON SKIN	65	48	53
INCREASE IN WEIGHT	23	27	26
PALPITATION	18	33	29
IS HARMFUL/CAUSES AILMENTS (NOT SPECIFIED)	18	15	16
VERTIGO	8	24	19
HYPERTENSION	10	15	14
AFFECTS LACTATION	8	12	11
JAUNDICE	3	3	3
LETHARGY	0	3	2
GROWTHS IN BODY	0	3	2
NOT SUITABLE FOR POOR AS NUTRITIOUS DIET IS REQUIRED WITH OCPs	18	3	7
OTHERS	5	5	5



4.4 Opinion on whether more women should use Oral Contraceptive Pills:

Paramedics were asked, if in their opinion, more women should start using Oral Contraceptive Pills.

More than half (57%) of the Paramedics are not in favour of increased use of Oral Contraceptive Pills.

(Table-16a)

SNC- PARAMEDICS

TABLE - 16A

Q 14A : DO YOU THINK MORE WOMEN
SHOULD START USING OCPs?

OPINION ON WHETHER MORE WOMEN SHOULD USE OCPs.
=====

	LHV	FWW	W.A
BASE : TOTAL PARAMEDICS	100	100	
=====			
	%	%	%
MORE WOMEN SHOULD START USE OF OCPs	42	40	41
MORE WOMEN SHOULD NOT START USE OF OCPs	53	60	57
NO RESPONSE	5	0	2



4.4.1 Reasons for saying that more women should use Oral Contraceptive Pills:

Those saying that more women should use Oral Contraceptive Pills primarily cite Oral Contraceptive Pills ease of use, effectiveness in preventing pregnancy, and low cost (the latter undoubtedly is in reference to the Government of Pakistan's subsidised Oral Contraceptive Pills).

(Table-16b)

SMC- PARAMEDICS

TABLE - 16B

Q 14B : WHAT ARE THE REASONS FOR SAYING SO ?

REASONS FOR SAYING MORE WOMEN SHOULD USE OCPs.
=====

	LHV	FWM	W.A
BASE : PARAMEDICS WHO CONSIDER USE OF OCPs SHOULD INCREASE	42	40	
=====	%	%	%
REASONS:			
EASY METHOD	71	73	72
EFFECTIVE FOR PREVENTING PREGNANCY	53	45	47
CHEAP	14	23	20
THOSE AFRAID OF OPERATION/IUD	7	10	9
SUITABLE FOR HEALTHY WOMEN	10	0	3
CONTAINS VITAMINS	2	3	2
CAN PLAN FAMILIES	0	3	2
OTHERS	5	6	6



4.4.2 Reasons for saying that more women should not use Oral Contraceptive Pills:

Those saying that more women should not use Oral Contraceptive Pills are mainly concerned about the risk of pregnancy in case Oral Contraceptive Pills are not taken as per instructions, but also cite health-related side-effects, increase in weight and menstrual irregularity.

(Table-16c)

SMC - PARAMEDICS

TABLE - 16C

Q 14B : WHAT ARE THE REASONS FOR SAYING SO ?

REASONS FOR SAYING MORE WOMEN SHOULD NOT USE OCPs.
=====

	LHV	FWW	W.A
BASE : PARAMEDICS WHO CONSIDER USE OF OCPs SHOULD NOT INCREASE =====	53	60	
	%	%	%
REASONS:			
RISK OF PREGNANCY IN CASE OF FORGETTING TO TAKE OCPs.	57	58	58
OCPs INCREASE WEIGHT	28	27	27
OCPs CAUSE HEALTH PROBLEMS: -----	41	54	50
	--	--	--
HYPERTENSION	28	28	28
VERTIGO	13	23	20
HEART AILMENTS	13	8	10
PALPITATION/RESTLESSNESS	8	10	9
ANEMIA	9	8	9
ACNE/PIMPLES	8	12	10
HEADACHE	4	8	7
SHORT SIGHTEDNESS	6	3	4
NAUSEA	2	9	6
JAUNDICE	2	7	5
DIABETE	4	2	2
ALLERGY	6	0	2
LETHARGY	2	2	2
INTERNAL WEAKNESS	2	3	3
INCREASE IN HORMONES	2	0	1
LIVER PROBLEMS	2	0	1
CANCER	2	3	3
IRREGULAR MENSES	13	15	14
HARMFUL EFFECTS IF USED FOR LONG PERIODS	9	3	5
EFFECTS FLOW OF MILK OF LACTATING MOTHERS	2	7	5
OTHERS	11	3	6



5. SUPPLYING PRACTICES RELATED TO ORAL CONTRACEPTIVE PILLS



5.1 Whether Paramedics who visit homes carry
contraceptive products with them:

Most (82%) of the Paramedics who visit women in their homes carry contraceptive products with them.

This practice is more common among Family Welfare Workers (87%) than among Lady Health Visitors (71%).

(Table-17a)

TABLE - 17 A

Q 1C: WHAT IS YOUR MODE OF OPERATION ?

WHETHER PARAMEDICS WHO VISIT HOMES CARRY
CONTRACEPTIVE PRODUCTS WITH THEM.
=====

	LHV	FWW	W.A
BASE : PARAMEDICS WHO VISIT WOMEN IN HOMES =====	72	83	
	%	%	%
CARRY CONTRACEPTIVE PRODUCTS	71	67	82
DO NOT CARRY CONTRACEPTIVE PRODUCTS	29	13	18



5.1.1 Contraceptive methods carried by Paramedics:

Contraceptive methods carried to clients' homes are Oral Contraceptive Pills (universal), Condoms (87%), Injections (78%), Foam/Jelly (66%) and Loops/IUDs (47%). Actual presence of these methods was verified with about two-thirds of the Paramedics.

(Table-17b)

SMC - PARAMEDICS

TABLE - 17 B

Q 1E: WHAT ARE THE USUAL CONTRACEPTIVES
YOU CARRY WITH YOU ?
WILL YOU PLS. SHOW ME ?

CONTRACEPTIVE METHODS CARRIED BY PARAMEDICS.
=====

	LHV			FWM			W.A		
BASE : PARAMEDICS CARRYING CONTRACEPTIVES =====	51			72					
	%			%			%		
CONTRACEPTIVES CARRIED =====	C	V	NV	C	V	NV	C	V	NV
DCPs	100	63	37	100	71	29	100	69	31
INJECTIONS	86	63	23	74	40	34	78	47	31
CONDOMS	84	35	49	89	56	33	87	50	38
LOOPS / IUDs	57	37	20	43	42	24	47	40	23
FOAM / JELLY	69	43	26	65	42	23	66	42	24
OTHERS	2	2	0	3	3	0	3	3	0

C = CLAIMED
V = VERIFIED
NV = NOT VERIFIED



5.2 Availability of Oral Contraceptive Pills at work place:

Most (97%) of the Paramedics claimed that Oral Contraceptive Pills were available at their work place almost all of the time.

(Table-18)

SMC- PARAMEDICS

TABLE - 18

Q 15A : ARE DCPs AVAILABLE AT YOUR WORK PLACE
MOST OR ALL OF THE TIME ?

AVAILABILITY OF DCPs AT WORK PLACE
=====

	LHV	FWM	W.A
BASE : TOTAL PARAMEDICS. =====	100	100	
	%	%	%
DCPs ARE AVAILABLE ALL/MOST OF THE TIME.	94	98	97
DCPs ARE NOT AVAILABLE	6	2	3



5.3 Cost/brand of Oral Contraceptive Pills supplied:

Oral Contraceptive Pills are provided at cost to clients by a majority (88%) of the Paramedics.

The principal brand of Oral Contraceptive Pills provided to clients is Lo-Femenal (86%). A small minority of the Paramedics also provide Ovral.

(Table-19)

SAC- PARAMEDICS

TABLE - 19

Q 156 : DO YOU PROVIDE THESE OCPs FREE
OR AT A COST ?
C : WHAT BRANDS DO YOU PROVIDE ?

COST /BRANDS OF OCPs SUPPLIED

	LHV	FWW	W.A
SASE : P.MEDICS WITH OCPs AVAIL. AT WORK PLACE =====	94	98	
	2	2	2
PROVIDE OCPs FREE OF COST .	13	12	12
PROVIDE OCPs AT COST .	87	88	88
BRANDS SUPPLIED =====			
LO-FEMENAL	93	84	86
OVRAL	7	13	12
MINDVLAR	4	3	3
NORDETTE	2	1	1
ANGVLAR	1	0	0
OTHERS	4	5	5
DO NOT KNOW	0	4	3



5.4 Price of Oral Contraceptive Pills:

Most (85%) of the Paramedics who supply Oral Contraceptive Pills obtain these at a price. The average price paid by the Paramedic, and the price charged to the client, is Rs.1/= per cycle.

Those who obtain Oral Contraceptive Pills free of cost also charge their clients Rs.1/= per cycle.

(Table-20)

SMC- PARAMEDICS

TABLE - 20

Q 15D : DO YOU OBTAIN THESE OCPs AT A PRICE
OR DO YOU GET THEM FREE FROM SOURCE ?

PRICE OF OCPs .
=====

E : WHAT PRICE DO YOU PAY FOR A CYCLE OF PILLS ?

F : HOW MUCH DO YOU CHARGE THE CLIENT
FOR ONE CYCLE ?

	LHV	FWW	W.A.
BASE : PARAMEDICS WHO SUPPLY OCPs. AT COST . =====	82	86	
	%	%	%
OCPs ARE OBTAINED AT A PRICE	88	83	85
OCPs ARE NOT OBTAINED AT A PRICE	12	17	15
BASE : PARAMEDICS WHO OBTAIN OCPs AT A PRICE . =====	72	71	
AVG. PRICE PAID FOR A CYCLE BY PROVIDER (RS)	1.00	1.00	1.00
AVG. PRICE CHARGED TO THE CLIENT (RS)	1.00	1.00	1.00
BASE : PARAMEDICS WHO OBTAIN OCPs. FREE OF COST . =====	10	15	
AVG. PRICE CHARGED TO THE CLIENT (RS)	1.00	1.00	1.00



5.5 Knowledge of source of supply of Family Welfare Centre brand to shops:

Paramedics were asked if they knew who supplied the Family Welfare Centre brand of Oral Contraceptive Pills to shops/chemists. About 60% indicated that this brand reached the shops/chemists through Family Welfare Workers or Field Motivators/Lady Health Visitors, while the others were unaware of a source.

The Family Welfare Centre brand of Oral Contraceptive Pills was said to be sold to shops/chemists at Rs.1/= per cycle.

(Table-21)

SNC- PARAMEDICS

TABLE - 21

KNOWLEDGE OF SOURCE OF SUPPLY OF FWC BRAND TO SHOPS.
=====

Q 16A: THE BRAND AVAILABLE AT YOUR CENTRE
IS ALSO AVAILABLE AT SHOPS / CHEMISTS.
IN YOUR KNOWLEDGE , WHO SUPPLIES THESE
TO THE CHEMISTS /SHOPS AND AT WHAT PRICE ?

	LHV	FWM	N.A
BASE : TOTAL PARAMEDICS	100	100	
=====	%	%	%

PERSON SUPPLYING F.WELFARE CENTRE BRAND TO CHEMISTS/SHOPS:
=====

F.W.M	26	35	32
FIELD MOTIVATOR	30	25	27
L.H.V	1	1	1
DO NOT KNOW	43	39	40

PRICE AT WHICH SUPPLIED:
=====

ONE RUPEE/PACKET	43	46	45
OTHERS	8	5	6
DO NOT KNOW	49	48	48



6. AWARENESS OF OTHER THAN FAMILY WELFARE CENTRE BRANDS



6.1 Awareness of Non Family Welfare Centre brands of Oral Contraceptive Pills/IUDs/Injectables available at Chemists:

Paramedics aware of other than Family Welfare Centre brands ranged from one-fourth (25%) for IUDs, 40% for Injectables and two-thirds (66%) for Oral Contraceptive Pills.

Awareness of other brands of Oral Contraceptive Pills is higher among Lady Health Visitors (75%) than among Family Welfare Workers (62%), while the reverse is true for Injectables (36% vs. 42%) respectively. Levels of awareness for IUD brands are lower than for the other two methods

(Table-22)

SNC- PARAMEDICS

TABLE - 22

AWARENESS OF NON-FWC BRANDS OF DCPs/IUDs/INJECTABLES .
 AVAILABLE AT CHEMISTS /MEDICAL SHOPS .

Q 16B: ARE YOU AWARE OF THE VARIOUS BRANDS
 OF DCPs, IUDs AND INJECTABLES AVAILABLE
 AT CHEMISTS /MEDICAL SHOPS ?

	LHV	FWM	N.A
BASE : TOTAL PARAMEDICS =====	100	100	
	%	%	%
DCPs =====			
PARAMEDICS AWARE OF ANY BRAND.	75	62	66
PARAMEDICS UNAWARE OF ANY BRAND.	25	38	34
IUD / LOOPS =====			
PARAMEDICS AWARE OF ANY BRAND.	26	25	25
PARAMEDICS UNAWARE OF ANY BRAND.	74	75	75
INJECTABLES =====			
PARAMEDICS AWARE OF ANY BRAND.	36	42	40
PARAMEDICS UNAWARE OF ANY BRAND.	64	58	60



6.1.1 Specific brand awareness for Non Family Welfare Centre brands of Oral Contraceptive Pills/IUDs/Injectables:

Ovral (69%), followed by Nordette and Minovlar (10-13%) are the best-known brands of Oral Contraceptive Pills.

Among the other methods, Lippes Loop (IUDs) and Noristerat (Injectables) are the better known brands.

(Table-23)

SMD- PARAMEDICS

TABLE - 23

Q-16C: WHAT ARE THE VARIOUS BRANDS
THAT YOU KNOW OF ?AWARENESS OF SPECIFIC NON-FWC BRANDS OF OCPs/IUDs/INJECTABLES
=====

	LHV	FWW	N.A
BASE : PARAMEDICS AWARE OF NON-FWC BRANDS OF OCPs. =====	75	62	
	%	%	%
BRANDS OF OCPs -----			
OVRAL	72	68	69
NORDETTE	17	11	13
MINOVLAR	19	6	10
ANOVLAR	9	0	3
LYNDIOL	4	0	1
POSTINOR	0	3	2
OTHERS	5	11	10
BASE : PARAMEDICS AWARE OF NON-FWC BRANDS OF IUDs. =====	26	25	
	%	%	%
BRANDS OF IUDs -----			
LIPPES	20	17	18
OTHERS	10	13	12
BASE:PARAMEDICS AWARE OF NON-FWC BRANDS OF INJECTABLE =====	36	42	
	%	%	%
BRANDS OF INJECTABLES =====			
NORISTERAT	79	76	78
OTHERS	5	4	4



6.2 Whether Non-Family Welfare Centre brands of
contraceptives are recommended by Paramedics:

About one-third of the Paramedics aware of Non-Family Welfare Centre brands recommend use of these brands to women they come in contact with.

Lady Health Visitors are twice as likely to recommend other IUD brands than are Family Welfare Workers.

(Table-24)

SMC - PARAMEDICS

TABLE - 24

WHETHER NON FWC BRANDS OF CONTRACEPTIVES ARE RECOMMENDED .
 =====

THESE BRANDS TO THE WOMEN YOU
 COME IN CONTACT WITH ?

		LHV	FWM	W.B
RECOMMEND USE OF NON-FWC BRANDS AVAILABLE WITH CHEMISTS / MEDICAL SHOPS -----				
DCPs	BASE: THOSE AWARE OF NON FWC BRAND	75	62	
=====		==	==	
		%	%	%
RECOMMEND		36	32	33
DO NOT RECOMMEND		64	68	67
DCPs	BASE: THOSE AWARE OF NON FWC BRAND	26	25	
=====		==	==	
		%	%	%
RECOMMEND		60	32	40
DO NOT RECOMMEND		40	68	60
DCPs	BASE: THOSE AWARE OF NON FWC BRAND	36	40	
=====		==	==	
		%	%	%
RECOMMEND		33	29	30
DO NOT RECOMMEND		67	71	70



6.3 Reasons for not recommending Non-Family Welfare Centre brands of Oral Contraceptive Pills:

Non-Family Welfare Centre brands of Oral Contraceptive Pills are not recommended as they are considered to be expensive, and because Paramedics have to meet targets for recommending Family Welfare Centre brands.

About one-fourth of the Lady Health Visitors and half (53%) of the Family Welfare Workers who do not recommend other brands of Oral Contraceptive Pills were unable to give a specific reason for non-recommendation.

(Table-25a)

Reasons for not recommending Non-Family Welfare Centre brands of IUDs/Injectables:

The few Paramedics who do not recommend other than Family Welfare Centre IUD brands were of the opinion that IUDs available in the market have adverse effects. About half of them said that this advice is given only at their centres.

Those not recommending other Injectable brands referred to the provision of the Family Welfare Centre brand of Injectables at a cheaper price or free of cost.

(Table-25b)

SMC- PARAMEDICS

TABLE - 25A

Q 16E: WHAT ARE THE REASONS FOR NOT DOING SO ?

REASONS FOR NOT RECOMMENDING NON-FWC BRANDS OF OCPs
WHICH ARE AVAILABLE WITH CHEMISTS / MEDICAL SHOPS

=====

	LHV	FWM	W.A
BASE : PARAMEDICS WHO DO NOT RECOMMEND NON FWC BRANDS OF OCPs . =====	48	42	
	%	%	%
REASONS FOR NOT RECOMMENDING: =====			
THESE BRANDS ARE EXPENSIVE	31	15	20
WE HAVE TO MEET OUR TARGET FOR RECOMMENDING OUR OWN BRAND .	17	15	15
WE HAVE SUFFICIENT KNOWLEDGE ABOUT OWN BRAND AND NOT ABOUT OTHERS.	8	1	3
WE ENSURE WOMEN'S HEALTH BEFORE GIVING ANY CONTRACEPTION. CHEMISTS DO NOT THEREFORE PREFER TO RECOMMEND OWN BRAND.	6	0	2
NOT EASILY AVAILABLE	3	4	4
THESE BRANDS HAVE HIGHER SIDE EFFECTS.	2	3	3
CHEMISTS PROVIDE THESE BRANDS ONLY ON DOCTORS' RECOMMENDATION .	2	0	0
OTHERS	8	9	9
NO SPECIFIC REASON	23	53	44

SMC- PARAMEDICS

TABLE - 258

Q 16E: WHAT ARE THE REASONS FOR NOT DOING SO ?

REASONS FOR NOT RECOMMENDING NON FMC BRANDS OF IUDs/INJECTABLES
WHICH ARE AVAILABLE WITH CHEMISTS / MEDICAL SHOPS

	LHV	FHW	W.A
BASE : PARAMEDICS WHO DO NOT RECOMMEND NON FMC BRANDS OF IUDs	10	17	
=====	%	%	%
ADVISED ONLY BY SPECIFIC CENTRES	45	50	48
ADVERSE EFFECTS BY THOSE AVAILABLE IN MKT	40	35	37
AT FAMILY WELFARE CENTRES :			
=====			
WE RECOMMEND AFTER THOROUGH CHECK UP.	2	2	2
IT IS CHEAPER/PROVIDE FREE.	2	2	2
IT IS AVAILABLE IN ABUNDANCE .	2	1	2
OTHERS	4	9	7
NO SPECIFIC REASON	5	1	2
BASE : PARAMEDICS WHO DO NOT RECOMMEND NON FMC BRANDS OF INJECTABLES.	24	28	
=====	%	%	%
OUR BRAND IS CHEAPER .	36	41	38
PROVIDE FREE AT CENTRES.	35	30	32
WE RECOMMEND AFTER MEDICAL CHECK UP .	6	6	6
HAVE TO MEET TARGETS.	5	6	6
DO NOT ADVISE USE OF BRAND OTHER THAN OURS.	4	6	5
THESE BRANDS HAVE HIGHER SIDE EFFECTS.	4	3	3
OTHERS	8	7	7
NO SPECIFIC REASON	2	1	1



7. PROFILE OF PARAMEDICS



7.1 Training in Family Planning:

Paramedics were asked if they had been trained in Family Planning - i.e. to inform/instruct clients about the best ways to use Oral Contraceptive Pills, IUDs and Injectables.

95-98% of the Paramedics claimed to have received training for Oral Contraceptive Pills and Injectables. While almost all the Lady Health Visitors claimed to have been trained on IUDs, the corresponding proportion of Family Welfare Workers was lower (64%).

The majority of Paramedics claimed to have completed a 3-month training course, either at a government training centre or at a Family Welfare Centre.

(Table-26)

⋮

SNC- PARAMEDICS

TABLE - 26

Q 17A: HAVE YOU RECEIVED TRAINING IN
FAMILY PLANNING . I MEAN WERE YOU
TRAINED TO INFORM AND INSTRUCT
PEOPLE ABOUT BEST WAYS TO USE :

TRAINING IN FAMILY PLANNING

	LHV	FMM	W.A
BASE : TOTAL PARAMEDICS =====	100	100	
	%	%	%
OCPs			

RECEIVED TRAINING .	99	97	98
DID NOT RECEIVE TRAINING .	1	3	2
IUDs			

RECEIVED TRAINING .	98	64	74
DID NOT RECEIVE TRAINING .	2	36	26
INJECTIONS			

RECEIVED TRAINING .	99	93	95
DID NOT RECEIVE TRAINING .	1	7	5
BASE : PARAMEDICS WHO RECEIVED TRAINING =====	99	99	
	%	%	%
TYPE OF TRAINING			

3 MONTHS COMPLETE	84	75	78
OTHERS	16	25	22
PLACE OF TRAINING			

GOVERNMENT TRAINING CENTRE	50	39	42
FAMILY WELFARE CENTRE	40	53	49
OTHERS	10	8	9



7.2 Profile:

More than 80% of the Paramedics interviewed had been employed for over 5 years. The average period of employment was 15 years for Lady Health Visitors and 13 years for Family Welfare Workers.

Lady Health Visitors appear to be somewhat more affluent than Family Welfare Workers, with almost all (94%) owning a T.V. set and about half (47%) owning a VCR. Corresponding ownership among Family Welfare Workers is lower (87% & 20% respectively).

Among the Paramedics, viewership of TV and VCR (93% & 49% respectively) is higher than ownership (89% & 28% respectively).

More than half of the Lady Health Visitors claimed to have completed more than 10 years of schooling, as opposed to only one-fourth of the Family Welfare Workers. 16% of the Family Welfare Workers have completed 8-9 years of schooling.

(Table-27)

TABLE - 27

PROFILE

	LHV	FHW	COMBINED
BASE : TOTAL PARAMEDICS =====	100	100	
	2	2	2
PERIOD OF EMPLOYMENT =====			
1 - 5 YEARS	11	19	17
6 - 10 YEARS	15	10	12
11 - 15 YEARS	24	25	25
16 - 20 YEARS	33	40	38
21 - 25 YEARS	15	5	8
26 - 30 YEARS	2	1	1
AVG. PERIOD OF EMPLOYMENT	15	13	14
OWNERSHIP =====			
T.V.	94	87	89
V.C.R.	47	20	28
VIEWERSHIP =====			
T.V.	96	92	93
V.C.R.	69	40	49
EDUCATIONAL QUALIFICATION =====			
(YEARS COMPLETED AT SCHOOL)			
8 YEARS	0	10	7
9 YEARS	0	6	4
10 YEARS	43	60	55
MORE THAN 10 YEARS	57	24	34



8. APPENDIX



Questionnaire: English

DOMESTIC RESEARCH BUREAU
AIR ROAD HOUSE
SHAHRAH-E-FAISAL, KARACHI

Town Code

Date _____

LHW	FWW
-----	-----

SMC - ORAL CONTRACEPTIVESSURVEY - IIIPARA-MEDICAL STAFF

This survey is to be conducted:

- in selected urban cities in the four provinces of Pakistan
- among Lady Health Visitors (LHV) & Family Welfare Workers (FWW)

INTERVIEWER:

Introduce yourself by saying:

" I am a representative of Domestic Research Bureau. I shall be asking you some questions on the type of advice sought by women who come in contact with you. Your cooperation will be of great value to us. "

Main Questionnaire

NOTE COMPLETE NAME & DESIGNATION OF RESPONDENT & ADDRESS OF THE WORK PLACE.

Name of Respondent : _____

Years of service : _____

Designation : _____

Address of work place : _____

Telephone No. : _____

		Views		Owns	
Viewership of T.V./VCR	: Yes = 1	No = 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ownership of VCR/T.V.	: Yes = 1	No = 2	<input type="text"/>	<input type="text"/>	<input type="text"/>

EDUCATION OF RESPONDENT: (NO. OF YEARS COMPLETED AT SCHOOL)

0 = 1

1 = 2

2 = 3

3 = 4

4 = 5

5 = 6

6 = 7

7 = 8

8 = 9

9 = A

10 = B

Above 10 = C

Q-1 a) Whom do you see more often in your normal day to day work?

Females	=	1	<input type="checkbox"/>
Males	=	2	<input type="checkbox"/>
Children	=	3	<input type="checkbox"/>

IF ONLY CODE 1 OR 3 ASK Q-1(b), IF CODE 2 AND 3 GO TO Q-1(c).

b) Do you ever see/advise husbands?

Yes	=	1	<input type="checkbox"/>
No	=	2	<input type="checkbox"/>

c) What is your mode of operation? i.e. Do you visit women in homes in the area covered by you or do the women come to you?

Visit women in homes	=	1	<input type="checkbox"/>
Women come to work place	=	2	<input type="checkbox"/>
Both	=	3	<input type="checkbox"/>
Others (sp.)	=	4	<input type="checkbox"/>

IF CODE 1 OR 3 ASK Q-1(d), OTHERWISE GO TO Q-2(a).

d) Do you carry/sell contraceptive methods when you visit women at home?

Yes	=	1	<input type="checkbox"/>
No	=	2	<input type="checkbox"/>

IF 'YES' ASK Q-1(e), OTHERWISE GO TO Q-2.

e) What are the usual contraceptives you carry with you? Will you please show me?

		<u>Claimed</u>	<u>Verified</u>
Oral Contraceptive Pills	=	1	<input type="checkbox"/>
Injectibles	=	2	<input type="checkbox"/>
Condoms	=	3	<input type="checkbox"/>
Loops/IUD	=	4	<input type="checkbox"/>
Foam/Jelly	=	5	<input type="checkbox"/>
Others (sp.)	=	6	<input type="checkbox"/>

Q-2 a) What are the areas/localities covered by you?

Areas/Localities:

1. _____ 2. _____ 3. _____ 4. _____
 5. _____ 6. _____ 7. _____ 8. _____
 9. _____ 10. _____

b) What do you estimate is the total number of women between the ages of 15 and 49 in your area? I mean, how many married couples?

Number: _____

Cannot say

New Centre, cannot give total as registration not completed = B

Others (sp.) _____ = C

Q-3 On an average, to how many women you come in contact with per day/week/month do you give advice on various matters?

Number

Per Day _____
 Per Week _____
 Per Month _____
 Less Often _____

Q-4 a) On which matters mostly do you give advice to these women?

DO NOT PROMPT. PROBE FOR MAXIMUM ANSWERS.

General Health	= 1
General Hygiene	= 2
Conjugal relations	= 3
Female problems (treatment of infections ,etc.)	= 4
Contraception/family planning	= 5
Child care	= 6
Immunization	= 7
Infertility	= 8
Others (sp.)	= 9

IF 'CONTRACEPTION' NOT MENTIONED, ASK Q-4(b) OTHERWISE GO TO Q-5.

b) Do you advise these women on contraception or family planning?

Yes	= 1
No	= 2

--

IF 'YES' CONTINUE, OTHERWISE GO TO Q-12.

Q-5 On an average, to how many women do you give advice per day/week/month on contraception?

	<u>Number</u>
Per Day	_____
Per Week	_____
Per Month	_____
Less Often	_____

Q-6 a) What methods of contraception do you mostly recommend?

DO NOT PROMPT. PROBE FOR MAXIMUM ANSWERS.

Pills	= 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Condoms	= 2	
Sterilization	= 3	
IUD/Loops	= 4	
Foams, jellies, creams	= 5	
Injections	= 6	
Sterilization/tubal ligation/vasectomy	= 7	
Others (sp.)	= 8	

IF 'PILLS' NOT MENTIONED ASK Q-6(b) OTHERWISE GO TO Q-7.

b) Do you ever recommend use of Oral Contraceptive Pills?

Yes	= 1	<input type="checkbox"/>
No	= 2	

IF 'NO' ASK Q-6(c) AND GO TO Q-12 OTHERWISE GO TO Q-7.

c) Why is it that you do not recommend Oral Contraceptive Pills to your clients?

PROBE FOR MAXIMUM ANSWERS.

Q-7 Under what circumstances do you recommend the use of Oral Contraceptive Pills?

PROBE FOR MAXIMUM ANSWERS. RECORD VERBATIM.

Q-8 a) Does your practice in recommending use of Oral Contraceptive Pills differ for different women i.e. do you recommend their use to all women or recommend their use only to certain women?

All women	=	1
Certain women	=	2
Others (sp.)	=	3

--

b) To what women do you recommend use of Oral Contraceptive Pills

DO NOT PROMPT. PROBE FOR MAXIMUM ANSWERS.

Of certain ages		
Less than 25 yrs. of age	=	1
25 -35 yrs. of age	=	2
Above 35 yrs. of age	=	3
Those not suffering from certain ailments		
Hypertension	=	4
Diabetes	=	5
Jaundice	=	6
Others (sp.)	=	7
Those with large families	=	8
Others (sp.)	=	9

c) To what women do you not recommend use of Oral Contraceptive Pills

d) Are there any other kinds of women who should never use Oral Contraceptive Pills? If yes, what kinds of women?

PROBE FOR MAXIMUM ANSWERS.

To women who:

breast feed	=	1
are hypertensive	=	2
have jaundice (present/past history)	=	3
are diabetic	=	4
have 4-5 children/sterilization		
is recommended and not pills	=	5
are weak/anemic	=	6
have heart trouble	=	7
have kidney trouble	=	8
have stomach problems	=	9
have uterus disorders/malfunctioning	=	A
are of certain age groups	=	B
are asthmatic	=	C
Others (sp.)	=	D

Q-8(c)

Q-8(d)

- Q-9 a) When you recommend use of Oral Contraceptive Pills, do you instruct the women on how to use the pills, i.e. which pill to take first, and the order in which the remaining pills should be taken?

Yes	=	1	
No	=	2	<input type="checkbox"/>

IF 'YES' ASK Q-9(b) ONWARDS, OTHERWISE GO TO Q-9(c).

- b) How do you instruct the women, I mean do you tell them verbally, or do you demonstrate the procedure with a package?

Instruct verbally	=	1	
Demonstrate with package	=	2	<input type="checkbox"/>

- c) Do you inform them about the possible side effects of Oral Contraceptive Pills?

Yes	=	1	
No	=	2	<input type="checkbox"/>

- Q-10 a) How many women per day/week/month who are using Oral Contraceptive Pills complain to you about side effects?

	<u>Number</u>
Per Day	_____
Per Week	_____
Per Month	_____
Less Often	_____

- b) What are the most common side effects mentioned?

PROBE FOR MAXIMUM ANSWERS.

Obesity/weight gain	=	1	
Internal organic problems	=	2	
Heavy bleeding	=	3	
Irregular periods	=	4	
Irritability	=	5	
Difficulties in child birth	=	6	
Heartburn/acidity	=	7	
Stomach upset	=	8	
Cramps	=	9	
Spotting	=	A	
Headache	=	B	
Weakness	=	C	
Nausea/vomitting	=	D	
Dizziness	=	E	
Body pains	=	F	
No or scant menstrual bleeding	=	G	
Acne/pimples	=	H	
Cancer	=	I	
Others (sp.)	=	J	

- Q-11 a) Besides those mentioned by these women, what other side effects of Oral Contraceptive Pills do you know of?
- b) What advice do you give to your clients to deal with these side effects?

<u>Side Effects:</u>		<u>Advice/ Recommendation</u>		
Obesity/weight gain	= 1			
Internal organic problems	= 2			
Heavy bleeding	= 3			
Irregular periods	= 4			
Irritability	= 5			
Difficulties in child birth	= 6			
Heartburn/acidity	= 7			
Stomach upset	= 8			
Cramps	= 9			
Spotting	= A			
Headache	= B			
Weakness	= C			
Nausea/vomitting	= D			
Dizziness	= E			
Body pains	= F			
No/scant menstrual bleeding	= G			
Acne/pimples	= H			
Cancer	= I			
Others (sp.)	= J			

Recommend:

Blood test	= 1
Vitamin supplement	= 2
Pain killers	= 3
Tranquilizers	= 4
Anti-vomitting pills	= 5
Doctor to be consulted	= 6
Nutritional diet	= 7
IUD	= 8
Others (sp.)	= 9

Q-12 a) What, in your opinion, are the advantages or benefits of using Oral Contraceptive Pills?

PROBE FOR MAXIMUM ANSWERS.

100% successful	= 1
Effective - low risk	= 2
Regulates periods/cures cycle disturbances	= 3
Ensures female's health	= 4
Easier method	= 5
Use of pills does not interfere with physical satisfaction as in condoms	= 6
Short term method can be discontinued easily	= 7
Can be used in cases like Ceaserian where IUDs cannot be used	= 8
Can be used in cases where there is mental barrier against IUD	= 9
Pills are safer than other methods	= A
Others (sp.) _____	= B
Don't know	= C

b) Do you consider this method of contraception to be better or worse than other modern contraceptive methods?

Oral Contraceptive Pills are:

Worse than others	= 1
About the same	= 2
Better than others	= 3

--

IF CODE 1 OR 3 ASK (c) OTHERWISE GO TO Q-13.

c) Why do you say that?

PROBE FOR MAXIMUM ANSWERS.

Q-13 a) What in your opinion are the advantages of using Oral Contraceptive Pills?

b) What in your opinion are the disadvantages of using Oral Contraceptive Pills?

PROBE FOR MAXIMUM ANSWERS.

Advantages:

100% successful	= 1
Effectiveness - low risk	= 2
Regulation of period/cures cycle disturbances	= 3
Ensures female's health	= 4
Easier method	= 5
Use of pills does not interfere with physical satisfaction as in condoms	= 6
Short term method can be discontinued easily	= 7
Can be used in cases like Ceaserian where IUDs cannot be used	= 8
Can be used in cases where there is mental barrier against IUD	= 9
Pills are safer than other methods	= A
Others (sp.) _____	= B
Don't know	= C

Disadvantages:

Obesity/weight gain	= 1
Internal organic problems	= 2
Heavy bleeding	= 3
Irregular periods	= 4
Irritability	= 5
Difficulties in child birth	= 6
Heartburn/acidity	= 7
Stomach upset	= 8
Cramps	= 9
Spotting	= A
Headache	= B
Weakness	= C
Nausea/vomitting	= D
Dizziness	= E
Body pains	= F
No/scant menstrual bleeding	= G
Acne/pimples	= H
Cancer	= I
Is of high risk in case of forgetting the sequence	= J
Is a prolonged procedure	= K
Don't know/not much knowledge just heard that they are harmful	= L
Others (sp.) _____	= M

- Q-14 a) Do you think more women should start using Oral Contraceptive Pills?

Yes	=	1	
No	=	2	

- b) What are the reasons for saying so?

PROBE FOR MAXIMUM ANSWERS.

- Q-15 a) Are Oral Contraceptive Pills available at your work place most or all of the time?

Yes	=	1	
No	=	2	

IF 'YES' ASK (b), OTHERWISE GO TO Q-16.

- b) Do you provide these pills free or at a cost to your clients?

Free	=	1	
Provide at cost	=	2	
Do not provide	=	3	

IF CODE 1 OR 2 ASK (c) ONWARDS, OTHERWISE GO TO Q-16.

- c) What brand(s) do you provide?

<u>Brands:</u>		
Ovral	=	1
Nordette	=	2
Postinor	=	3
Lyndiol	=	4
Anovlar	=	5
Minovlar	=	6
Marvelon	=	7
Lo-Femmenal and Ferrous Fumerate tablets	=	8
Others (sp.) _____	=	9
Don't know	=	A

IF 'PROVIDE AT COST' ASK (d), OTHERWISE GO TO Q-16.

- d) Do you obtain these pills at a price or do you get them free from source?

At a price	=	1 (ASK (e)).
Free	=	2 (ASK (f)).

e) What price do you pay for a cycle of pills?

Rs. _____

f) How much do you charge the client for one cycle?

Rs. _____

Q-16 a) The brand available at your Centre, is also available at shops/chemists. In your knowledge who supplies Pills to the chemists/shops and at what price?

Person selling:

LHV	=	1	
FWW	=	2	<input type="checkbox"/>
Field Motivator	=	3	
Don't know	=	4	

Price:

One Rupee/Package	=	1	
Others (sp.) _____	=	2	<input type="checkbox"/>
Don't know _____	=	3	

b) Are you aware of the various brands of Pills/IUD/Injectables available with chemists/medicine shops?

		<u>Pills</u>	<u>IUD</u>	<u>Injectables</u>
Yes	=	1		
No	=	2	<input type="checkbox"/>	<input type="checkbox"/>

IF 'NO' FOR ALL THREE, GO TO Q-17
OTHERWISE ASK (c) FOR THOSE AWARE OF.

c) What are the brands that you know of?

Brands:

Pills

Ovral	=	1	
Nordette	=	2	
Postinor	=	3	
Lyndiol	=	4	
Anovlar	=	5	
Minovlar	=	6	
Marvelon	=	7	
Lo-Femmenal and Ferrous Fumerate	=	8	
Others (sp.) _____	=	9	

IUDs/Loops

Lippies	=	10	
Copper-T	=	11	
Others (sp.) _____	=	12	

Injectables

Depo-Provera	=	13	
Noristerat	=	14	
Others (sp.) _____	=	15	

CHECK Q-4(a) & (b), ASK (d) FROM THOSE RECOMMENDING CONTRACEPTION, OTHERWISE ASK Q-17.

d) Do you recommend use of any of these brands to the women you come in contact with?

		<u>Pills</u>	<u>IUD</u>	<u>Injectables</u>
Yes	= 1			
No	= 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF 'NO' GO TO (e), OTHERWISE ASK Q-17.

e) Why do you not recommend them?

PROBE FOR MAXIMUM ANSWERS.

<u>Pills</u>	<u>IUD</u>	<u>Injectables</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Q-17 a) Have you received training in Family Planning. I mean were you trained to inform and instruct people about best ways to use :

- Oral Contraceptive Pills
- IUD
- Injectables

		<u>Pills</u>	<u>IUD</u>	<u>Injectables</u>
Yes	= 1			
No	= 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF 'YES' ASK (b), OTHERWISE CLOSE INTERVIEW.

b) What type and level of training was given and by whom?

PROBE FOR MAXIMUM ANSWERS.

3 months complete training	= 1	<input type="checkbox"/>
Others (sp.)	= 2	
Government Training Centre	= 1	
Family Welfare Centre	= 2	<input type="checkbox"/>
Others (sp.)	= 3	

INTERVIEWER: _____

SUPERVISOR: _____

F.M. Checked: _____

H.O. Checked: _____

Edited: _____

Edited: _____



Questionnaire: Urdu



1. LHV
2. FWW

شمار
تاریخ

SOCIAL MARKETING OF ORAL CONTRACEPTIVES
SURVEY - III
PARMEDICAL STAFF

یہ سروے پاکستان کے چاروں صوبوں کے منتخب شہروں میں لیڈی ہیلتھ ویزرز (LHV) اور منجلی ویلفیئر وڈ کنگز (FWW) میں کیا جاتا تھا۔

انٹرویوز :- اپنا تعارف اس طرح کرائیے: میرا اہلق ڈو میٹک ریسرچ بیورو سے ہے میں آپ سے یہ جاننا چاہتی ہوں کہ آپ خاندانی منصوبہ بندی کے بارے میں فوائین کو کیا مشورے دیتی ہیں۔ آپ کا تعاون ہمارے لیے بہت اہم ہے اور ہم آپ کے مشورے ہونگے۔

MAIN QUESTIONNAIRE

ریسپونڈنٹ کا مکمل نام اور عہدہ نوٹ کریں۔ اور جہاں وہ کام کرتی ہیں۔ اس کا پتہ نوٹ کریں۔

ریسپونڈنٹ کا نام _____
عہدہ و صحت کی خدمت _____
عہدہ _____
پتہ (دفتری) _____
ٹیلیفون نمبر _____

YES = 1
NO = 2

	ٹی وی گھر میں ہے
	وی سی آر گھر میں ہے
	ٹی وی دیکھتی ہیں۔
	وی سی آر دیکھتی ہیں۔

تعلیمی قابلیت (بڑھتی گئے مکمل کئے جانے والے سال)

1	0
2	ایک سال
3	دو
4	تین
5	چار
6	پانچ
7	چھ
8	سات
9	آٹھ
A	نو
B	دس
C	دس سال سے زیادہ

Q-1 (a) آپ اپنے روزانہ کے معمول میں کن لوگوں سے زیادہ ملتی ہیں؟

1	خواتین سے
2	مردوں سے
3	بچوں سے

اگر صرف کوڈ 1/3 ہو تو Q1b پوچھیے اگر کوڈ 2/3/4 ہے تو Q1c پوچھیے جابٹیل۔

(b) کیا آپ کبھی شوپروں سے ملتی ہیں / انہیں مشورہ دیتی ہیں؟

1	ہاں
2	نہیں

Q 1 (c) آپ کے کام کرنے کا کیا طریقہ ہے؟ یعنی کیا خرابی آپ کے دفتر/دواخانے/فیکٹری ویلفیئر سنٹر میں آپ سے ملنے آتی ہیں یا پھر آپ اپنے علاقہ کی خرابی سے ملنے ان کے گھر جاتی ہیں۔

1:	خوابی سے ان کے گھر میں ملاقات کرتی ہیں۔
2:	عورتیں خود۔ کام کئی جگہ پر آتی ہیں۔ دونوں طرح سے کام ہوتا ہے یعنی کبھی تو انہیں کام کی جگہ پر آجاتی ہیں یا پھر کبھی آپ ان کے گھروں پر چلی جاتی ہیں۔
3:	کوٹھی اور (وضاحت)
4:	

اگر کوڈ 1 پائی تو Q1d پوچھیے ورنہ Q2a پر چلے جائیں

(d) جب آپ خرابی سے ان کے گھر میں ملتی ہیں تو کیا اپنے ساتھ مبالغہ حمل کے مختلف طریقے دینے/پہننے کیلئے جاتی ہیں؟

1:	ہاں
2:	نہیں

اگر نہیں تو Q2 پر چلے جائیں ورنہ Q1e پوچھیے

(e) آپ عام طور پر اپنے ساتھ مبالغہ حمل کے کون سے طریقے لے جاتی ہیں؟ کیا آپ جیسے دکھا سکتی ہیں؟

Verified Claimed

1:	مبالغہ حمل گولیاں
2:	انجکشن
3:	کنڈوم
4:	لوپ / IUD
5:	فوم / جیلیں
6:	کوٹھی اور (وضاحت)

Q-2 (a) آپ کن علاقوں / محلوں میں جاتی ہیں۔

_____ 1 _____ 2 _____ 3 _____
 _____ 4 _____ 5 _____ 6 _____

(b) آپکے خیال میں آپکے علاقوں / محلوں میں 49-15 سال کی تہی شادی شدہ خواتین رہتی ہیں؟

تعداد:	_____
اندازہ ہیں	A = _____
نیا سٹریپیٹ ایسی رجسٹریشن حاصل نہیں ہوا	B = _____
کوڈ آمد (وفات)	C = _____



Q-3 جن خواتین سے آپ کی ملاقات کا حکم سے مسلمہ میں ہوئی ہے
 اوسطاً ایک دن / ایک ہفتہ / ایک مہینہ میں آپ کتنی خواتین کو
 مختلف معاملات پر مشورہ دیتی ہیں۔ 8 -

تعداد

_____ ایک دن میں ،
 _____ ایک ہفتہ میں ؛
 _____ ایک مہینہ میں ؛
 _____ اس سے کم ؛

Q-4 (a) آپ عام طور پر ان فوائض کو کن معاملات پر مشورہ دیتے ہیں؟
(تو دیکھ لیں)

1	صحت عامہ
2	حفظانِ صحت
3	ازدواجی تعلقات
4	نہوانی امراض (الفیشن وغیرہ)
5	خاندانی منصوبہ بندی / صالحہ عمل
6	بچوں کی صحت
7	حفاظتِ عیال
8	باپ بچہ میں
9	کوئی اور (وضاحت)

اگر صالحہ عمل / خاندانی منصوبہ بندی نہ بتایا گیا ہو تو
Q4b پر جواب دینے والے Q5 پر چلے جائیں۔

رہے کیا آپ ان فوائض کو صالحہ عمل / خاندانی منصوبہ بندی کے بارے
میں مشورہ دیتے ہیں۔

1.	ہاں
2.	نہیں

اگر ہاں تو جاری رکھیں ورنہ Q12 پر چلے جائیں۔

Q-5 اوسطاً ایک دن / ایک ہفتہ / ایک مہینہ میں آپ کتنی فوائض کو صالحہ عمل
خاندانی منصوبہ بندی کے بارے میں مشورہ دیتے ہیں؟۔

تعداد

_____	ایک دن میں
_____	ایک ہفتہ میں
_____	ایک مہینہ میں
_____	اس سے کم

۶- Q (۵) آپ مانع حمل / خاندانی منصوبہ بندی کے کس طریقہ کا زیادہ تر مشورہ دیتے ہیں۔
(خود بکھنڈہ کریں)

1.	مانع حمل گولیاں
2.	کنڈوم
3.	سبس بڈی / ناف پیرٹائفا
4.	IUD / لاپ
5.	نوم / جیلی / کریم
6.	انجکشن
7.	آپریشن
8.	کوئی اور (وفات)

اگر گولیاں نہیں بنائی جاتی ہیں تو 6 Q پورے صیغے - ورنہ 7 Q پر چلی جائیں

۷- کیا آپ نے کبھی بھی مانع حمل گولیوں کے استعمال کا مشورہ دیا۔

1.	ہاں
2.	نہیں

اگر نہیں تو 6 Q پر چکر 12 Q پر چلی جائیں
ورنہ 7 Q اور 3 Q پر چلیں

۷- آپ مانع حمل گولیوں کے استعمال کا مشورہ کیوں نہیں دیتے - 8-

زیادہ سے زیادہ جواب حاصل کریں۔

7 Q آپ کن حالت میں مانع حمل گولیاں کے استعمال کا مشورہ دیتے ہیں۔

زیادہ سے زیادہ جواب حاصل کریں

8-4 (a) کیا آپ مبالغہ نقل کی گویاں ہر قسم کی فوائین کو دیتے ہیں یا ہر کچھ
مخصوص قسم کی فوائین کو دیتے ہیں اور کچھ دوسری مخصوص قسم کی
فوائین کو نہیں دیتے؟

1=	سب فوائین کو دیتے ہیں۔
2=	کچھ قسم کی فوائین کو مشورہ دینے میں کچھ کو نہیں۔
3=	کوئی اور (وضاحت)

اگر آپ کن فوائین کو مبالغہ نقل گویوں کا استعمال کا مشورہ دیتے ہیں؟

{خود کچھ نہ کہیں زیادہ سے زیادہ جواب حاصل کریں}

<u>کچھ خاص عمر والیوں کو</u>	
1	25 سال سے کم عمر والوں کو
2	25 - 35 سال عمر والوں کو
3	35 سال سے اوپر عمر والوں کو
<u>ان کو جنہیں کچھ قسم کی بیماریاں نہ ہوں:</u>	
4	بلند پریش
5	شکر کا مرض
6	میرٹھان / پھیپھیا
7	کھلی اور (وضاحت)
8	اپنی جن کے بڑے خاندان میں
9	کوئی اور (وضاحت)

Q-8 - c آپ کن فوائبن کو مانع حمل گولیوں کے استعمال کا مشورہ لین دین میں ہے

{زیادہ سے زیادہ جواب حاصل کریں}

d اس کے علاوہ کیا کچھ اور فوائبن ایس ہیں جن کو مانع حمل گولیاں بالکل نہیں استعمال کرنا چاہیں - اگر یاں تو کونسے؟

ایس فوائبن کو

- | | |
|----------------|---|
| 1 | جواننا دودھ پلاتی ہوں |
| 2 | جن کو بلڈ پریشر کا مریض ہو |
| 3 | جن کو یرقان / ہیلپا کی شکایت ہو یا کہ رہیں ہو |
| 4 | جن کی شکر کی بیماری ہو |
| 5 | جن کے 4-5 بچے ہوں / انہیں آپریشن کا مشورہ دیا جاتا ہے |
| 6 | جو جسمانی طوے پر مکتور ہوں |
| 7 | جن کو دل کا مریض ہو |
| 8 | جنہں گردوں کی تکلیف ہو |
| 9 | جنہں پید کی شکایات ہوں |
| A ₂ | بچے دانی میں فراہم ہوا تکلیف ہو |
| B ₂ | کچھ خاص عمر والیوں کو (مگر میں نہیں دے کرے) |

• • •

- | | |
|----------------|-----------------------|
| C ₂ | جنہں دسمہ کی شکایت ہو |
| D ₂ | کوئی اور (وضاحت) |

Q-9 (a) جب آپ مانع حمل گولیوں کے استعمال کا مشورہ دیتے ہیں تو کیا آپ ان کے استعمال کا طریقہ بھی بتاتی ہیں؟ یعنی کوئی گولی پید استعمال کرنی چاہیے اور ہاتی گولیاں کن ترتیب سے استعمال کرنی ہیں؟

1/2	ہاں
2	ہیں

اگر یاں تو Q-8 اور آگے پوچھیے ورنہ Q-9 پر چلے جائیں

Q-9 15 آپ فوائض کو استعمال کا طریقہ کمپوز بتاتی ہیں؟ زبان یا سیکٹ دکھائیے۔

1:	زبان بتاتی ہیں۔
2:	سیکٹ دکھا کر بتاتی ہیں۔

16 کیا آپ مائع حمل گریوں کے مٹلہ محض اثرات کے بارے میں فوائض کو بتاتی ہیں۔

1:	ہاں
2:	نہیں

Q-10 15 انزا ایک دن / ایک ہفتہ / ایک مہینہ میں کتنی ایس فوائض جو مائع حمل گریوں استعمال کریں ہیں۔ آپ سے صفرا اثرات کی شکایت کتنی ہے۔

تعداد

- _____ ایک دن میں
 _____ ایک ہفتہ میں
 _____ ایک مہینہ میں
 _____ اس سے کم

Q-10 کا زیادہ تر کم مفرا اثرات کی شفا عایت سینے میں آتی ہے

{ زیادہ سے زیادہ جواب حاصل کریں }

(خوبصورتی سے لکھیں)

1.	مثلاً پاہوزن کا بڑھنا
2.	اندرونی شفا عایت
3.	بہت زیادہ سون آنا
4.	ماہواری میں بے قاعدگی
5.	پیرا پرائٹ / جسمی ہولڈر
6.	بچے کی پیدائش میں مسئلہ
7.	معدے کی جلن / تیز آہٹ
8.	پیٹ خراب ہونا
9.	جوڑوں کا درد
A =	فون کے دھبے لگنا
B =	سر درد
C =	ٹکنزوری
D =	متلی / الٹی
E =	چکر / غنودگی
F =	جسم میں درد
G =	ماہواری کے فون مارک جانا / کم ہو جانا
H =	جھانپنا / دانے
I =	کینسر
J =	اگر گرہوں کی ترتیب بول جائی تو
J =	حل رہ جائے ماحول
K =	ایسا طریقہ کار
L =	کوئی اور (رہنمائی)

Q-11 (a) ان شکایات کے علاوہ صوبہ خواتن بتاتی ہیں آپ کن صفر اثرات سے واقف ہیں۔
 (b) آپ ان صفر اثرات کا مقابلہ کرنے کے لیے، لوگوں کو کیا مستورد دیتے ہیں۔

01	فون کا بیٹھ کر اپنی۔
02	وٹامن کا استعمال کریں۔
03	جلدی گریمیاں لیں
04	سکن دوائیں لیں۔
05	الٹی روکنے والی دوائیں
06	ڈاکٹر سے مشورہ کریں
07	اچھی لکڑیاں استعمال کریں
08	IUD کے استعمال کا مشورہ
	کوئی اور (وضاحت)
09	_____

		1.	مثلاً پارا وزن کا پڑھنا
		2.	انزورنی شکایات
		3.	بہت زیادہ فون آنا
		4.	حالیہ کاری میں جاتا ہوگی
		5.	پڑھنا / سمجھنا / پڑھنا
		6.	بچے کی پیدائش میں مشکلات
		7.	معدے کی جلن / آنتی بیٹ
		8.	بیٹھ کر اب ہونا
		9.	جوڑوں کا درد
		10.	فون کے دھبے لگانا
		11.	سر درد
		12.	مکڑوری
		13.	متلی / الٹی
		14.	تھکن / ٹنورگی
		15.	بہم میں درد
		16.	حالیہ کاری کے فون کا مار جانا / کم ہونا
		17.	جوا بنیاں / دان
		18.	کینر
			گولیوں کی ترتیب بھول جانے کی صورت میں حمل رہ جانے کا خطرہ
		19.	لیا طریقہ کار
			کوئی اور (وضاحت)
		20.	_____

Q-12 (a) نیچے خیال میں صلاح عمل کو لیاں استعمال کرنے کے کیا نتائج ہیں۔

زیادہ سے زیادہ جواب حاصل کریں

1	سوفیہہ کا عیاب طریقہ ہے
2	مورن ہے۔ عمل کا خطرہ بہت کم ہے
	صاہواری باقائستگی سے ہوتی ہے
3	بے قاعدگی / وقت پر نہ ہونے کا علاج کرتی ہیں۔
4	عورتوں کی صحت اچھی رہتی ہے
5	آسان طریقہ ہے
	گوایوں کے استعمال سے تینوں کے حصول میں کوئی
	فرق نہیں آتا جس طرح انڈوم کے استعمال میں ہوتا ہے
6	ضبط تولید / اساتذہ کی قاعدگی طریقہ ہے استعمال
	آسانی سے ترک کیا جاسکتا ہے
	آپریشن کے لینے میں استعمال کیا جاسکتا ہے
8	جہاں 140 استعمال ہیں کر سکتے
	وہ قرابتی آسانی سے لیاں استعمال کر سکتی ہیں جو
9	140 کے استعمال سے ذرتی ہیں / اینڈ ہیں کرتی ہیں۔
	گوایوں صلاح عمل کے دوسرے طریقہ سے
A ₂	زیادہ محفوظ ہیں۔
B ₂	کوئی اور (وراثت)
C ₂	ہتہ ہیں۔

(ط) کیا آپ صلاح عمل کے اس طریقہ کو صلاح عمل کے دوسرے جدید طریقوں سے

بہتر / ذرا بہتر سمجھتے ہیں۔

1 =	دوسرے طریقوں سے خراب ہیں
2 =	تقریباً ویسی ہی ہیں
3 =	دوسروں سے بہتر ہیں

اگر کوئی ایسی ہے تو C 120 ہے اور وہ Q 13 پر عمل کرتی ہے۔

Q-12. آپ ایسی یوں کہتی ہیں؟

زیادہ سے زیادہ جواب حاصل کریں

Q-13 (a) آپ کے خیال میں علاجِ حمل کو بیاں استعمال کرنے کے کیا فوائد ہیں؟

1	سوفیہد کامیاب طریقہ ہے۔
2	موثر ہے۔ حمل کا خطرہ بہت کم ہے
3	خاپواری، ناخاندگی سے ہوتے ہیں۔ سب سے زیادہ آہستہ آہستہ ہوتے ہیں۔
4	مردوں کی صحت اچھی رہتی ہے
5	آسان طریقہ ہے
6	گوئیوں کے استعمال سے نسلین کے حصول میں کوئی فرق نہیں پڑتا۔ جس طرح کنڈوم کے استعمال میں ہوتا ہے
7	ضبطہ تولید / علاجِ حمل کا عارضی طریقہ ہے
8	استعمال آسانی سے ترک کیا جاسکتا ہے
9	آپریشن کے کثیر میں استعمال کیا جاسکتا ہے
10	جہاں 1450 استعمال نہیں کیا جاسکتا۔
11	90 سوئٹس آسانی سے گوئیاں استعمال کرسکتی ہیں جو 1450 کے استعمال سے ڈرتی ہیں لہذا نہیں کرتی
12	گوئیاں علاجِ حمل کے دورے طریقہ سے زیادہ محفوظ ہیں۔
13	گوئی اور (دناقت)
14	پتہ نہیں۔

Q-13. ط، ح، خ، جمل گوئیاں کے تینا افعانات ہیں۔؟

1	مثابا ورن کا بڑھنا
2	اندرنی شکایات
3	بہت زیادہ خون آنا
4	ساہواری میں بے قاعدگی
5	چراغ پتلا بڑھنا / جھنڈا ہٹنا
6	بچے کی پیدائش میں مشکلات
7	معدے کی جلن / تیز آہست
8	پیدے خراب ہونا
9	جوڑوں کا درد
A	خون کے دھبے لگنا
B	سر درد
C	مکڑوری
D	مقلی / الٹی
E	جگر / سفودگی
F	بہم میں درد
G	ساہواری کے خون کا کم ہونا / اڑک جانا
H	جھٹیاں / دانے
I	لینز
J	اگر گوئیوں کی ترتیب سول جائیں تو حمل رہ جائے یا خطرہ
K	مذہب دار لایہ نما
L	پتہ پتہ حرف سنا ہے کہ نقصان رہ ہے
M	کوئی اور (وضاحت)

Q.14. کیا آپ کے خیال میں زیادہ سے زیادہ عورتوں کو مانع حمل گوئیوں کا استعمال شروع کرنا چاہیے؟

1	ہاں
2	نہیں

Q-14 یا آپ ایسا یوں کہتی ہیں؟

ریادہ سے زیادہ جواب حاصل کریں

Q-15 نہ! کیا آپ کے سینور / مینڈ / اسپتال میں تاریخ جلی گولیاں عام وقت پر اکثر اوقات مل جاتی ہیں۔

1=	ہاں
2=	نہیں

اگر ہاں تو رقم 15 پر لکھیے۔ ورنہ Q-16 پر چلے جائیں

کیا آپ یہ گولیاں لوگوں کو مفت دیتے ہیں یا کچھ قیمت پر؟

1=	مفت
2=	قیمتاً
3=	بہم نہیں دیتے

اگر کوئی ایسا ہے تو Q-15 پر لکھیے ورنہ Q-16 پر چلے جائیں

Q-15 آپ کو نئے برانڈز دیتے ہیں۔

1=	اودرال
2=	نارڈین
3=	پوسٹینر
4=	ایڈیلول
5=	ایٹورال
6=	سینورال
7=	ماروہیلون
8=	لو۔ ٹیمینال ایڈیلول ٹریکس نیومورٹ
9=	کوئی اور (دوائی)
10=	بہتر نہیں

Q-15b جیک کریں اگر چند ہی ہیں تو Q-15a پر لکھیے ورنہ Q-16 پر لکھیے

Q 15) کیا آپ خود سے دو ایسی چیزیں خریدتی ہیں یا مفت حاصل کرتی ہیں۔

<input type="checkbox"/>	Q15 C پوچھے	1. -
	Q15 F پر جائیے	2. -

e) آپ گریوں کا ایک سائیکل کتنے بیسوں میں خریدتی ہیں؟

Rs _____

f) آپ ایک سائیکل کے لیے لوگوں سے کتنے پیسے لیتی ہیں۔

Rs _____

Q 16) آپ کے سینٹر پر سنے والے گولیوں کے برانڈ دواؤں کی دکانوں پر بس مل جاتے ہیں۔ آپ کے خیال میں یہ برانڈ ان کو کن ذرائع سے ملتے ہیں؟
کیا آپ کو انراڑہ ہے کہ یہ برانڈ دواؤں کو کس قیمت پر دستیاب ہے؟

<input type="checkbox"/>	Person Selling	LHV = 1	FWW = 2	Field Motivator = 3	DK = 4
<input type="checkbox"/>	Price at which sold	One Rupee Packet = 1	Others (Sp) = 2	DK = 3	

g) کیا آپ دواؤں کی دکان / کیسٹ کے پاس میں وائی گولیوں / انجکشن / 14D-100 کے مختلف برانڈز سے واقف ہیں۔

گولیاں انجکشن 14D/Loop

اگر ای سے ای برانڈ سے واقف ہیں تو Q17 پر چلے جائیں
ورنہ Q16C ان چیزوں کے لیے پوچھیں جن سے واقف ہے

Q-16 سے آپ کو سے برائڈز سے واقف ہیں؟

گوبیاں

- | | | |
|----|-----------------------------------|----------|
| 1: | OVRALL | اور رال |
| 2: | NORDETTE | نار ڈیٹ |
| 3: | POSTINOR | پوسٹینور |
| 4: | LYNDIGL | لینڈیگل |
| 5: | ANDVLAR | انڈولار |
| 6: | MINOVLAR | مینووال |
| 7: | MIKVELON | میکویلون |
| 8: | LOFMINIDENAL &
FERRUS FUMERATE | |
| 9: | OTHER (SP) _____ | |

IUD/LODVS

- | | |
|----|-------------------|
| A: | COPPIES |
| B: | COPPER-T |
| C: | OTHERS (SP) _____ |

INJECTIBLES

- | | |
|----|-------------------|
| D: | DEPO-PROVERA |
| E: | NEKISTERAT |
| F: | OTHERS (SP) _____ |

Q16a & b کو چیک کریں - Q16d ان سے لاپتے ہو
مالیہ عمل کا مشورہ دیتے ہیں - ورنہ Q17 پر عمل جائے

Q4b کو نیک کریں - Q16a اس سے پوچھیے جو مبالغہ حل /
خانہ دانی مضمون ہندی جو پز کرنا ہے - 17 Q پوچھیے

Q-16 (A) کیا آپ میں خواہش ہے جاتی ہیں انکو ان ہراڈز زمین سے کوئی جو پز کرتی ہیں

کیاں انجکشن 140

اگر میں تو Q-16 پوچھتے ہیں Q17 پوچھیے

آپ ان ہراڈز کو جو پز کیوں نہیں کرتے؟

زیادہ سے زیادہ جواب حاصل کریں

کیاں 140 انجکشن

Q17 (B) کیا آپ کو خانہ دانی مضمون ہندی سے طریقہ دینا ہر اس میں کوئی ٹریننگ میں ہے؟
کیا آپ کو اس بات کی کوئی تربیت میں ہے کہ آپ لوگوں کی گریڈ / انجکشن / 140
کے استعمال کا صحیح طریقہ بتائیں / لکھائیں؟

کیاں انجکشن 140

اگر میں تو Q17 پوچھتے ہیں اور انکو پوچھتے ہیں

آپ کو کس قسم کی ٹریننگ اور کس حد تک میں تھی؟ اس دی تھی -

زیادہ سے زیادہ جواب حاصل کریں

1. 3 ماہ کی مکمل ٹریننگ
2. کوئی اور (وضاحت)

1. گورنمنٹ اسپتال / ادارہ
2. شہلی ڈیلیور سٹیشن
3. کوئی اور (وضاحت)

INTERVIEWER _____ SUPERVISOR _____
F.M _____ Checked Edited
H.O _____ Checked Edited

DOMESTIC RESEARCH BUREAU

OF LEVER BROTHERS PAKISTAN LIMITED

VOLUME - II (1992)

STUDY ON ORAL

CONTRACEPTIVE PILLS .

C O N S U M E R S

SAMPLING / METHODOLOGY



STANDARD ERROR



D. STANDARD ERROR:

Standard error is a measure of imprecision of potential error because of being based on a sample. There are two main factors which influence the size of the standard error:

- Amount of variation or scatter exhibited by the population being examined.

- The size of the sample.

Standard errors always refer to one specific measure and are different for different variables for the same sample. In sample surveys we always refer to the error of the most important variable, the critical variable being standard. In this study overall standard error remained below 5% at 95% confidence.

Standard errors at 95% confidence calculated for different variables and at different sizes are attached.



**DOMESTIC
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VOLUME - II

STUDY ON ORAL CONTRACEPTIVE PILLS

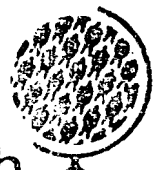
CONSUMERS

SAMPLING / METHODOLOGY

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SAMPLE DESIGN / SAMPLING PROCEDURE



A. SAMPLE DESIGN/SAMPLING PROCEDURE:

Universe:

The universe for this study consisted of all towns with a population of 25,000 or more in all the four provinces of Pakistan.

Urban areas are those which at the time of the 1981 census, were either Metropolitan, Municipal Corporations, Municipal Town Committees or Cantonments. According to the latest 1989 estimates, there are in all 384 such localities and of these, 172 have a population of 25,000 or more, accounting for 91% of the total urban population of Pakistan.

The break-down of the urban population is as follows:

		<u>No. of Towns</u>	<u>Population ('000)</u>	<u>%</u>
City Size I	Towns with above 5 Lac. population	8	18,157	54
City Size II	Between 1 - 5 Lac. population	35	6,329	19
City Size III	50 - 100 Thousand population	41	2,894	9
City Size IV	25 - 50 Thousand population	88	3,159	9
City Size V*	5 - 25 Thousand population	212	3,058	9
	<u>Total:</u>	<u>384</u>	<u>33,597</u>	<u>100</u>

The target population for this study was married women between 15-49 years and their husbands. According to the 1981 census data, in the urban areas, the female population falling within this age group ranges from 43 to 49%. Of these, 70-74% are currently married.

* Excluded from survey sample.



The provincial break-down is shown below:

Provinces	<u>Total</u> <u>Female</u> <u>population</u>	<u>Female</u> <u>population</u> <u>of 15-49</u> <u>yrs. of age</u>		<u>Currently</u> <u>married females</u> <u>of 15-49</u> <u>yrs. of age</u>	
	('000)	('000)	%	('000)	%
Punjab	6100.3	2764.79	45	1931.72	70
Sind	3809.60	1778.32	47	1247.44	70
NWFP	767.23	341.67	45	240.62	70
Balochistan	306.24	131.38	43	97.47	74
Federal Capital	91.02	44.19	47	31.04	70
<u>TOTAL:</u>	<u>11074.39</u>	<u>5060.35</u>		<u>3548.29</u>	

As information was required for all four city sizes and for each of four income groups, a three-staged stratified random sampling technique was used. A household with at least one married female of the desired category (age and child bearing ability) was the ultimate sampling unit.

First Stage Stratification

Cities in the universe were the first stage sampling units. These cities were then divided on the basis of their population into four groups.

The distribution of cities in the universe and selected sample was as follows:

		<u>Universe</u>	<u>Selected</u>
City Size I:	Towns with above 5 Lac. population	8	5
City Size II:	Towns with 1 - 5 Lac. population	35	8
City Size III/IV:	Towns with 25 - 100 thousand population	129	11
<u>Overall:</u>		<u>172</u>	<u>24</u>



Second Stage Stratification

The second stage of stratification involved household clusters. A cluster is a collection of approximately 200 - 300 households in a locality with clearly recognizable boundaries and descriptions. In cities with populations above one lac. and which are more heterogeneous, cluster formation was based on socio-economic characteristics. Factors which were used for cluster grouping are:

- Type of locality
- Type of housing
- Type of facilities available

Clusters were grouped as high, medium, low and mixed income areas to represent the respective economic groups in the urban population.

For cities below one lac., cluster formation was based on area sampling. Clusters of areas within cities formed the second stage sampling units. 250 clusters representing 2-3% of the clusters in the selected cities were selected from all the four city size groups. Distribution of clusters from each economic group was even so as to form a sizeable sampling frame for the third stage selection. Disproportionate sampling was adopted for the selection of clusters.

However, distribution was proportionate within cities in all the population groups, i.e.

	<u>Clusters</u>		
	<u>Universe</u>	<u>Selected Cities</u>	<u>Selected</u>
City Size I	10,361	8,630	100
City Size II	3,615	1,081	75
City Size III/IV	3,456	325	75
<u>Total:</u>	<u>17,432</u>	<u>10,036</u>	<u>250</u>



Third Stage Stratification

Selected clusters formed the frame for the third stage selection process. In the selected clusters every household was listed to assess the following:

- Proportion of married women between the age of 15-49 years in the four income groups who were aware of Oral Contraceptive Pills. From these, couples where either member had been sterilized were excluded from the sample.
- Number of qualified females per household.
- Husbands of eligible females.

A household is defined as a group of persons who live and eat together with their dependents/relatives and who have a common cooking arrangement.

Of the total urban households in the four provinces, including the Federal Capital of Pakistan, (4.8 million), about 15000 households were enumerated in the selected universe towns. Among these, 13051 households fulfilled the eligibility criteria. These households provided a frame for the selection of respondents.

Within the selected clusters, married women who met the eligibility criteria, and their husbands, were the final sampling unit.

The allocation of calls by city size groups and cities was made on the basis of the proportion of married females meeting the age criteria on a proportionate basis. However, to assure proper representation of the four economic classes, classwise distribution was on an even basis. As Oral Contraceptive Pill users had to be properly represented in the final sample, provision had been made for this group to be of adequate size, and as expected, 306 users emerged in the sample.

The sample distribution was as follows:

		F E M A L E S					H U S B A N D				
		A	B	C	D	TOTAL	A	B	C	D	TOTAL
KARACHI		87	87	87	87	348	43	44	43	44	174
LAHORE		52	52	52	52	208	26	26	26	26	104
FAISALABAD		45	45	45	45	180	23	22	23	22	90
RAWALPINDI/ISLAMABAD		41	41	41	41	164	20	21	20	21	82
PESHAWAR		25	25	25	25	100	13	12	13	12	50
GROUP I :		250	250	250	250	1000	125	125	125	125	500
SUKKUR		20	20	20	20	80	10	10	10	10	40
NAWABSHAH		18	18	18	18	72	9	9	9	9	36
SARGODHA		48	48	48	48	192	24	24	24	24	96
BAHAWALPUR		40	40	40	40	160	20	20	20	20	80
KHANEWAL		34	34	34	34	136	17	17	17	17	68
MUZZAFARGARH		31	31	31	31	124	15	16	15	16	62
MARDAN		16	16	16	16	64	8	8	8	8	32
QUETTA		18	18	18	18	72	9	9	9	9	36
GROUP II :		225	225	225	225	900	112	113	112	113	450
TANDO ADAM		14	14	14	14	56	7	7	7	7	28
DADU		3	13	13	13	42	6	7	6	7	26
HALA		12	12	12	12	48	6	6	6	6	24
MURIDKE		30	30	30	30	120	15	15	15	15	60
WAZIRABAD		43	43	43	43	172	22	21	22	21	86
LODHRAN		27	27	27	27	108	14	13	14	13	54
RAJANPUR		15	15	15	15	60	7	8	7	8	30
PASRUR		29	29	29	29	116	15	14	15	14	58
CHARSADDA		18	18	18	18	72	9	9	9	9	36
HARIPUR		12	12	12	12	48	6	6	6	6	24
SIBBI		12	12	12	12	48	6	6	6	6	24
GROUP III, IV :		215	225	225	225	890	113	112	113	112	450
		<u>690</u>	<u>700</u>	<u>700</u>	<u>700</u>	<u>2790</u>	<u>350</u>	<u>350</u>	<u>350</u>	<u>350</u>	<u>1400</u>



DATA COLLECTION, PROCESSING AND ANALYSIS



B. DATA COLLECTION, PROCESSING AND ANALYSIS:

THE OBTAINED STUDY POPULATIONS

Females:

The total number of eligible females interviewed was 2,790, as against the planned 2,800. The most common reason for an unsuccessful interview was the respondent's unwillingness to talk on the subject.

Males:

The total number of husbands (of the above females) interviewed were 1400.

QUESTIONNAIRE DEVELOPMENT

Design:

The questionnaire was designed with the assistance of Population Services International, and addresses the research objectives and questions described in Chapter 1. The same questionnaire was administered to both male and female respondents, with some additional questions being asked of the male respondents.

Questions which had been used in other family planning studies were, as far as possible, incorporated in this study. A copy of the questionnaire is included in Appendix A of Volume I.

Translation:

The questionnaire was drafted in English, then translated in Urdu. The Urdu version was translated back into English to ensure consistency with original intentions. The back-translation was undertaken by a consultant translator who was not otherwise connected with the study. Pre-testing was conducted to refine the questionnaire.



PRE-TESTING, TRAINING AND FIELD WORK

Pre-Testing:

Pre-testing was conducted in two stages. In the first stage, the questionnaire was tested among both males and females in two of the selected cities in each city size group over a period of 10 days. At this stage, the questionnaire was also used for initial training of interviewers. This operation revealed some difficulties with the questionnaire and problems that were likely to occur in the actual field work, such as approaching and interviewing males and females. As a result, the questionnaire was revised.

The second pre-test showed that the revised questionnaire worked well, and provided the field experience needed for implementing the sampling procedures for the actual data collection work. After this the questionnaire was finalised. A total of 250 people were interviewed during pre-testing.

Training/Initiation of Project:

The training content for field personnel covered a working knowledge of the different brands of Oral Contraceptives, problems of interviewing females because of their inhibitions, enumerating households, selecting respondents and completing the questionnaires. Training techniques included discussions, role playing and mock interviews.

The project was initiated at a briefing session held at the DRB Head Office in Karachi, where the Operations Services Manager who was in charge of Field Operations briefed the field team which comprised of Field Managers and Supervisors. The Project Coordinator (Client Services) was also present at the occasion in order to assist in problem solving. Tapes of this session were prepared and sent to the regional centres along with written instructions. On receipt of these tapes and written instructions, briefing sessions were held at the regional centres. In the initial stages personal interviews were also conducted by the Operation Services Manager and the Client Services Project Coordinator to get an insight into problems likely to be encountered in the field.



Quality control in the field:

A total of 10 Supervisors were responsible for performance/control of 50 interviewers. Field Managers at the 2nd stage were responsible for quality control in the field. Each Supervisor was in charge of his/her team and was responsible for setting out daily work routines, 20% of supervision, 15% back-check, daily editing of all completed questionnaires for completeness, consistency of responses, eligibility and adequacy of probing.

Field Managers in their respective cities of operation collected all completed questionnaires. Field Managers also supervised and back-checked 20% of interviews.

The Operational Services Manager had overall responsibility for the quality of the field work. This involved frequent travel to the sample areas.

The Client Services Project Coordinator also made several trips to the field at the initial stages, as and when required to assist in problem solving, and to check on quality control procedures.

Field trips by the statistical cell personnel were made to ensure accurate implementation of specified sampling procedures.

DATA PROCESSING

Completed/edited questionnaires were sent by field personnel to the head office in Karachi.

Office Editing & Coding:

Completed questionnaires were edited in the head office to ensure that questionnaires were filled out properly. Four teams, each with one editor, one edit verifier and one coordinator were involved. The editor checked each completed questionnaire while the edit verifier checked 100% of the edited work. A random 10% of the edit verifier's work was checked by the coordinator. Incorrectly completed questionnaires were sent back to the field for re-interviewing or substitution.



Processing unstructured questions:

Categorization and coding of answers to each open-ended question was accomplished as follows:

1. From a sub-sample of completed questionnaires, all answers given to an open-ended question were listed and grouped.
2. Answer categories were developed, based upon common content.
3. The relative frequency of occurrence of each category was tabulated and if the frequency was very low it was included in the "Others" category.
4. Categories were combined into major groups, then each major group was given a net code and the categories making up the major group were given a sub-net code.
5. The logic of the classification scheme for each question was reviewed and modified.

Coding of Questionnaires:

Questionnaires were coded on the basis of codes developed by 10 coders. 100% of the coding was verified by 10 coding verifiers. Three Project Managers checked 10% of the coding work.

Computer Entry:

The IBM Utility Program DFU (Data File Utility) was used for data entry which was on an IBM System 34. Data entry involved a total of 63 man days.

Validation of Data:

The following validation methods were used:

1. Range checking
2. Manually comparing edit list with source documents.

Programming:

The SNAP2 statistical package was used for programming. Data was down loaded from the main frame and a new data file created. This was input into SNAP2 and processed on 3 variables. These were then transferred onto LOTUS for merging and combining. Unnecessary details given by SNAP2 were edited and reports produced as per specifications.



DATA ANALYSIS

Analysis was accomplished in three stages. In the first stage, frequency distributions were tabulated for all respondents. In the second stage, responses were tabulated by the following five variables:

1. City Size
2. Economic Class
3. Use of Oral Contraceptive Pills
4. Age of Wife
5. Education of Respondent

In the third stage, findings from the first and second stage were elaborated. Various descriptive techniques were used including stratified frequency distributions and measures of central tendency such as the mean.

LIMITATIONS OF THE DATA

Limitations of the data are as follows:

1. Analyses by various variables
Caution should be exercised in generalizing statistics derived from cross-tabulation of data by age and education variables, because of the relatively small sample size.
2. Retrospective Data:
Retrospective data can threaten validity. Generally it is difficult to obtain accurate ages, birth dates and marital duration of respondents. This problem was overcome to some extent by asking several related questions about time duration/ events and assessment/observation to arrive at best possible estimates/responses.



3. Self-Reporting:

Women may have under-reported use of contraceptives. This may be caused by "social desirability bias" or by "courtesy bias". Respectively these biases result when respondents provide information which conform to their perception of cultural norms or of what may be agreeable to the interviewer.

4. Non-Response:

Repeat calls were necessary in 8-12% of the cases. Non-response rates are fairly low in Pakistan. However, when both partners of a couple must agree to be interviewed, the non-response rate is higher. The non-response/refusal rate for couples in the current study ranged between 5-6%.

FIELD SCHEDULE:

Field work was conducted from June 2, 1990 to August 12, 1990.



WEIGHTING FACTORS



C. WEIGHTING FACTORS:

Sampling with disproportionate allocations to various sub-groups is commonly used as it results in economical sample sizes. Weighting factors are usually applied in combining various sub-groups to bring the results in line with the true population proportions in sampling situations with disproportionate allocations for various sub-groups. Weighting factors are dependent on the following:

- Data output format
- Composition of universe/samples/sub-samples
- Sampling technique adopted

Proportions of the targetted population vary both by economic classes and city sizes in this SMC study. Weighting factors, calculated on respective bases were used to combine various sub-groups (economic class, city size, user's age and education) for both males and females to reflect their relative importance in the total urban population.

An example of the computation of weighting factors follows:

	<u>A</u>	<u>B</u>
- Number of males in universe	176	655
- Proportion in universe	1	3.72

Sample Size

- Selected	50	50	=	100
- If proportionate to universe	50	186	=	236

Weighting factors used are attached.

RECOMMENDED BY PROVIDER

WEIGHTING FACTORS

Female

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	Current	1.00	1.85	4.00	1.45	0.84	0.88	-	-	0.18	0.16	1.45	0.67
	Lapsed	6.69	16.7	21.02	13.04	0.84	1.33	4.58	2.33	0.88	1.19	3.40	5.44
	Never (aware)	-	-	-	-	-	-	-	-	-	-	-	-
II	<u>Education</u>												
	0 - year	1.00	11.72	17.45	13.06	0.92	2.41	5.98	3.04	0.97	2.22	5.29	11.84
	1 - 9 years	6.37	18.37	31.60	13.06	0.62	1.45	1.99	1.01	0.97	0.73	5.29	1.46
	10 +	9.38	11.32	5.46	6.52	2.12	0.96	2.00	1.02	0.37	-	-	-
III	<u>Age</u>												
	15 - 24 years	1.00	-	5.25	1.00	0.14	0.22	0.46	0.46	0.09	-	0.49	-
	25 - 34 years	4.30	7.98	8.01	8.99	0.84	1.10	2.29	1.39	0.71	0.54	1.94	3.42
	35 - 49 years	2.38	10.58	11.76	4.95	0.70	0.88	1.83	0.47	0.26	0.50	2.43	2.69

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RECOMMENDED BY PROVIDER
WEIGHTING FACTORS

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	Current	1.00	1.06	0.85	0.71	0.17	0.26	-	0.20	-	0.11	0.22	0.22
	Lapsed	1.78	0.70	2.56	1.07	0.22	0.34	0.40	0.59	0.13	0.27	0.65	0.87
	Never (aware)	-	-	-	-	-	-	-	-	-	-	-	-
II	<u>Education</u>												
	0 years	1.00	1.81	4.38	1.83	0.28	0.43	1.03	1.01	0.17	0.83	-	-
	1 - 9 years	1.99	1.81	6.49	1.83	-	0.89	1.02	1.01	0.17	0.83	2.23	4.49
	10 +	11.27	5.42	6.66	5.48	1.70	1.76	-	2.02	0.34	0.27	2.22	1.12
III	<u>Age</u>												
	15 - 24 years	1.00	-	1.46	0.61	0.09	-	-	0.67	0.06	-	0.37	-
	25 - 34 years	1.71	3.02	2.93	1.22	0.38	0.73	0.34	0.34	0.17	0.46	0.37	1.12
	35 - 49 years	2.05	-	1.46	1.22	0.19	0.30	0.34	0.34	-	0.19	0.74	0.75

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CURRENT USERS OF OCP

WEIGHTING FACTORS

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I <u>Usership</u> Weights already given												
II <u>Education</u>												
0 - year	1.00	2.72	9.07	5.35	0.60	1.08	1.90	1.46	0.24	0.66	2.46	4.76
1 - 9 years	1.94	2.37	6.34	2.48	0.68	0.86	0.75	0.51	0.15	0.37	0.73	0.96
10 +	4.79	2.91	3.48	0.79	1.31	0.71	0.64	0.26	0.16	0.27	0.29	0.14
III <u>Age</u>												
15 - 24 years	1.00	0.79	2.35	1.05	0.24	0.30	0.32	0.29	0.07	0.15	0.43	0.88
25 - 34 years	2.37	2.35	5.41	2.95	0.80	0.66	1.02	0.70	0.16	0.37	0.81	1.88
35 - 49 years	1.53	1.93	4.21	1.47	0.61	0.72	0.74	0.43	0.11	0.31	0.96	0.96

CURRENT USERS OF OCP

WEIGHTING FACTORS

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>				
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	
I	<u>Usership</u> Weights already given - use weights only for current users, ignor- ing lapsed and Never users group.												
II	<u>Education</u>												
	0 year	1.00	1.60	6.05	2.89	0.07	0.29	-	0.60	-	0.18	0.37	2.05
	1 - 9 years	1.46	2.44	6.22	2.20	0.12	0.55	-	0.35	-	0.22	0.41	0.71
	10 +	7.13	5.50	9.33	2.14	0.97	0.98	-	0.22	-	0.36	0.52	0.56
III	<u>Age</u>												
	15 - 24 years	1.00	0.73	1.73	0.70	0.10	0.13	-	0.12	-	0.08	0.14	0.42
	25 - 34 years	2.23	2.37	4.94	2.03	0.30	0.38	-	0.32	-	0.15	0.19	0.83
	35 - 49 years	1.58	1.69	4.16	0.90	0.20	0.40	-	0.15	-	0.16	0.32	0.42

CURRENT AND LAPSED USERS

WEIGHTING FACTORS

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I <u>Usership</u> Weights (current & lapsed) already given												
II <u>Education</u>												
0 - year	1.00	6.71	13.09	8.48	0.38	1.07	3.28	2.57	0.34	0.96	3.48	6.44
1 - 9 years	1.96	5.85	9.16	3.94	0.44	0.85	1.29	0.89	0.22	0.55	1.03	1.30
10 +	4.83	7.19	5.02	1.26	0.85	0.70	1.11	0.47	0.23	0.40	0.41	0.18
III <u>Age</u>												
15 - 24 years	1.00	1.94	3.36	1.65	0.15	0.29	0.54	0.51	0.10	0.22	0.60	1.17
25 - 34 years	2.37	5.77	7.75	4.64	0.51	0.64	1.76	1.22	0.23	0.53	1.14	2.52
35 - 49 years	1.53	4.72	6.03	2.31	0.39	0.71	1.27	0.75	0.17	0.45	1.35	1.28

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CURRENT AND LAPSED USERS OF OCP

WEIGHTING FACTORS

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>				
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	
I	<u>Usership</u>												
	Weights already given for Males/Females												
	Use weights only for current and lapsed users, ignoring never users (Aware) group												
II	<u>Education</u>												
	0 - year	1.00	1.02	4.41	2.76	0.09	0.30	0.47	1.16	0.07	0.29	0.70	2.93
	1 - 9 years	1.46	1.56	4.53	2.10	0.16	0.58	0.43	0.68	0.08	0.34	0.79	1.02
	10 +	7.14	3.50	6.80	2.05	1.24	1.03	0.65	0.42	0.23	0.57	0.99	0.80
III	<u>Age</u>												
	15 - 24 years	1.00	0.46	1.26	0.66	0.12	0.14	0.14	0.23	0.04	0.12	0.26	0.59
	25 - 34 years	2.23	1.51	3.59	1.94	0.37	0.40	0.38	0.61	0.09	0.23	0.36	1.19
	35 - 49 years	1.58	1.07	3.02	0.86	0.25	0.42	0.25	0.29	0.06	0.25	0.62	0.59

LAPSED USERS OF OCP
WEIGHTING FACTORS

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	<u>Usership</u> Weights already given.												
II	<u>Education</u>												
	0 - years	1.00	7.94	14.33	9.44	0.32	1.06	3.70	2.91	0.38	1.05	3.79	6.95
	1 - 9 years	1.97	6.92	10.03	4.39	0.36	0.84	1.45	1.01	0.24	0.60	1.12	1.41
	10 +	4.84	8.50	5.49	1.40	0.70	0.70	1.25	0.54	0.25	0.44	0.45	0.19
III	<u>Age</u>												
	15 - 24 years	1.00	2.29	3.67	1.84	0.12	0.29	0.61	0.57	0.11	0.24	0.66	1.26
	25 - 34 years	2.37	6.80	8.47	5.16	0.42	0.64	1.98	1.38	0.25	0.58	1.24	2.72
	35 - 49 years	1.53	5.57	6.59	2.56	0.33	0.70	1.43	0.84	0.18	0.50	1.47	1.38

LAPSED USERS OF OCP

WEIGHTING FACTORS

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	<u>Usership</u> Weights already given. Use weights only for lapsed users, ignoring current and never users group.												
II	<u>Education</u>												
	0 - year	1.00	0.75	3.64	2.71	0.10	0.31	0.69	1.42	0.10	0.34	0.86	3.34
	1 - 9 years	1.46	1.14	3.74	2.06	0.17	0.59	0.63	0.83	0.12	0.40	0.97	1.16
	10 +	7.14	2.57	5.61	2.00	1.36	1.06	0.95	0.51	0.34	0.67	1.21	0.92
III	<u>Age</u>												
	15 - 24 years	1.00	0.34	1.04	0.65	0.13	0.14	0.21	0.28	0.06	0.14	0.32	0.68
	25 - 34 years	2.23	1.11	2.96	1.89	0.41	0.41	0.56	0.74	0.13	0.27	0.44	1.36
	35 - 49 years	1.58	0.79	2.49	0.84	0.28	0.43	0.36	0.35	0.09	0.30	0.75	0.68

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NEVER USERS OF OCP
WEIGHTING FACTORS

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I <u>Usership</u> Weights already given for female.												
II <u>Education</u>												
0 year	1.00	4.55	8.61	9.57	0.49	1.42	4.13	4.91	0.48	1.05	5.47	7.73
1 - 9 years	1.97	3.96	6.03	4.45	0.55	1.13	1.62	1.71	0.31	0.60	1.62	1.56
10 +	4.84	4.86	3.30	1.42	1.07	0.93	1.40	0.90	0.32	0.44	0.65	0.21
III <u>Age</u>												
15 - 24 years	1.00	1.31	2.21	1.86	0.19	0.39	0.68	0.96	0.14	0.24	0.95	1.40
25 - 34 years	2.37	3.89	5.09	5.23	0.64	0.85	2.21	2.33	0.33	0.58	1.79	3.02
35 - 49 years	1.53	3.19	3.96	2.60	0.49	0.94	1.60	1.43	0.23	0.49	2.11	1.54

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NEVER USERS OF OCP
WEIGHTING FACTORS

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I <u>Usership</u> Weights already given for Male & Female. Use weights only for never users (aware), ignoring current and lapsed.												
II <u>Education</u>												
0 years	1.00	2.98	5.33	5.61	0.18	0.70	2.64	4.25	0.23	0.47	1.73	4.19
1 - 9 years	1.46	4.55	5.48	4.27	0.30	1.33	2.41	2.49	0.28	0.56	1.95	1.46
10 +	7.15	10.24	8.21	4.15	2.35	2.39	3.65	1.54	0.80	0.92	2.44	1.15
III <u>Age</u>												
15 - 24 years	1.00	1.35	1.52	1.35	0.23	0.31	0.82	0.84	0.14	0.19	0.65	0.85
25 - 34 years	2.23	4.41	4.34	3.93	0.71	0.92	2.14	2.24	0.30	0.37	0.89	1.70
35 - 49 years	1.58	3.13	3.65	1.74	0.48	0.98	1.40	1.06	0.21	0.41	1.52	0.85

CONSIDERING UNSAFE
WEIGHTING FACTORS

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	Current	1.00	1.21	3.40	1.07	0.24	0.24	0.52	0.22	0.05	0.08	0.49	0.32
	Lapsed	4.00	15.08	21.23	10.74	0.98	1.66	3.88	3.26	0.55	1.45	3.21	5.43
	Never (users)	28.33	44.00	60.29	41.88	6.96	9.98	21.48	18.24	4.40	6.51	21.00	26.21
II	<u>Education</u>												
	0 year	1.00	7.24	15.64	13.57	0.70	1.58	5.10	5.21	0.90	1.52	6.88	10.41
	1 - 9 years	3.85	7.50	14.55	7.36	0.84	1.78	2.99	2.60	0.45	1.17	2.65	2.60
	10 +	9.43	11.12	6.18	2.07	1.96	1.73	2.99	1.49	0.79	0.76	1.06	0.69
III	<u>Age</u>												
	15 - 24 years	1.00	0.90	2.41	1.61	0.11	0.44	0.82	0.58	0.12	0.20	0.49	1.07
	25 - 34 years	2.83	4.93	6.09	4.12	-.64	0.73	1.98	1.59	0.42	0.66	1.77	2.82
	35 - 49 years	1.72	4.22	5.66	3.22	0.61	0.81	1.51	1.45	0.30	0.48	1.85	1.44

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CONSIDERING UNSAFE
WEIGHTING FACTORS

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I. Current	1.00	3.71	2.49	-	-	0.89	-	-	-	-	-	1.37
Lapsed	10.50	5.78	4.98	1.80	1.18	0.89	1.89	1.84	0.78	0.88	3.00	2.57
Never (Users)	13.51	31.77	34.04	12.09	6.18	8.13	25.19	16.50	2.01	4.02	8.25	13.17
II. <u>Education</u>												
0 year	1.00	1.78	2.17	0.55	-	0.43	1.17	1.42	0.09	0.6	0.97	3.21
1 - 9 years	0.92	2.28	3.06	1.07	0.18	1.10	2.33	2.27	0.19	0.27	1.25	1.21
10 +	5.77	8.63	7.53	2.65	2.08	1.52	4.83	1.98	0.58	0.62	1.25	0.84
III. <u>Age</u>												
15 - 24 years	1.00	0.49	0.59	0.42	0.28	0.21	1.78	0.44	-	0.28	0.24	1.53
25 - 34 years	2.94	6.60	5.76	2.45	1.11	1.49	3.31	1.95	0.44	0.47	1.22	1.85
35 - 49 years	1.94	2.62	3.42	0.39	0.35	0.63	1.27	1.95	0.22	0.40	1.20	0.64

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ADVISOR ONE OF PROVIDER

WEIGHTING FACTORS

Female

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	Current	1.00	1.26	2.95	1.21	0.52	0.62	0.32	-	0.11	0.09	0.99	0.38
	Lapsed	4.56	10.23	12.56	8.08	0.52	1.09	3.23	1.44	0.54	0.75	2.02	3.41
	Never (Aware)	-	-	-	-	-	-	-	-	-	-	-	-
II	<u>Education</u>												
	0 - years	1.00	8.99	15.40	11.18	0.79	2.32	5.86	2.60	0.83	2.02	4.53	10.14
	1 - 9 years	5.85	12.80	26.59	11.18	0.53	1.86	2.88	0.86	0.83	0.51	4.53	1.25
	10 + years	9.87	12.81	4.66	5.58	1.81	0.97	1.92	0.88	0.31	-	-	-
III	<u>Age</u>												
	15 - 24 years	1.00	-	4.41	0.97	0.13	0.46	0.48	0.43	0.08	-	0.45	-
	25 - 34 years	4.91	7.23	8.83	8.35	0.78	1.18	2.92	1.29	0.66	0.76	1.80	3.18
	35 - 49 years	2.41	9.99	9.99	4.59	0.65	0.92	1.91	0.43	0.24	0.50	2.25	2.49

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ADVISOR ONE OF PROVIDER

WEIGHTING FACTORS

Males

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	Current	1.00	1.10	0.91	0.74	0.17	0.27	-	0.21	-	0.11	0.23	0.23
	Lapsed	1.63	0.73	3.24	1.11	0.23	0.36	0.42	0.62	0.14	0.28	0.68	0.91
	Never (Aware)	-	-	-	-	-	-	-	-	-	-	-	-
II	<u>Education</u>												
	0 - year	1.00	1.75	7.51	1.77	0.27	0.42	0.99	0.98	0.17	0.80	-	-
	1 - 9 years	1.88	1.75	7.32	1.77	-	0.86	0.99	0.98	0.17	0.80	2.15	4.34
	10 + years	9.65	5.24	4.94	5.29	1.64	1.70	-	1.95	0.33	0.24	2.15	1.09
III	<u>Age</u>												
	15 - 24 years	1.00	-	1.51	0.61	0.09	-	-	0.45	0.07	-	0.37	-
	25 - 34 years	1.35	3.03	3.02	1.23	0.48	0.73	0.34	0.45	0.16	0.46	0.37	1.13
	35 - 49 years	2.00	-	2.33	1.22	0.09	0.30	0.34	0.46	-	0.19	0.75	0.75

HAVE BEEN TOLD USE OF OCP

WEIGHTING FACTORS

Male

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	Current	1.00	1.19	1.93	0.59	0.14	0.22	-	0.16	-	0.09	0.18	0.36
	Lapsed	1.86	0.59	2.67	1.20	0.33	0.35	0.48	0.32	0.11	0.22	0.53	0.74
	Never (Aware)	-	-	-	-	-	-	-	-	-	-	-	-
II	<u>Education</u>												
	0 - years	1.00	1.76	13.41	3.45	0.27	0.43	1.89	0.92	0.13	0.76	-	1.09
	1 - 9 years	2.00	3.42	8.85	1.78	-	0.83	0.93	0.92	0.13	0.76	2.04	4.32
	10 + years	13.67	5.18	4.56	5.24	2.45	2.05	-	0.95	0.38	0.25	0.05	1.03
III	<u>Age</u>												
	15 - 24 years	1.00	-	1.14	0.45	0.07	-	-	0.23	0.03	-	0.26	0.27
	25 - 34 years	1.96	2.59	3.35	1.31	0.34	0.62	0.23	0.23	0.13	0.31	0.26	0.81
	35 - 49 years	1.21	-	2.21	0.83	0.27	0.21	0.47	0.24	-	0.13	0.51	0.53

ADVISOR ONE OF PROVIDER

Female

WEIGHTING FACTORS

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	Current	1.00	1.88	3.70	1.00	0.84	0.55	0.97	-	0.18	0.15	1.60	0.61
	Lapsed	6.69	18.99	21.27	13.94	0.84	1.65	4.75	2.33	0.88	1.20	3.25	5.50
	Never (Aware)	-	-	-	-	-	-	-	-	-	-	-	-
II	<u>Education</u>												
	0 - year	1.00	12.28	19.08	14.04	0.92	2.41	6.23	3.04	0.97	2.30	4.64	11.98
	1 - 9 year	6.37	18.64	29.98	11.75	0.92	1.83	3.12	1.01	0.97	0.65	5.92	1.33
	10 + year	9.38	14.54	5.45	6.85	1.83	0.57	3.11	1.03	0.37	-	-	-
III	<u>Age</u>												
	15 - 24 years	1.00	-	5.00	1.05	0.14	-	0.51	0.46	0.09	-	0.49	0.61
	25 - 34 years	4.30	10.44	8.76	8.54	0.04	1.10	3.32	1.40	0.71	0.79	1.94	3.05
	35 - 49 years	2.38	10.44	11.26	5.40	0.70	1.10	1.89	0.46	0.26	0.57	2.42	2.45

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ADVISOR ONE OF PROVIDER

WEIGHTING FACTORS

Male

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	Current	1.00	0.99	0.39	0.63	0.16	0.24	-	0.18	-	0.10	0.20	0.21
	Lapsed	1.38	0.66	2.83	0.63	0.21	0.32	0.38	0.37	0.09	0.25	0.61	0.82
	Never (Aware)	-	-	-	-	-	-	-	-	-	-	-	-
II	<u>Education</u>												
	0 - year	1.00	1.74	6.41	1.65	0.27	0.41	0.99	0.96	0.16	0.80	-	-
	1 - 9 years	2.12	1.74	6.24	1.65	-	0.86	0.98	0.96	0.16	0.80	2.14	4.32
	10 + years	9.30	5.21	4.21	3.29	1.63	1.69	-	0.99	0.17	0.26	2.14	1.08
III	<u>Age</u>												
	15 - 24 years	1.00	-	1.35	0.53	0.09	-	-	0.31	0.05	-	0.34	-
	25 - 34 years	1.32	2.79	2.05	1.05	0.44	0.67	0.32	0.31	0.11	0.42	0.34	1.04
	35 - 49 years	1.68	-	2.00	0.53	0.09	0.28	0.32	0.32	-	0.17	0.69	0.69

HAVE BEEN TOLD USE OF OCP

WEIGHTING FACTORS

Females

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	Current	1.00	1.04	2.93	1.19	0.41	0.38	0.58	0.22	0.06	0.10	0.06	0.51
	Lapsed	3.76	8.44	11.02	6.24	0.59	0.85	2.82	1.51	0.33	0.65	1.69	2.33
	Never (Aware)	-	-	-	-	-	-	-	-	-	-	-	-
II	<u>Education</u>												
	0 - year	1.00	16.39	29.96	20.62	1.26	2.96	8.91	6.80	0.95	2.84	6.85	13.53
	1 - 9 years	10.48	18.37	38.00	12.45	0.95	2.96	5.88	1.18	0.79	0.83	4.96	1.34
	10 + years	13.47	14.90	5.12	5.84	3.04	0.52	3.03	1.09	0.33	0.27	-	-
III	<u>Age</u>												
	15 - 24 years	1.00	-	4.74	0.60	0.19	0.46	0.61	0.70	0.05	-	0.29	0.41
	25 - 34 years	4.78	7.97	7.67	6.97	0.76	0.78	3.08	1.76	0.39	0.78	1.53	2.07
	35 - 49 years	1.93	7.36	10.15	4.45	0.66	0.76	1.81	0.34	0.19	0.44	1.82	2.11

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DIS-SATISFIED WITH OCP

WEIGHTING FACTORS

Female

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	Current	1.00	1.95	4.79	2.10	0.85	0.71	1.55	0.60	0.08	0.29	1.45	1.35
	Lapsed	6.69	14.29	23.36	12.89	0.50	0.94	4.17	2.90	0.63	1.40	3.40	4.76
	Never (aware)	-	-	-	-	-	-	-	-	-	-	-	-
II	<u>Education</u>												
	0 - year	1.00	16.62	26.37	16.33	1.11	1.55	6.85	5.10	0.68	2.76	6.35	11.84
	1 - 9 years	6.37	8.49	29.44	14.04	0.73	1.55	2.24	1.30	0.68	0.62	4.23	1.47
	10 + years	9.38	10.26	5.51	2.28	1.09	0.49	3.37	1.21	0.18	0.30	-	-
III	<u>Age</u>												
	15 - 24 years	1.00	-	4.24	-	0.12	0.49	0.35	0.79	0.05	0.26	0.77	0.84
	25 - 34 years	3.32	5.90	5.02	5.85	0.46	0.16	2.16	1.20	0.33	0.57	1.50	2.64
	35 - 49 years	0.95	5.23	10.03	4.42	0.34	0.49	1.41	0.41	0.11	0.34	1.06	0.71

DIS-SATISFIED WITH OCP

WEIGHTING FACTORS

Male

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	Current	1.00	0.85	2.30	0.82	0.14	0.22	-	0.16	-	0.09	0.18	0.36
	Lapsed	1.86	0.57	2.30	1.34	0.33	0.35	0.48	0.48	0.11	0.22	0.53	0.74
	Never (Aware)	-	-	-	-	-	-	-	-	-	-	-	-
II	<u>Education</u>												
	0 - year	1.00	1.66	0.07	1.51	0.27	0.39	1.90	0.93	0.13	0.75	-	1.10
	1 - 9 years	2.00	1.66	8.85	3.14	-	0.83	0.93	0.93	0.13	0.75	2.04	4.32
	10 + years	13.67	4.97	4.56	7.92	2.45	2.08	-	1.85	0.38	0.25	2.00	1.03
III	<u>Age</u>												
	15 - 24 years	1.00	-	1.52	1.05	0.10	-	-	0.62	0.04	-	0.34	0.37
	25 - 34 years	2.61	2.76	4.47	2.10	0.45	0.83	0.31	0.31	0.17	0.42	0.34	1.07
	35 - 49 years	1.94	-	2.95	1.05	0.36	0.28	0.63	0.31	-	0.17	0.68	0.71

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WILLING TO BUY

WEIGHTING FACTORS

Females

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	Current	1.00	2.41	3.91	1.79	0.31	0.17	0.71	0.32	0.12	0.39	0.43	0.36
	Lapsed	1.90	8.75	10.75	3.93	0.19	0.60	2.69	2.07	0.32	0.39	1.71	3.04
	Never (aware)	7.10	19.02	34.20	30.05	1.90	3.54	10.45	13.51	1.86	2.75	12.08	14.50
II	<u>Education</u>												
	0 - year	1.00	15.07	36.24	37.24	1.30	1.97	10.09	14.51	1.08	2.46	11.76	21.69
	1 - 9 years	2.71	12.92	20.91	8.16	0.72	2.65	4.84	6.35	0.79	0.95	7.10	3.83
	10 + years	10.56	15.07	12.54	5.61	1.41	1.54	5.24	1.81	1.41	1.61	1.42	-
III	<u>Age</u>												
	15 - 24 years	1.00	1.91	4.62	3.76	0.16	0.31	1.64	1.42	0.25	0.41	1.72	1.88
	25 - 34 years	3.42	10.32	13.36	9.97	0.47	1.54	3.87	5.02	0.60	0.91	3.36	5.93
	35 - 49 years	0.84	3.65	7.70	5.08	0.63	0.41	1.93	1.92	0.35	0.54	2.39	1.60

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WILLING TO BUY
WEIGHTING FACTORS

Males

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	Current	1.00	1.88	1.72	1.38	0.21	0.23	-	0.24	-	0.07	0.27	0.30
	Lapsed	1.78	1.37	3.06	1.90	0.21	0.45	0.47	0.14	0.15	0.36	0.51	0.58
	Never (Aware)	8.34	13.84	14.36	13.98	2.15	3.08	7.30	6.76	0.46	0.95	2.59	0.89
II	<u>Education</u>												
	0 - year	1.00	3.52	8.37	7.77	0.38	0.58	3.79	3.25	0.05	0.28	0.99	0.75
	1 - 9 years	2.00	5.93	10.10	4.88	0.48	1.01	3.79	4.08	0.20	0.65	0.65	1.14
	10 + years	11.29	12.52	6.16	9.54	2.57	3.24	2.39	3.14	0.54	0.83	2.69	0.39
III	<u>Age</u>												
	15 - 24 years	1.00	0.72	0.92	0.83	0.18	0.10	0.49	0.54	0.06	0.11	0.46	0.14
	25 - 34 years	1.70	3.02	2.70	3.11	0.37	0.54	1.23	1.22	0.11	0.24	0.31	0.27
	35 - 49 years	0.63	1.38	2.12	1.24	0.25	0.48	0.61	0.68	0.01	0.07	0.23	0.12

RESPONDENT WITH ATLEAST ONE CHILD
WEIGHTING FACTORS

Males

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<u>Education</u>												
0 - year	1.00	3.52	7.09	4.99	0.17	0.72	2.90	4.55	0.24	0.63	2.95	7.50
1 - 9 years	1.67	5.09	7.84	4.19	0.32	1.35	2.62	2.68	0.31	0.81	3.05	2.70
10 + years	8.45	10.96	10.38	10.79	2.42	2.43	3.84	1.70	0.85	1.17	3.84	2.09
<u>Age</u>												
15 - 24 years	1.00	1.45	2.01	1.90	0.23	0.29	0.94	0.90	0.11	0.18	1.04	1.63
25 - 34 years	2.88	5.18	6.03	6.13	0.77	0.98	2.48	2.60	0.36	0.57	1.56	3.19
35 - 49 years	2.00	3.73	5.36	2.54	0.54	1.12	1.54	1.23	0.27	0.63	2.61	1.69

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RESPONDENT WITH ATLEAST ONE CHILD

WEIGHTING FACTORS

Males

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	Current	1.00	0.88	2.28	0.90	0.13	0.20	-	0.13	-	0.08	0.15	0.37
	Lapsed	2.17	0.88	3.03	1.20	0.35	0.40	0.42	0.67	0.13	0.31	0.74	1.29
	Never (Aware)	10.66	19.95	22.00	16.47	3.28	5.19	10.53	9.77	1.42	2.15	7.09	7.74
II	<u>Females</u>												
	Current	1.00	1.23	2.51	1.31	0.36	0.29	0.32	0.32	0.09	0.17	0.32	0.81
	Lapsed	3.33	9.86	12.74	5.91	0.54	1.16	2.88	1.89	0.36	0.78	2.26	3.65
	Never (Aware)	29.00	50.55	69.63	58.47	8.13	13.08	28.82	29.37	4.05	7.75	29.67	36.14

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ADVISED AGAINST OCP

WEIGHTING FACTORS

Females

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	Current	-	-	0.59	-	0.04	-	-	1.36	-	0.23	0.80	-
	Lapsed	1.00	3.19	4.11	2.25	0.19	0.22	0.63	6.21	0.78	1.30	6.49	1.18
	Never (Aware)	6.70	9.58	14.87	9.00	1.63	3.38	5.67	-	0.56	-	-	4.18
II	<u>Education</u>												
	0 - years	1.00	3.21	8.13	5.66	0.39	1.46	3.55	4.52	0.19	0.70	4.39	4.13
	1 - 9 years	1.87	3.43	5.25	2.83	0.34	1.03	0.98	1.44	0.24	0.33	1.45	0.74
	10 + years	3.80	4.42	3.56	1.27	0.88	0.62	0.93	0.59	0.14	0.29	0.44	-
III	<u>Age</u>												
	15 - 24 years	1.00	1.56	3.14	1.55	0.14	0.38	0.48	0.98	0.08	0.12	1.39	0.90
	25 - 34 years	2.53	4.78	6.58	5.33	0.75	1.18	2.36	3.07	0.23	0.61	1.78	1.92
	35 - 49 years	2.35	3.42	5.24	1.72	0.52	1.18	1.97	1.74	0.20	0.44	2.40	1.27

ADVISED AGAINST OCP

WEIGHTING FACTORS

Males

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	Current	-	-	-	-	-	-	-	-	-	-	-	-
	Lapsed	1.00	0.36	0.39	0.46	0.12	0.26	0.19	-	0.09	-	0.45	0.86
	Never (Aware)	1.63	2.39	0.79	0.46	0.61	0.26	2.52	1.64	0.09	0.20	0.23	-
II	<u>Education</u>												
	0 - year	1.00	1.74	0.99	-	-	-	0.96	1.37	-	0.16	-	-
	1 - 9 years	0.53	-	-	-	0.15	0.88	2.47	0.91	0.15	0.16	0.57	2.17
	10 + years	5.13	5.22	2.01	2.35	1.71	0.44	3.43	1.87	0.30	0.17	1.72	-
III	<u>Age</u>												
	15 - 24 years	1.00	0.09	-	-	0.21	0.15	0.63	0.60	-	0.22	-	-
	25 - 34 years	1.00	3.41	0.65	0.77	0.91	0.72	3.85	0.89	0.19	-	0.37	0.47
	35 - 49 years	2.35	0.54	1.31	0.77	0.10	-	-	1.22	0.09	0.11	1.12	0.95

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RESPONDENT WITH ATLEAST ONE CHILD

WEIGHTING FACTORS

Females

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<u>Education</u>												
0 - year	1.00	5.39	10.40	10.35	0.52	1.45	4.64	5.13	0.50	1.15	5.73	8.32
1 - 9 years	2.08	4.62	7.22	4.76	0.61	1.24	1.84	1.82	0.30	0.59	1.69	1.62
10 + years	5.25	5.39	3.61	1.31	1.13	0.94	1.52	0.95	0.33	0.44	0.65	0.20
<u>Age</u>												
15 - 24 years	1.00	1.41	2.70	1.86	0.18	0.41	0.85	1.06	0.13	0.23	0.97	1.64
25 - 34 years	2.94	5.11	6.74	6.49	0.78	1.03	2.77	2.79	0.38	0.69	2.16	3.65
35 - 49 years	1.94	4.35	5.55	3.25	0.64	1.13	2.03	1.73	0.29	0.61	2.56	1.86

SMC - CONSUMER SURVEY

AWARE OF CONDOMS

WEIGHTING FACTORS

Males

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>				
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	
I													
	Current	1.00	1.36	3.59	0.92	0.20	0.21	-	0.20	-	0.13	0.23	0.57
	Lapsed	3.25	1.36	4.19	1.83	0.54	0.63	0.84	1.01	0.17	0.46	0.91	1.71
	Never (Aware)	16.25	31.32	34.15	25.22	5.14	8.03	15.79	14.61	2.34	3.56	11.18	11.97
	<u>Females</u>												
	Current	1.00	1.21	2.41	1.26	0.35	0.28	0.29	0.29	0.05	0.17	0.60	0.75
	Lapsed	3.00	9.05	12.07	6.30	0.52	1.10	2.62	1.76	0.37	0.84	2.10	3.36
	Never (Aware)	29.32	50.07	66.02	55.42	7.87	12.41	26.23	27.28	4.19	7.43	27.25	33.19

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AWARE OF CONDOMS
WEIGHTING FACTORS

Females

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<u>Education</u>												
0 - year	1.00	4.73	8.92	9.16	0.46	1.27	3.90	4.40	0.45	0.97	4.84	6.97
1 - 9 years	1.85	4.18	6.32	4.22	0.53	1.05	1.48	1.56	0.30	0.57	1.45	1.38
10 + years	4.85	5.01	3.35	1.16	1.03	0.89	1.35	0.81	0.32	0.41	0.62	0.26
<u>Age</u>												
15 - 24 years	1.00	1.36	2.30	1.70	0.18	0.35	0.66	0.84	0.14	0.23	0.90	1.34
25 - 34 years	2.45	4.25	5.56	5.20	0.63	0.83	2.23	2.24	0.32	0.54	1.66	2.85
35 - 49 years	1.55	3.43	4.23	2.55	0.50	0.89	1.49	1.32	0.23	0.49	1.93	1.40

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AWARE OF CONDOMS

Males

WEIGHTING FACTORS

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<u>Education</u>												
0 - year	1.00	2.48	6.10	6.67	0.15	0.61	2.30	3.76	0.22	0.58	2.32	6.32
1 - 9 years	1.36	4.29	6.32	5.17	0.27	1.14	2.14	2.29	0.27	0.69	2.66	2.28
10 + years	6.73	9.74	9.37	4.84	2.04	2.05	3.22	1.33	0.79	1.13	3.32	1.76
<u>Age</u>												
15 - 24 years	1.00	1.24	1.74	1.66	0.20	0.27	0.73	0.77	0.13	0.24	0.87	1.30
25 - 34 years	2.09	4.13	5.01	4.67	0.61	0.78	1.88	1.95	0.29	0.46	1.20	2.59
35 - 49 years	1.45	2.89	4.14	2.00	0.42	0.85	1.22	0.96	0.21	0.50	2.08	1.30

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NOTICING ADVERTIZING

WEIGHTING FACTORS

Males

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	Current	1.00	1.48	2.53	1.32	0.17	0.10	-	-	-	0.12	0.18	0.69
	Lapsed	2.60	1.48	3.37	0.66	0.58	0.40	0.64	0.59	0.15	0.36	1.06	1.61
	Never (Aware)	10.80	24.84	22.34	16.79	4.48	7.98	12.55	11.99	2.10	3.24	8.86	11.53
II	<u>Education</u>												
	0 - year	1.00	2.97	5.69	5.10	0.17	0.55	2.49	3.33	0.27	0.63	1.68	6.80
	1 - 9 years	1.50	5.01	6.11	5.27	0.29	1.65	2.25	2.44	0.34	0.87	3.10	2.77
	10 + years	7.50	10.57	9.27	6.09	2.44	2.79	3.30	1.63	0.88	1.50	4.08	1.96
III	<u>Age</u>												
	15 - 24 years	1.00	1.41	2.33	2.08	0.20	0.45	0.72	0.86	0.17	0.33	1.03	1.64
	25 - 34 years	3.05	5.23	4.88	5.02	0.86	1.08	2.07	1.99	0.39	0.68	1.68	3.09
	35 - 49 years	1.21	3.42	3.88	1.56	0.47	1.10	1.44	1.05	0.22	0.57	1.96	1.33

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NOTICING ADVERTISING
WEIGHTING FACTORS

Females

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	Current	-	-	-	-	-	0.19	-	-	-	-	-	-
	Lapsed	-	0.45	-	-	-	-	-	-	-	-	-	-
	Never (Aware)	1.00	1.36	1.22	-	0.06	-	0.20	-	0.03	-	0.21	-
II	<u>Education</u>												
	0 - year	1.00	-	2.44	-	-	0.38	-	-	0.13	-	0.83	-
	1 - 9 years	1.00	3.62	-	-	0.23	0.38	-	-	-	-	-	-
	10 + years	2.00	3.62	2.44	-	-	-	0.79	-	-	-	-	-
III	<u>Age</u>												
	15 - 24 years	1.00	0.90	-	-	-	-	-	-	-	-	0.41	-
	25 - 34 years	1.00	0.90	1.22	-	0.12	0.19	0.39	-	0.06	-	-	-
	35 - 49 years	-	1.81	1.22	-	-	0.19	-	-	-	-	-	-

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SMC - CONSUMER SURVEY
CURRENT & LAPSED USERS OF CONDOMS
WEIGHTING FACTORS

Males

		<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	Current	-	0.58	0.36	0.16	0.05	-	-	-	-	-	-	0.10
	Lapsed	1.00	0.45	1.14	0.29	0.14	0.16	0.22	0.14	0.04	0.09	0.16	0.30
	Never (Aware)	3.00	5.39	5.62	3.63	0.64	0.68	1.95	1.66	0.19	0.30	0.92	0.51
II	<u>Females</u>												
	Current	1.80	0.99	1.11	-	0.53	-	0.56	2.50	0.09	0.33	-	-
	Lapsed	7.02	20.83	5.54	7.69	0.96	1.19	8.11	0.68	0.61	1.79	3.41	9.58
	Never (Aware)	42.92	77.39	82.04	47.26	9.20	9.62	19.29	19.57	3.63	4.49	11.42	40.83

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CURRENT & LAPSED USERS OF CONDOMS

WEIGHTING FACTORS

Males

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<u>Education</u>												
0 - year	1.00	3.21	4.67	3.18	0.15	0.23	1.15	1.80	-	0.50	0.51	0.63
1 - 9 years	1.87	5.02	7.56	2.67	0.16	0.89	2.37	1.58	0.12	0.37	1.05	1.60
10 + years	9.63	11.83	10.00	6.88	2.28	1.49	3.25	2.25	0.58	0.35	1.83	0.63
<u>Age</u>												
15 - 24 years	1.00	0.72	0.57	0.46	0.07	0.11	0.54	0.35	0.03	0.06	0.27	0.08
25 - 34 years	1.42	3.52	3.33	2.23	0.42	0.23	1.03	0.81	0.11	0.17	0.27	0.32
35 - 49 years	0.81	0.93	1.84	0.59	0.17	0.34	0.17	0.29	0.04	0.09	0.33	0.33

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CURRENT & LAPSED USERS OF CONDOMS

WEIGHTING FACTORS

Females

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<u>Education</u>												
0 - years	1.00	19.84	95.34	54.96	1.50	7.13	17.34	20.93	2.24	5.03	20.18	78.64
1 - 9 years	24.05	63.15	86.48	42.87	4.06	6.70	15.10	13.20	1.99	4.63	6.82	19.15
10 + years	75.15	115.08	39.91	12.09	15.83	7.78	23.49	11.37	4.41	3.57	2.67	3.02
<u>Age</u>												
15 - 24 years	1.00	0.92	1.48	0.80	0.13	0.16	0.33	-	0.08	0.04	0.35	1.27
25 - 34 years	3.60	7.13	6.93	4.68	0.81	0.45	2.23	2.33	0.20	0.41	0.53	2.48
35 - 49 years	2.07	5.15	6.34	1.83	0.48	0.83	1.15	0.70	0.21	0.43	1.08	2.95

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CONSIDERING EFFECTIVE/IN-EFFECTIVE

WEIGHTING FACTORS

MALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I - <u>Usership:</u>												
Current ..	1.00	0.71	1.33	0.50	0.06	0.14	-	0.09	-	0.10	0.17	0.43
Lapsed ..	1.71	1.03	2.33	1.00	0.21	0.31	0.36	0.44	0.13	0.35	0.68	1.51
Never (Aware) ..	3.18	6.19	7.45	2.67	0.89	1.51	4.15	2.42	0.57	0.96	2.57	2.37
II - <u>Education:</u>												
0 - Years ..	1.00	1.98	3.02	1.13	-	0.27	1.23	0.82	0.06	0.62	0.58	2.20
1 - 9 " ..	1.13	1.98	3.28	1.32	0.17	0.62	1.38	1.41	0.18	0.46	0.78	1.96
10 + " ..	4.53	5.03	6.30	2.27	1.14	1.33	2.50	1.04	0.55	0.51	2.52	0.73
III - <u>Age:</u>												
15 - 24 Years ..	1.00	1.28	0.57	0.57	0.18	0.15	0.92	0.45	0.05	0.17	0.58	1.10
25 - 34 " ..	2.55	4.25	5.86	2.13	0.51	0.81	2.11	1.31	0.41	0.55	1.02	1.65
35 - 49 " ..	1.45	1.21	3.02	0.85	0.29	0.70	0.80	0.75	0.14	0.48	1.31	0.92

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CONSIDERING EFFECTIVE/IN-EFFECTIVE

WEIGHTING FACTORS

FEMALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I - <u>UserShip:</u>												
Current ..	1.00	0.82	2.64	1.12	0.36	0.41	0.40	0.17	0.07	0.17	0.52	0.72
Lapsed ..	3.20	9.78	12.17	6.36	0.53	1.16	2.81	1.92	0.32	0.80	2.09	3.34
Never (Aware) ..	15.81	30.16	38.11	29.92	5.02	6.70	16.89	15.33	2.83	4.75	14.77	19.80
II - <u>Education:</u>												
0 - Years ..	1.00	18.73	17.40	16.03	0.93	1.89	7.47	7.34	0.94	1.84	8.07	13.47
1 - 9 " ..	3.86	9.32	13.62	8.02	1.05	1.95	3.45	3.36	0.60	1.31	3.10	3.07
10 + " ..	9.44	11.65	6.81	2.67	2.24	2.07	3.45	1.74	0.76	0.94	1.24	0.51
III - <u>Age:</u>												
15 - 24 Years ..	1.00	1.13	2.20	1.76	0.23	0.41	1.01	0.77	0.14	0.22	0.77	1.52
25 - 34 " ..	2.83	5.54	6.61	5.40	0.75	0.92	2.68	2.42	0.46	0.79	2.07	3.44
35 - 49 " ..	1.72	4.64	5.88	3.22	0.66	0.96	1.90	1.64	0.29	0.57	1.98	1.66

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CONSIDERING INEFFECTIVE

WEIGHTING FACTORS

MALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I - <u>Usership:</u>												
Current ..	-	0.87	1.12	-	-	0.13	-	-	-	-	-	0.31
Lapsed ..	1.00	-	1.12	0.48	0.43	0.23	-	0.68	0.15	0.28	0.50	0.63
Never (Aware) ..	2.23	5.32	5.75	2.35	1.37	2.19	7.15	3.84	0.45	0.84	1.99	2.55
II - <u>Education:</u>												
0 - Years ..	1.00	2.81	5.94	0.99	-	0.74	2.81	2.80	0.16	1.02	1.54	5.27
1- 9 " ..	1.00	1.79	3.47	2.93	0.45	2.01	4.28	3.74	0.24	0.44	1.03	1.95
10 + " ..	4.66	8.18	7.10	1.93	3.27	2.53	7.68	2.80	0.84	0.85	2.57	-
III - <u>Age:</u>												
15 - 24 Years ..	1.00	0.90	-	0.99	0.42	0.53	3.40	0.93	-	0.44	-	3.97
25 - 34 " ..	3.60	8.19	10.56	4.87	3.17	2.75	9.60	4.20	0.85	1.16	3.09	2.60
35 - 49 " ..	2.07	3.71	5.95	-	1.69	2.01	1.77	4.20	0.38	0.72	2.06	0.65

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CONSIDERING INEFFECTIVE

WEIGHTING FACTORS

FEMALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I - <u>Usership:</u>												
Current ..	-	-	0.39	0.25	0.04	-	-	0.13	-	-	0.16	-
Lapsed ..	1.00	3.84	4.88	1.64	0.14	0.41	0.92	0.64	0.14	0.32	0.63	1.14
Never (Aware) ..	6.69	12.87	14.26	10.71	1.60	2.51	6.77	5.66	1.26	2.12	7.08	7.66
II - <u>Education:</u>												
0 - Years ..	1.00	7.87	14.27	12.27	0.61	1.71	5.62	5.85	0.93	1.82	8.56	10.87
1 - 9 " ..	3.37	5.43	12.05	5.93	0.58	1.61	3.75	2.61	0.46	1.39	3.19	2.86
10 + " ..	8.12	13.84	5.39	2.25	1.70	1.42	3.12	1.98	0.89	0.75	1.02	0.57
III - <u>Age:</u>												
15 - 24 Years ..	1.00	1.58	3.92	3.42	0.25	0.69	2.73	1.29	0.26	0.43	1.39	1.56
25 - 34 " ..	4.91	9.68	9.00	9.23	1.03	1.10	4.27	3.65	0.78	1.44	3.91	5.93
35 - 49 " ..	3.18	8.49	10.15	2.23	0.82	1.66	2.09	2.65	0.61	1.01	4.00	2.91

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CONSIDERING EFFECTIVE

WEIGHTING FACTORS

MALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I - <u>UserShip:</u>												
Current ..	1.00	0.27	0.66	0.77	0.08	0.13	-	0.14	-	0.08	0.14	0.17
Lapsed ..	1.16	0.98	1.64	1.25	0.04	0.33	0.52	0.25	0.02	0.12	0.28	0.88
Never (Aware) ..	1.84	3.19	4.26	2.78	0.48	0.98	2.07	1.31	0.19	0.29	0.98	0.52
II - <u>Education:</u>												
0 - Years ..	1.00	1.74	1.75	1.48	-	0.23	1.39	0.70	-	0.29	-	0.31
1 - 9 " ..	1.29	2.22	3.51	4.28	0.14	0.46	1.16	1.40	0.12	0.37	0.50	1.57
10 + " ..	4.86	3.96	6.43	2.83	0.93	1.88	2.08	0.94	0.27	0.22	2.01	0.93
III - <u>Age:</u>												
15 - 24 Years ..	1.00	1.48	0.78	0.91	0.24	0.15	0.77	0.63	0.05	0.05	0.67	-
25 - 34 " ..	2.38	3.22	4.68	3.03	0.29	0.79	1.23	1.23	0.18	0.25	0.17	1.05
35 - 49 " ..	1.38	0.58	2.34	1.77	0.19	0.77	1.08	0.16	0.03	0.30	0.84	0.82

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CONSIDERING EFFECTIVE

WEIGHTING FACTORS

FEMALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<u>I - Usership:</u>												
Current ..	1.00	0.80	1.95	0.86	0.29	0.35	0.43	0.17	0.07	0.18	0.33	0.70
Lapsed ..	1.80	4.99	6.12	4.30	0.32	0.54	1.29	0.85	0.17	0.44	1.31	2.10
Never (Aware) ..	7.20	14.19	19.73	16.36	2.57	2.97	6.90	7.44	1.47	2.30	6.53	11.19
<u>II - Education:</u>												
0 - Years ..	1.00	8.99	21.78	21.53	1.22	1.87	8.49	8.74	1.17	2.14	8.58	19.12
1 - 9 * ..	4.34	14.66	16.22	11.13	1.48	2.00	2.73	3.95	0.89	1.46	3.41	3.73
10 + * ..	11.34	9.66	8.34	3.23	2.59	2.58	3.16	1.41	0.80	1.26	1.63	0.46
<u>III - Age:</u>												
15 - 24 Years ..	1.00	0.92	1.50	1.17	0.20	0.27	0.22	0.53	0.11	0.16	0.61	1.69
25 - 34 * ..	2.04	4.08	5.79	4.12	0.58	0.76	1.80	1.83	0.41	0.62	1.53	2.74
35 - 49 * ..	1.12	3.33	4.28	3.68	0.54	0.58	1.58	1.16	0.20	0.44	1.26	1.40

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AWARE OF OCP BRAND

WEIGHTING FACTORS

MALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<u>I - Usership:</u>												
Current ..	1.00	-	1.50	0.47	0.19	0.16	-	-	-	0.08	-	-
Lapsed ..	1.32	1.13	1.51	0.47	0.19	0.32	-	-	0.14	0.18	-	-
Never (Aware) ..	2.95	1.69	1.55	0.49	0.75	0.16	0.96	-	0.29	0.44	1.04	0.39
<u>II - Education:</u>												
0 - Years ..	1.00	-	2.46	-	-	-	-	-	-	0.85	-	-
1- 9 " ..	2.17	1.79	2.46	1.49	-	-	1.00	-	-	0.26	1.09	-
10 + " ..	13.52	7.15	9.54	3.03	3.59	2.03	2.04	-	1.36	1.11	2.22	1.24
<u>III - Age:</u>												
15 - 24 Years ..	1.00	0.82	-	-	0.41	-	0.46	-	0.07	0.26	1.02	-
25 - 34 " ..	3.84	2.47	4.46	2.08	0.83	0.94	0.94	-	0.56	0.51	0.50	0.57
35 - 49 " ..	2.84	0.82	2.20	-	0.41	-	-	-	-	0.26	-	-

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AWARE OF OCP BRAND

WEIGHTING FACTORS

FEMALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I - <u>Usership:</u>												
Current ..	1.00	0.43	1.95	0.97	0.54	0.28	0.31	0.31	0.04	0.18	-	1.21
Lapsed ..	2.60	5.97	5.17	4.03	0.30	0.28	0.88	1.22	0.16	0.09	1.57	1.59
Never (Aware) ..	3.07	4.45	2.64	1.49	0.91	0.30	1.19	0.29	0.08	0.09	0.32	0.38
II - <u>Education:</u>												
0 - Years ..	1.00	3.65	17.18	15.08	1.44	1.06	4.45	3.40	0.44	0.99	4.68	7.50
1 - 9 " ..	6.73	14.63	14.62	7.54	0.59	0.55	2.23	1.15	0.14	-	1.20	2.97
10 + " ..	17.21	22.35	4.74	1.70	4.51	1.62	2.23	2.24	0.45	0.33	1.20	1.42
III - <u>Age:</u>												
15 - 24 Years ..	1.00	-	9.87	1.95	1.44	-	-	1.15	-	-	-	4.52
25 - 34 " ..	15.47	29.66	9.87	16.78	2.81	2.17	3.39	3.40	0.73	0.66	2.34	2.97
35 - 49 " ..	8.48	10.97	16.81	5.59	2.29	1.06	5.52	2.24	0.30	0.65	4.75	4.40

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OVRAL
WEIGHTING FACTORS
MALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I - <u>Usership:</u>												
Current ..	1.00	-	3.11	-	0.41	-	-	-	-	0.38	-	-
Lapsed ..	2.01	2.38	6.21	-	0.38	0.61	-	-	0.41	0.76	-	-
Never (Aware) ..	6.11	2.20	6.21	-	2.34	0.61	1.22	-	1.21	0.76	-	1.64
II - <u>Education:</u>												
0 - Years ..	-	-	-	-	-	-	-	-	-	0.75	-	-
1 - 9 " ..	1.00	2.34	3.06	-	-	-	1.20	-	-	0.38	-	-
10 + " ..	8.00	2.17	12.26	-	3.08	1.19	-	-	1.60	0.75	-	1.64
III - <u>Age:</u>												
15 - 24 Years ..	1.00	1.17	-	-	0.39	-	-	-	0.10	0.19	-	-
25 - 34 " ..	2.50	1.17	4.60	-	0.97	0.60	0.60	-	0.69	0.56	-	0.82
35 - 49 " ..	1.00	1.21	3.06	-	0.19	-	-	-	-	0.19	-	-

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OVRAL
WEIGHTING FACTORS
FEMALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I - <u>Usership:</u>												
Current ..	1.00	-	-	1.95	0.87	-	-	-	0.16	0.29	-	-
Lapsed ..	4.98	9.00	4.89	1.95	0.28	0.96	0.99	2.02	0.16	0.29	-	2.65
Never (Aware) ..	3.99	1.84	2.42	-	2.05	0.47	0.99	-	0.16	-	1.04	1.30
II - <u>Education:</u>												
0 - Years ..	-	0.87	1.21	-	0.15	-	-	-	0.08	0.15	-	0.66
1 - 9 " ..	1.00	0.92	1.21	0.98	-	0.24	0.50	-	0.08	-	-	1.33
10 + " ..	4.01	3.65	1.24	0.98	1.46	0.48	0.50	1.01	0.08	0.15	0.52	-
III - <u>Age:</u>												
15 - 24 Years ..	-	-	0.61	-	0.14	-	-	0.25	-	-	-	0.66
25 - 34 " ..	1.00	2.25	0.61	0.98	0.44	0.24	0.50	-	0.04	0.07	-	-
35 - 49 " ..	1.50	0.46	0.62	-	0.22	0.12	-	0.25	0.08	0.07	0.26	0.33

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NORDETTE
WEIGHTING FACTORS
MALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I - <u>Usership:</u>												
Current ..	1.00	-	2.21	-	0.28	-	-	-	-	-	-	-
Lapsed ..	-	-	-	-	-	-	-	-	0.14	-	-	-
Never (Aware) ..	4.87	1.71	-	-	1.12	-	-	-	0.29	0.54	1.86	1.18
II - <u>Education:</u>												
0 - Years ..	-	-	2.26	-	-	-	-	-	-	-	-	-
1 - 9 " ..	1.00	1.75	-	-	-	-	-	-	-	-	-	-
10 + " ..	5.01	-	-	-	1.43	-	-	-	0.44	0.56	1.90	1.21
III - <u>Age:</u>												
15 - 24 Years ..	-	1.71	-	-	-	-	-	-	0.14	-	1.86	-
25 - 34 " ..	4.87	-	2.21	-	0.84	-	-	-	0.29	0.27	-	1.18
35 - 49 " ..	1.00	-	-	-	0.56	-	-	-	-	0.27	-	-

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NORDEITE
WEIGHTING FACTORS
FEMALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I - <u>Usership:</u>												
Current ..	1.00	-	1.22	0.96	0.29	-	-	-	-	-	-	-
Lapsed ..	-	0.91	-	1.96	0.29	-	-	0.50	0.08	-	0.53	-
Never (Aware) ..	-	0.91	-	-	0.58	-	0.49	-	-	-	-	-
II - <u>Education:</u>												
0 - Years ..	-	-	-	2.93	0.11	-	-	-	0.03	-	0.53	-
1 - 9 " ..	-	0.50	-	-	-	-	0.24	-	0.03	-	-	-
10 + " ..	1.00	0.50	1.22	-	1.06	-	0.24	0.50	0.03	-	-	-
III - <u>Age:</u>												
15 - 24 Years ..	-	-	1.22	-	0.59	-	-	-	-	-	-	-
25 - 34 " ..	1.00	1.81	-	0.96	0.20	-	-	0.50	0.08	-	-	-
35 - 49 " ..	-	-	-	1.96	0.38	-	0.49	-	-	-	0.53	-

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OTHERS
WEIGHTING FACTORS
MALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<u>I - Usership:</u>												
Current ..	-	-	-	0.90	0.15	0.23	-	-	-	-	-	-
Lapsed ..	1.00	-	1.17	0.90	0.14	0.23	-	-	0.08	0.14	-	-
Never (Aware) ..	3.00	1.81	-	0.93	0.59	-	0.92	-	0.08	0.14	-	-
<u>II - Education:</u>												
0 - Years ..	1.00	-	-	-	-	-	-	-	-	-	-	-
1 - 9 " ..	1.00	1.81	2.34	1.81	-	-	-	-	-	-	-	-
10 + " ..	6.00	1.81	-	3.67	1.78	0.91	1.84	-	0.31	0.57	-	-
<u>III - Age:</u>												
15 - 24 Years ..	1.00	1.88	-	-	0.61	-	0.96	-	-	0.30	-	-
25 - 34 " ..	5.25	-	-	5.70	0.61	0.95	0.95	-	0.32	0.30	-	-
35 - 49 " ..	2.08	1.88	2.43	-	0.62	-	-	-	-	-	-	-

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OTHERS
WEIGHTING FACTORS
FEMALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<u>I - Usership:</u>												
Current ..	1.00	1.81	-	-	0.39	0.96	0.99	1.01	-	-	-	3.98
Lapsed ..	2.00	1.81	4.88	3.89	0.39	-	-	-	0.16	-	-	-
Never (Aware) ..	1.99	3.61	-	-	1.18	-	0.99	1.01	-	-	-	-
<u>II - Education:</u>												
0 - Years ..	-	-	2.44	-	0.98	0.96	0.99	2.02	0.16	-	-	3.98
1 - 9 " ..	1.00	3.61	2.43	3.89	0.97	-	-	-	-	-	-	-
10 + " ..	3.99	3.61	-	-	-	-	0.99	-	-	-	-	-
<u>III - Age:</u>												
15 - 24 Years ..	-	-	0.49	-	-	-	-	-	-	-	-	0.26
25 - 34 " ..	1.00	1.09	-	0.78	0.39	0.19	0.20	0.20	0.03	-	-	-
35 - 49 " ..	-	0.36	0.49	-	-	-	0.20	0.20	-	-	-	0.53

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AWARE NO. OF OCP IN PACKAGE

WEIGHTING FACTORS

MALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<u>I - Usership:</u>												
Current ..	1.00	-	4.23	1.45	0.32	-	-	-	-	-	-	-
Lapsed ..	-	-	-	1.45	0.95	-	0.99	1.95	-	0.28	3.22	2.73
Never (Aware) ..	-	4.36	4.23	1.50	-	0.98	0.99	-	14.64	-	1.08	1.34
<u>II - Education:</u>												
0 - Years ..	-	-	2.12	-	0.32	-	-	-	-	-	-	1.34
1 - 9 " ..	-	4.36	-	-	0.32	-	1.99	0.98	14.64	0.28	1.08	2.73
10 + " ..	1.00	-	6.35	4.41	0.63	0.99	-	0.98	-	-	3.22	-
<u>III - Age:</u>												
15 - 24 Years ..	-	-	-	-	-	-	-	0.98	-	-	1.08	1.34
25 - 34 " ..	1.00	-	4.23	1.45	1.27	-	1.99	-	14.64	0.28	-	1.34
35 - 49 " ..	-	4.36	4.23	2.96	-	0.99	-	0.98	-	-	3.22	1.38

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AWARE NO. OF DCP IN PACKAGE

WEIGHTING FACTORS

FEMALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I - <u>Usership:</u>												
Current ..	1.00	1.96	2.51	2.29	-	0.53	1.07	-	0.17	0.16	1.74	-
Lapsed ..	3.07	11.97	21.89	5.83	-	1.90	2.15	2.55	0.60	2.38	3.49	5.10
Never (Aware) ..	2.61	7.83	11.48	2.29	1.40	1.61	2.74	3.52	0.34	0.63	2.36	2.89
II - <u>Education:</u>												
0 - Years ..	1.00	6.96	17.94	4.69	0.16	1.09	2.15	2.55	0.42	1.43	4.71	6.53
1 - 9 * ..	1.54	9.79	13.99	4.58	0.31	1.09	1.67	2.00	0.26	1.11	1.75	0.72
10 + * ..	4.14	5.01	3.95	1.15	0.94	1.85	2.15	1.52	0.43	0.63	1.14	0.72
III - <u>Age :</u>												
15 - 24 Years ..	1.00	-	0.94	-	0.10	0.34	0.35	0.99	0.11	0.10	0.40	0.93
25 - 34 * ..	2.00	6.38	9.11	4.55	0.61	1.42	1.75	0.99	0.33	1.35	2.67	3.32
35 - 49 * ..	1.35	7.80	13.32	2.24	0.20	0.86	1.79	1.98	0.28	0.62	1.88	0.94

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LEARNING FROM PROVIDER

WEIGHTING FACTORS

MALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I - <u>Usership:</u>												
Current ..	1.00	1.77	1.08	0.93	0.22	0.34	-	0.20	-	0.15	0.26	0.33
Lapsed ..	2.54	0.89	4.04	1.39	0.22	0.45	0.42	0.88	0.19	0.41	0.97	1.79
Never (Aware) ..	5.55	7.18	4.43	5.41	2.34	2.95	4.80	3.81	0.93	1.61	3.89	3.31
II - <u>Education:</u>												
0 - Years ..	1.99	1.08	3.17	1.46	0.11	0.35	1.02	0.99	0.15	0.59	0.76	1.20
1 - 9 " ..	1.00	1.78	3.66	2.85	0.17	0.85	1.02	1.34	0.20	0.44	1.33	2.13
10 + " ..	5.14	4.87	5.37	1.76	1.91	1.73	2.05	1.50	0.53	0.67	1.93	0.94
III - <u>Age:</u>												
15 - 24 Years ..	1.00	0.39	0.86	1.09	0.39	0.09	1.02	0.50	0.11	0.32	0.56	0.47
25 - 34 " ..	3.57	5.95	6.84	4.31	1.07	1.29	1.56	1.65	0.56	0.59	1.53	2.60
35 - 49 " ..	2.57	1.39	4.52	0.67	0.72	1.55	1.52	1.69	0.21	0.79	1.93	1.20

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LEARNING FROM PROVIDERS

WEIGHTING FACTORS

FEMALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I - <u>Usership:</u>												
Current ..	1.00	0.42	2.92	1.20	0.73	0.46	0.64	-	0.16	0.28	0.92	1.16
Lapsed ..	4.20	14.22	18.65	9.31	0.47	1.74	3.62	2.52	0.54	1.26	2.48	6.17
Never (Aware) ..	14.82	27.19	36.72	19.52	5.47	9.42	17.05	14.27	1.54	3.13	9.67	11.96
II - <u>Education:</u>												
0 - Years ..	1.00	6.27	13.27	9.51	0.89	1.74	5.33	5.22	0.54	1.04	5.08	8.67
1 - 9 " ..	1.78	6.97	14.89	5.17	0.74	2.71	2.96	2.80	0.30	0.81	1.16	1.82
10 + " ..	8.34	9.98	4.21	2.00	2.08	2.00	3.55	1.31	0.40	0.75	1.02	0.21
III - <u>Age:</u>												
15 - 24 Years ..	1.00	1.11	2.05	1.24	0.22	0.51	0.94	0.84	0.07	0.14	0.54	0.96
25 - 34 " ..	3.06	6.63	7.70	5.03	1.00	1.40	2.88	2.27	0.38	0.63	1.54	2.44
35 - 49 " ..	1.82	4.55	7.36	2.56	0.74	1.50	2.44	1.82	0.20	0.60	1.76	2.26

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TOTAL RESPONDENTS

WEIGHTING FACTORS

Table Nos. 1, 27

MALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I - Userships:												
Current ..	1.00	0.99	2.25	0.75	0.12	0.19	-	0.12	-	0.08	0.13	0.35
Lapsed ..	2.14	0.99	2.90	1.51	0.36	0.44	0.50	0.61	0.13	0.32	0.68	1.21
Aware ..	11.71	21.64	23.17	17.09	3.44	5.39	10.60	10.08	1.60	2.37	7.46	8.29
II - Education:												
0 - Years ..	1.00	2.81	6.07	6.77	0.15	0.60	2.31	3.84	0.23	0.57	2.34	6.41
1 - 9 " ..	1.46	4.29	6.24	5.14	0.26	1.15	2.11	2.25	0.27	0.68	2.63	2.23
10 + " ..	7.15	9.65	9.36	5.01	2.03	2.06	3.19	1.39	0.77	1.13	3.29	1.77
III - Age:												
15 - 24 years ..	1.00	1.27	1.73	1.62	0.20	0.27	0.71	0.76	0.14	0.23	0.88	1.30
25 - 34 " ..	2.23	4.15	4.94	4.74	0.61	0.79	1.87	2.02	0.29	0.46	1.21	2.60
35 - 49 " ..	1.58	2.95	4.16	2.10	0.41	0.84	1.22	0.96	0.21	0.50	2.05	1.30

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TOTAL RESPONDENTS

WEIGHTING FACTORS

FEMALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I - <u>Usership:</u>												
Current ..	1.00	1.03	2.44	1.12	0.33	0.34	0.42	0.29	0.07	0.17	0.45	0.76
Lapsed ..	3.29	9.83	12.56	6.41	0.58	1.10	2.70	1.87	0.37	0.88	2.26	3.59
Aware ..	31.44	53.81	72.22	62.13	8.46	13.97	28.78	30.28	4.50	8.39	31.13	38.24
II - <u>Education:</u>												
0 Years ..	1.00	4.81	9.15	9.44	0.47	1.38	4.03	4.63	0.47	1.04	5.23	7.58
1 - 9 " ..	1.97	4.19	6.41	4.39	0.54	1.09	1.58	1.61	0.30	0.60	1.55	1.53
10 + " ..	4.84	5.15	3.51	1.40	1.04	0.90	1.36	0.85	0.31	0.43	0.62	0.21
III - <u>Age:</u>												
15 - 24 Years ..	1.00	1.38	2.35	1.84	0.18	0.38	0.66	0.90	0.14	0.24	0.91	1.38
25 - 34 " ..	2.37	4.11	5.41	5.16	0.62	0.83	2.16	2.20	0.31	0.57	1.71	2.96
35 - 49 " ..	1.52	3.37	4.21	2.56	0.48	0.91	1.56	1.35	0.22	0.49	2.02	1.51

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NEVER USERS OF OCP BUT AWARE

WEIGHTING FACTORS

MALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I - <u>Usership:</u>												
Never User of OCP	1.00	1.85	1.98	1.46	0.29	0.46	0.90	0.86	0.14	0.20	0.64	0.71
II - <u>Education:</u>												
0 Years ..	0.14	0.42	0.74	0.78	0.02	0.10	0.37	0.59	0.03	0.07	0.24	0.59
1 - 9 " ..	0.20	0.64	0.77	0.60	0.04	0.19	0.34	0.35	0.04	0.08	0.27	0.20
10 + " ...	1.00	1.43	1.15	0.58	0.33	0.33	0.51	0.22	0.11	0.13	0.34	0.16
III - <u>Age:</u>												
15 - 24 Years	0.63	0.86	0.96	0.85	0.14	0.20	0.52	0.53	0.09	0.12	0.41	0.54
25 - 34 " ..	1.41	2.79	2.74	2.49	0.45	0.58	1.35	1.42	0.19	0.24	0.57	1.08
35 - 49 " ..	1.00	1.98	2.31	1.10	0.30	0.62	0.89	0.67	0.14	0.26	0.96	0.54

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RESPONDENT NOT USING CONTRACEPTIVE CURRENTLY

WEIGHTING FACTORS

MALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<u>I - Usership:</u>												
Current ..	1.00	0.56	1.34	-	-	-	-	-	-	-	-	0.61
Lapsed ..	3.33	3.36	5.36	4.34	0.65	1.23	0.85	1.78	0.34	0.66	1.41	3.33
Never (Aware) ..	29.00	52.07	60.35	43.85	8.58	14.11	27.42	27.88	4.56	5.97	22.09	26.35
<u>II - Education:</u>												
0 - Years ..	1.00	3.60	6.61	8.05	0.24	1.05	4.36	6.35	0.34	0.85	3.32	7.52
1 - 9 " ..	2.43	5.76	7.76	6.19	0.28	1.71	2.91	4.57	0.42	0.68	2.32	2.73
10 + " ..	10.85	14.63	14.36	6.40	3.44	3.81	4.85	1.78	1.34	1.31	4.43	2.73
<u>III - Age:</u>												
15 - 24 Years ..	1.00	1.60	1.83	1.25	0.19	0.29	0.66	0.61	0.09	0.20	1.06	1.32
25 - 34 " ..	2.00	3.13	4.39	3.55	0.63	1.00	1.89	2.30	0.33	0.29	0.80	2.02
35 - 49 " ..	1.55	2.90	2.93	1.77	0.44	0.79	1.31	1.13	0.25	0.42	1.35	0.78

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RESPONDENT NOT USING CONTRACEPTIVE CURRENTLY

WEIGHTING FACTORS

FEMALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<u>I - Usership :</u>												
Current ..	0.01	0.12	0.03	-	-	0.01	-	-	-	0.01	0.01	-
Lapsed ..	0.11	0.27	0.39	0.23	0.01	0.03	0.08	0.07	0.01	0.02	0.05	0.13
Never (Aware) ..	1.00	1.63	2.57	2.37	0.30	0.54	1.10	1.27	0.17	0.32	1.28	1.52
<u>II - Education :</u>												
0 - Years ..	0.26	1.29	2.38	2.61	0.14	0.38	1.14	1.42	0.13	0.29	1.56	2.09
1 - 9 " ..	0.49	0.84	1.54	1.10	0.13	0.28	0.41	0.46	0.08	0.16	0.38	0.41
10 + " ..	1.00	0.87	0.75	0.37	0.22	0.23	0.29	0.21	0.07	0.10	0.17	0.08
<u>III - Age :</u>												
15 - 24 Years ..	1.98	1.15	2.06	1.65	0.13	0.31	0.54	0.88	0.12	0.20	0.85	1.14
25 - 34 " ..	1.42	2.25	3.69	3.90	0.43	0.67	1.56	1.84	0.25	0.41	1.39	2.52
35 - 49 " ..	1.00	2.09	2.83	1.95	0.34	0.65	1.29	1.11	0.15	0.39	1.62	1.09

OK

USING CURRENTLY LAST MONTH (SPOUSES)

WEIGHTING FACTORS

MALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<u>I - Usership:</u>												
Current ..	1.00	1.03	2.40	0.84	0.12	0.19	-	0.14	-	0.08	0.13	0.40
Lapsed ..	0.28	0.26	-	-	0.04	0.06	-	-	-	0.04	0.13	-
Never (Aware) ..	0.57	-	1.35	1.11	0.08	0.33	0.29	0.29	0.02	0.25	0.38	-
<u>II - Education:</u>												
0 - Years ..	1.00	1.75	9.14	-	0.27	0.44	1.99	1.96	-	0.55	-	1.36
1 - 9 " ..	1.00	5.24	11.43	7.54	0.27	0.98	-	-	-	0.82	2.58	-
10 + " ..	10.53	1.75	4.83	5.69	1.05	2.66	-	0.97	0.17	1.12	1.72	1.35
<u>III - Age:</u>												
15 - 24 Years ..	1.00	-	1.22	0.98	0.28	-	-	0.51	-	0.15	0.46	0.72
25 - 34 " ..	4.13	4.64	8.65	4.99	0.42	1.18	0.53	-	0.09	0.89	0.92	0.72
35 - 49 " ..	1.53	-	3.65	1.06	0.15	0.93	0.53	1.04	-	0.29	0.91	-

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USING CURRENTLY/LAST MONTH (SPOUSES)

WEIGHTING FACTORS

FEMALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I - <u>Usership:</u>												
Current ..	-	-	-	-	-	-	-	0.22	-	-	-	-
Lapsed ..	1.00	3.75	3.25	1.54	0.24	0.27	1.39	0.40	0.10	0.35	0.82	1.06
Never (Aware) ..	13.29	21.23	18.41	13.83	2.47	2.71	5.21	3.85	0.99	1.48	4.31	5.99
II - <u>Education:</u>												
0 - Years ..	1.00	7.66	6.72	7.94	0.21	0.81	2.08	1.25	0.23	0.45	1.80	4.82
1 - 9 " ..	2.38	7.00	4.93	3.64	0.45	1.07	1.56	1.25	0.25	0.45	1.98	1.36
10 + " ..	9.14	7.22	7.40	1.89	1.71	0.73	2.14	1.41	0.48	0.70	0.72	-
III - <u>Age:</u>												
15 - 24 Years ..	1.00	0.64	1.24	0.49	0.26	0.30	0.63	-	0.10	0.15	0.13	0.99
25 - 34 " ..	4.91	9.38	6.89	6.55	0.88	0.59	2.56	1.82	0.30	0.61	1.18	1.66
35 - 49 " ..	3.18	5.88	5.65	2.74	0.58	1.00	1.01	0.02	0.28	0.39	1.96	1.84

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MENTION BIRTH SPACING

WEIGHTING FACTORS

MALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<u>I - Usership:</u>												
Current ..	1.00	0.89	2.14	0.70	0.11	0.17	-	0.10	-	0.08	0.15	0.38
Lapsed ..	2.00	0.23	2.94	1.23	0.37	0.45	0.41	0.62	0.11	0.26	0.52	1.14
Never (Aware) ..	11.28	20.41	21.67	15.63	3.23	5.04	9.81	9.59	1.53	2.26	6.72	7.98
<u>II - Education:</u>												
0 - Years ..	1.00	2.41	4.58	4.92	0.14	0.62	2.38	3.69	0.18	0.59	1.72	4.14
1 - 9 " ..	1.56	3.97	6.24	3.69	0.23	1.23	2.38	2.57	0.26	0.49	1.61	1.70
10 + " ..	8.55	10.87	9.99	5.05	2.52	2.55	3.18	1.76	0.84	0.95	2.41	1.55
<u>III - Age:</u>												
15 - 24 Years ..	1.00	1.20	1.28	0.89	0.19	0.25	0.59	0.59	0.08	0.17	0.61	0.91
25 - 34 " ..	2.14	3.39	4.43	3.30	0.63	0.77	1.69	1.77	0.27	0.34	0.75	1.48
35 - 49 " ..	1.41	2.47	2.81	1.40	0.37	0.77	0.98	0.92	0.17	0.31	0.99	0.64

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MENTION BIRTH SPACING

WEIGHTING FACTORS

FEMALES

	<u>CITY SIZE I</u>				<u>CITY SIZE II</u>				<u>CITY SIZE III</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<u>I - Usership:</u>												
Current ..	1.00	1.21	2.44	1.23	0.35	0.40	0.28	0.27	0.09	0.16	0.59	0.35
Lapsed ..	3.00	9.05	11.40	6.17	0.53	0.94	2.49	1.88	0.31	0.73	2.05	3.18
Never (Aware) ..	29.33	50.09	67.56	54.32	7.88	12.03	24.90	24.76	3.98	7.20	26.70	31.80
<u>II - Education:</u>												
0 - Years ..	1.00	4.74	9.02	8.55	0.46	1.17	3.51	3.85	0.40	0.92	4.74	6.52
1 - 9 " ..	1.92	4.16	6.20	4.27	0.53	1.05	1.53	1.55	0.30	0.54	1.42	1.38
10 + " ..	4.77	5.01	3.57	1.42	1.03	0.86	1.34	0.81	0.30	0.41	0.61	0.24
<u>III - Age:</u>												
15 - 24 Years ..	1.00	1.36	2.44	0.74	0.18	0.36	0.62	0.77	0.13	0.21	1.06	1.27
25 - 34 " ..	2.45	4.26	5.49	6.39	0.63	0.76	2.07	2.02	0.30	0.53	2.24	2.70
35 - 49 " ..	1.55	3.44	4.27	2.13	0.50	0.88	1.45	1.25	0.22	0.46	1.10	1.33

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STANDARD ERROR AT 95% CONFIDENCE

	<u>F E M A L E S</u>						<u>H U S B A N D</u>					
	<u>%</u>	<u>TOTAL</u>	<u>GRP. I</u>	<u>GRP. II</u>	<u>CLASS OVERALL</u>	<u>PER CLASS GROUP WISE</u>	<u>%</u>	<u>TOTAL</u>	<u>GRP. I</u>	<u>GRP. II</u>	<u>CLASS OVERALL</u>	<u>PER CLASS GROUP WISE</u>
<u>SAMPLE SIZE</u>		2790	1000	900	700	225		1400	500	450	350	112
<u>VARIABLES</u>												
AWARENESS OF PILLS	75	1.60	2.68	2.82	3.20	5.65	60	2.56	4.29	4.52	5.13	9.07
RESPONDENT NOT USING CONTRACEPTIVES CURRENTLY	78	1.53	2.57	2.71	3.07	5.41	54	2.61	4.37	4.60	5.22	9.22
USING CURRENTLY LAST MONTH	9	1.06	1.77	1.87	2.12	3.74	16	1.92	3.21	3.38	3.84	6.79
USING CURRENTLY LAST MONTH (SPOUSE)	17	1.39	2.32	2.45	2.78	4.91	5	1.14	1.91	2.01	2.28	4.03
MENTION BIRTH SPACING	94	0.88	1.47	1.55	1.76	3.10	70	2.40	4.01	4.23	4.80	8.49
AWARE OF ORAL CONTRACEPTIVE PILLS BRANDS	5	0.81	1.35	1.42	1.61	2.85	5	1.14	1.91	2.01	2.28	4.03
AWARE OF NO. OF ORAL CONTRACEPTIVE PILLS IN A PACKAGE	6	0.88	1.47	1.55	1.76	3.10	2	0.73	1.23	1.29	1.47	2.59
LEARNING FROM PROVIDER	26	1.62	2.72	2.87	3.25	5.73	23	2.20	3.69	3.89	4.41	7.79
CONSIDERING EFFECTIVE	30	1.70	2.84	2.99	3.39	5.99	14	1.82	3.04	3.21	3.63	6.42
CONSIDERING INEFFECTIVE	26	1.62	2.72	2.87	3.25	5.73	14	1.82	3.04	3.21	3.63	6.42
CONSIDERING UNSAFE	41	1.82	3.04	3.21	3.64	6.43	16	1.92	3.21	3.39	3.84	6.79
RECOMMENDED BY PROVIDER	5	0.81	1.35	1.42	1.61	2.85	5	1.14	1.91	2.01	2.28	4.03
ADVISOR ONE OF PROVIDER	5	0.81	1.35	1.42	1.61	2.85	5	1.14	1.91	2.01	2.28	4.03
HAVE BEEN TOLD USE OF ORAL CONTRACEPTIVE PILLS	7	0.94	1.58	1.67	1.89	3.33	6	1.24	2.08	2.19	2.49	4.40
ADVISOR ONE OF PROVIDER	5	0.81	1.35	1.42	1.61	2.85	5	1.14	1.91	2.01	2.28	4.03
DISSATISFIED WITH ORAL CONTRACEPTIVE PILLS	5	0.81	1.35	1.42	1.61	2.85	6	1.24	2.08	2.19	2.49	4.40
WILLING TO BUY	15	1.42	2.38	2.51	2.85	5.02	24	2.24	3.74	3.95	4.47	7.91
ADVISED AGAINST ORAL CONTRACEPTIVE PILLS	21	1.51	2.52	2.66	3.02	5.32	6	1.24	2.08	2.19	2.49	4.40
NOTICING ADVERTISING	1	0.37	0.62	0.65	0.74	1.30	66	2.48	4.15	4.38	4.96	8.77

DOMESTIC RESEARCH BUREAU

OF LEVER BROTHERS PAKISTAN LIMITED

VOLUME - III (1990)

STUDY ON ORAL

CONTRACEPTIVE PILLS

C O N S U M E R S

TABLES: MALES/FEMALES



**DOMESTIC
RESEARCH
BUREAU**

of Lever Brothers Pakistan Limited

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Allywood

VOLUME - III

STUDY ON ORAL CONTRACEPTIVE PILLS

CONSUMERS

T A B L E S : M A L E S / F E M A L E S

Date of Report: May 199.

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S. M. C.

CONSUMERS

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MALES

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 1

AWARENESS OF CONTRACEPTIVE METHODS.

Q3A : AS YOU KNOW THERE ARE VARIOUS WAYS
A COUPLE CAN DELAY PREGNANCY

Q3B1 : HAVE YOU HEARD OF DCPs?

Q3B11 : HAVE YOU HEARD OF CONDOMS?

BASE: TOTAL RESPONDENTS

AWARE OF ANY CONTRACEPTIVE METHOD

CONDOMS

SPONTANEOUS
PROMPTED

DCPs

SPONTANEOUS
PROMPTED

STERILIZATION

INJECTIONS

ABSTINENCE

LOOP/IUD

WITHDRAWAL

FOAM/JELLY/CREAM

OTHERS

	W.A	INCOME				CITY SIZE			USERSHIP OF DCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS	
BASE: TOTAL RESPONDENTS		350	350	350	350	500	450	450	33	85	1282	384	352	664	265	650	485
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
AWARE OF ANY CONTRACEPTIVE METHOD	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
=====	===	===	===	===	===	===	===	===	===	===	===	===	===	===	===	===	===
CONDOMS	99	96	99	100	99	99	99	100	93	98	99	98	100	98	99	99	99
=====	===	===	===	===	===	===	===	===	===	===	===	===	===	===	===	===	===
SPONTANEOUS	68	70	72	68	62	72	67	51	69	76	68	55	73	71	71	68	63
PROMPTED	31	26	27	32	37	27	32	49	24	23	31	44	27	27	28	30	36
DCPs	69	80	75	67	61	69	79	52	100	100	69	58	66	81	70	73	64
=====	===	===	===	===	===	===	===	===	===	===	===	===	===	===	===	===	===
SPONTANEOUS	46	56	52	44	37	47	52	32	88	83	45	33	47	57	45	51	44
PROMPTED	23	24	23	22	24	22	27	20	12	17	23	25	19	21	25	22	20
STERILIZATION	27	29	31	26	25	27	22	36	17	16	27	27	22	27	26	23	33
INJECTIONS	23	26	27	21	21	21	28	27	20	41	23	17	22	29	19	27	22
ABSTINENCE	20	19	24	20	19	21	12	29	10	9	21	22	17	17	22	17	25
LOOP/IUD	8	12	10	8	6	9	12	2	6	15	8	3	10	11	3	11	7
WITHDRAWAL	3	8	2	4	3	4	3	3	9	4	3	1	4	5	4	4	3
FOAM/JELLY/CREAM	3	8	1	3	2	3	3	2	10	12	3	1	2	6	3	3	4
OTHERS	2	4	1	3	2	2	3	4	11	2	2	2	2	4	2	2	2

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 2

AWARENESS OF OCP BRANDS.

Q9A: ARE YOU AWARE OF VARIOUS BRANDS OF ORAL CONTRACEPTIVE PILLS AVAILABLE IN THE MARKET?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
A) BASE: ALL THOSE AWARE OF OCPs		283	261	237	222	364	369	270	33	85	885	241	234	528	189	487	327
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
AWARE OF VARIOUS BRANDS OF OCPs	6	16	5	6	2	8	3	5	28	21	4	1	4	10	4	7	5
UNAWARE OF VARIOUS BRANDS OF OCPs	94	84	95	94	98	92	97	95	72	79	96	99	96	90	96	93	95

Q9B: WHAT BRANDS OF ORAL CONTRACEPTIVE PILLS HAVE YOU HEARD OF?

B) BASE: THOSE AWARE OF ANY BRANDS OF OCPs

		37	17	12	4	30	19	21	10	18	42	5	8	57	12	44	14
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
ORAL	61	65	58	57	21	63	60	45	39	62	63	28	62	64	56	60	48
NORDETTE	37	45	24	24	21	36	30	49	38	1	45	41	32	30	41	35	16
MINOVLAR	12	10	17	10	27	15	3	0	5	22	10	17	20	9	6	9	24
MARVELON	11	13	15	0	0	14	0	0	0	0	15	0	0	10	0	10	3
LYNDIOL	11	14	15	0	0	14	0	3	0	0	15	0	14	9	11	10	0
GYNOSSID	11	9	17	13	0	9	25	6	0	1	15	0	0	9	6	8	3
POSTINOR	9	12	0	0	52	7	21	0	7	4	10	0	12	8	6	11	2
ANOVLAR	8	10	4	6	0	8	9	5	0	10	8	0	17	5	18	1	12
LO-FEMENAL	4	7	0	0	0	6	0	0	0	0	6	0	0	4	0	5	0
OTHERS	2	1	3	6	0	0	14	2	0	5	2	0	0	3	6	2	2
CANNOT RECALL BRAND NAME	12	9	30	7	0	13	0	18	14	9	12	14	9	13	4	12	12

DRB
SNC CONSUMER SURVEY (MALES)

TABLE - 3,
AWARENESS OF PRICE OF OCPs.

Q9C: WHAT IS THE PRICE OF ---- BRAND?

	M.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: THOSE AWARE OF DVRAL		25	10	6	1	17	11	14	4	11	27	2	5	35	7	28	7
DVRAL (RS.6-7) =====	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
CORRECT RECALL	33	34	19	32	100	28	35	58	72	36	30	50	0	40	16	49	4
INCORRECT RECALL	27	19	36	43	0	35	4	9	8	42	24	50	56	15	24	24	32
DON'T KNOW	40	46	49	25	0	36	62	36	28	21	47	0	49	45	60	28	65
BASE: THOSE AWARE OF NORDETTE		14	3	3	1	8	5	8	3	1	17	1	2	18	4	13	4
NORDETTE (RS.7.20) =====	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
CORRECT RECALL	45	43	0	63	100	37	47	80	29	100	46	0	0	60	69	54	23
INCORRECT RECALL	15	16	19	0	0	17	0	8	0	0	15	0	36	1	0	1	42
DON'T KNOW	41	41	81	37	0	47	53	12	71	0	39	100	64	39	51	45	34

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 4

AWARENESS OF NUMBER OF PILLS IN A PACKAGE

Q9D: ARE YOU AWARE OF THE NUMBER OF PILLS
IN A PACKAGE?

	W.A	INCOME				CITY SIZE			USERSHIP OF DCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
A) BASE: ALL THOSE AWARE OF DCPs		283	261	237	222	364	369	270	33	85	865	241	234	528	189	487	327
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
AWARE OF NO.OF PILLS IN A PACKAGE	3	1	2	4	4	3	2	6	21	9	2	1	4	3	2	2	5
UNAWARE OF NO.OF PILLS IN A PACKAGE	97	99	98	96	96	97	98	94	79	91	98	99	96	97	98	98	95

Q9E: HOW MANY PILLS ARE THERE IN A PACKAGE?

B) BASE: THOSE AWARE OF NO.OF PILLS IN A
PACKAGE FOR ANY BRAND

		6	5	10	8	10	10	9	5	13	11	3	11	15	3	13	13
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CORRECT RECALL (21/22 PILLS OR 28 PILLS)	18	24	8	18	18	14	23	21	22	21	15	15	17	20	24	24	13
INCORRECT RECALL	82	76	92	82	82	86	77	79	78	79	85	85	83	80	76	76	87

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 5
SOURCE OF AWARENESS OF OCPs

Q10A: HOW OR FROM WHOM DID YOU FIRST
LEARN ABOUT OCPs?

	INCOME					CITY SIZE			USERSHIP OF OCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
	W.A	A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
A) BASE: ALL THOSE AWARE OF OCPs		283	261	237	222	364	369	270	33	85	885	241	234	528	189	487	327
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
SOURCE OF AWARENESS -----																	
FRIENDS/RELATIVES/NEIGHBOURS	69	54	70	71	76	67	73	72	38	32	75	78	71	65	78	69	64
DOCTOR	18	26	15	20	13	19	15	20	44	44	14	13	19	19	13	18	20
CHEMISTS	4	4	3	6	4	4	3	9	0	7	4	3	5	4	2	6	2
FAMILY WELFARE CENTRE/F.W PERSONNEL	7	9	7	5	8	5	11	7	6	12	7	5	8	8	3	7	11
HOSPITAL/MATERNITY HOME/NURSE	3	3	2	2	4	2	3	5	2	13	1	2	4	2	2	3	3
OTHERS	9	13	12	5	9	10	8	6	12	6	9	9	7	12	7	7	13

TABLE 6

ASSOCIATION OF SOURCE (PROVIDER) WITH GOVERNMENT

Q10B: WAS THIS PERSON WORKING WITH GOVT.?

B) BASE: THOSE LEARNING ABOUT OCPs FROM PROVIDER *		105	87	72	58	102	120	100	23	56	243	62	84	176	43	164	115
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
YES, ASSOCIATED WITH GOVT.	59	58	63	51	66	63	62	44	67	60	59	53	62	66	54	57	70
NO, NOT ASSOCIATED WITH GOVT.	35	37	30	41	31	33	32	47	33	40	35	44	33	29	40	37	26
DO NOT KNOW	6	5	7	7	3	5	6	9	0	0	6	3	4	5	7	5	4

* : PROVIDERS INCLUDE DOCTORS, CHEMISTS, DAIS,
FAMILY WELFARE CENTRE , CLINIC.

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SMC CONSUMER SURVEY (MALES)

TABLE - 7A
CURRENT USE OF CONTRACEPTIVE METHODS

Q5A: ARE YOU OR YOUR SPOUSE CURRENTLY USING SOME FAMILY PLANNING METHODS OR DOING SOMETHING TO AVOID PREGNANCY?	WA	INCOME				CITY SIZE			USERSHIP OF DCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
Q5B: HAVE YOU OR YOUR SPOUSE USED ANY METHOD DURING THE LAST MONTH?																	
BASE: ALL THOSE AWARE OF DCPs		283	261	237	222	364	369	270	33	85	885	241	234	528	189	487	327
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
YES, CONTRACEPTIVE METHODS ARE USED =====	32	41	34	32	24	38	23	16	100	41	28	25	32	36	27	38	26
BY SELF	25	32	29	24	18	30	19	11	15	34	25	19	22	30	22	29	22
BY WIFE	7	9	5	7	6	8	4	6	85	7	3	5	10	6	5	9	4
NO, CONTRACEPTIVE METHODS ARE NOT USED =====	68	59	66	68	76	62	77	84	0	59	72	75	68	64	73	62	74

DRB
 SMC CONSUMER SURVEY (MALES)

TABLE - 7B

METHOD OF CONTRACEPTION USED CURRENTLY

Q5C: WHAT WAS THAT METHOD?

	INCOME					CITY SIZE			USERSHIP OF OCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
	MA	A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: CURRENT USERS OF CONTRACEPTIVE METHODS (SELF/WIFE)		90	81	65	47	141	91	51	33	33	217	47	69	167	52	156	75
METHOD USED BY WIFE: =====																	
OCPs	15	14	12	19	12	16	6	16	100	0	1	22	15	12	14	17	9
LOOP/IUD	4	7	3	2	8	3	8	7	0	6	5	2	8	4	3	6	1
INJECTION	4	2	3	6	3	3	3	13	0	12	3	3	10	1	2	2	9
ABSTINENCE	1	0	1	0	3	1	1	2	0	0	1	0	0	1	0	1	1
OTHERS	1	0	0	2	0	1	0	0	0	0	1	0	3	0	0	1	0
METHOD USED BY SELF: =====																	
CONDOMS	74	74	81	72	71	75	78	62	19	79	84	65	67	81	77	73	77
ABSTINENCE	4	2	1	5	8	4	3	2	0	3	5	13	1	2	3	4	5
WITHDRAWAL	1	2	2	0	0	1	0	0	0	0	1	0	0	2	0	0	4

DRB
SMC CONSUMER SURVEY (MALES)

Q4: HAS YOUR WIFE EVER USED ANY

TABLE - 7 C
CONTRACEPTIVE METHODS EVER USED
(WIFE)

CONTRACEPTIVE METHOD?	INCOME					CITY SIZE			USERSHIP OF OCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
	M.A	A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL THOSE AWARE OF OCP		283	261	237	222	364	369	270	33	85	885	241	234	528	189	487	327
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
PROPORTION OF HUSBANDS WHOSE WIVES HAVE EVER USED ANY CONTRACEPTIVE METHOD =====	22	35	11	26	18	25	16	25	100	100	7	16	29	18	17	22	18
	==	==	==	==	==	==	==	==	===	===	==	==	==	==	==	==	==
OCPs	14	27	6	16	10	17	6	15	100	100	0	9	16	12	11	14	10
INJECTIONS	4	2	3	5	3	3	5	7	0	13	3	4	7	2	3	3	5
LOOP/IUD	2	5	2	2	2	2	4	2	0	6	2	0	4	3	1	3	2
FOAM/JELLY/CREAM	1	0	0	1	1	1	0	0	7	0	0	0	0	1	0	1	0
CYCLE/RHYTHM	1	1	0	2	2	2	1	1	0	0	2	3	2	0	2	1	1
OTHERS	1	3	1	1	0	1	0	0	0	0	1	0	1	0	0	1	1
PROPORTION OF HUSBANDS WHOSE WIVES HAVE NEVER USED ANY CONTRACEPTIVE METHOD =====	78	65	89	74	82	75	84	75	0	0	93	84	71	82	83	78	82
	==	==	==	==	==	==	==	==	===	===	==	==	==	==	==	==	==

DRB
SMC CONSUMER SURVEY (MALES)

Q4: HAVE YOU EVER USED ANY OF THE

CONTRACEPTIVE METHODS?

TABLE - 7 0

CONTRACEPTIVE METHODS EVER USED
(SELF)

	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE				
	W, A	A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9		10 +	15-24	25-34	35-49
													YRS	YRS				
BASE: ALL THOSE AWARE OF OCPs.		283	261	237	222	364	369	270	33	85	885	241	234	528	189	487	327	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
PROPORTION OF HUSBANDS WHO THEMSELVES HAVE EVER USED ANY CONTRACEPTIVE METHOD =====	43	55	44	40	34	49	33	23	32	73	38	26	42	47	38	48	33	
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	
CONDOMS	38	46	41	38	30	44	32	21	32	65	35	23	40	42	36	44	30	
ABSTINENCE	2	2	1	1	3	2	1	0	0	2	2	2	0	2	1	2	1	
WITHDRAWAL	1	4	0	0	0	1	0	1	0	4	0	0	0	1	0	0	1	
CYCLE/RHYTHM	1	1	1	1	1	1	0	1	0	0	1	1	2	1	1	1	1	
OTHERS	1	2	1	0	0	1	0	0	0	2	0	0	0	1	0	1	0	
PROPORTION OF HUSBANDS WHO HAVE NEVER USED ANY CONTRACEPTIVE METHOD =====	57	45	56	60	66	51	67	77	68	27	62	74	58	53	62	52	67	
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	

DRB
SNC CONSUMER SURVEY (MALES)

TABLE - 8

USE OF DCPs

Q4: HAS YOUR WIFE EVER USED DCPs ?

Q5: IS YOUR WIFE CURRENTLY USING
SOME FAMILY PLANNING METHOD?

	W.A	INCOME				CITY SIZE			USERSHIP OF DCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL THOSE AWARE OF DCPs		283	261	237	222	364	369	270	33	85	885	241	234	528	189	487	327
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
USERSHIP OF DCPs: =====																	
CURRENT	4	6	4	5	3	6	1	2	100	0	0	5	4	4	4	6	2
LAPSED	8	13	5	9	8	9	6	10	0	100	0	6	12	7	7	9	9
NEVER	88	81	91	86	89	85	93	88	0	0	100	89	84	89	89	84	89

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SNC CONSUMER SURVEY (MALES)

TABLE - 9
REASONS FOR STARTING USE OF OCPs

Q15: WHAT ARE/WERE THE REASONS FOR YOUR WIFE
STARTING USE OF OCPs ?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)			YEARS OF SCHEDULED COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL CURRENT AND LAPSED USERS		40	28	26	24	55	32	31	33	85	0	22	36	60	17	69	32
WIFE STARTED USING OCPs BECAUSE: =====	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1
IT IS AN EFFECTIVE/LOW RISK METHOD .	83	100	73	88	49	89	77	47	99	81	0	77	93	94	89	82	93
IT IS AN EASY TO USE METHOD .	44	47	53	36	52	38	58	75	39	46	0	27	55	38	28	42	56
IT DOES NOT EFFECT WOMEN'S HEALTH.	16	17	4	22	11	19	15	2	26	13	0	10	17	23	23	19	11
IS SAFER THAN OTHER CONTRACEPTIVE METHODS.	12	18	11	4	16	10	10	24	13	11	0	4	12	13	8	13	14
IT IS A TEMPORARY METHOD/CAN BE STOPPED WHEN REQUIRED.	9	8	16	8	13	5	27	19	18	6	0	11	9	11	9	11	7
USE OF PILLS HAS NO EFFECT ON SATISFACTION AS IN USE OF CONDOM .	8	16	5	5	3	9	14	2	14	7	0	1	1	19	0	11	10
OCPs CAN BE USED BY WOMEN WHO ARE AFRAID OF DO NOT LIKE TO USE IUD .	6	7	0	6	5	5	0	12	10	4	0	0	6	7	0	8	7
OTHERS	10	2	9	10	10	9	12	10	11	10	0	10	4	6	0	8	10
DO NOT REMEMBER	4	5	7	0	9	5	5	0	3	4	0	0	1	6	15	2	1

REASONS FOR DISCONTINUING USE OF DCPs

Q14B: WHAT WAS THE REASONS FOR DISCONTINUING
USE OF DCPs ?

	INCOME					CITY SIZE			USERSHIP OF DCPs (WIFE) LAPSED	YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
	W.A	A	B	C	D	I	II	III		0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: LAPSED USERS		30	19	18	18	34	25	26	85	14	28	43	11	48	26
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
DISCONTINUED USE OF DCPs BECAUSE: =====															
THEY CAUSED HEALTH PROBLEMS =====	33	36	39	36	24	29	36	54	33	25	42	31	38	22	52
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
WEAKNESS, BECAUSE OF HEAVY BLEEDING .	16	16	27	13	18	11	26	33	16	24	18	10	24	11	24
BODY PAIN	16	25	8	11	12	16	7	22	16	5	18	19	28	7	27
STOMACH UPSET	10	12	0	18	0	14	0	1	10	0	19	11	14	6	16
HEADACHE	10	13	13	11	0	10	11	7	10	2	13	13	14	2	21
DIZZINESS	10	6	15	21	0	11	4	11	10	25	9	3	0	1	31
CRAMPS	5	8	5	2	6	3	10	12	5	0	7	7	14	5	3
NAUSEA/VOMITTING	4	1	0	11	0	4	3	4	4	18	2	1	0	2	10
HEARTBURN/ACIDITY	1	1	5	0	0	0	7	0	1	0	0	2	0	1	2
OBESITY/WEIGHT GAIN	30	32	40	34	18	30	29	33	30	30	26	38	37	39	18
INTERNAL ORGANIC PROBLEMS	28	37	32	29	9	33	17	14	28	3	27	42	28	35	20
MENSTRUAL PROBLEMS =====	14	27	0	2	13	14	9	14	14	0	7	22	23	3	25
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
HEAVY BLEEDING	5	9	0	2	6	3	6	14	5	0	3	9	23	2	3
SPOTTING	3	7	0	0	0	3	3	0	3	0	0	6	0	1	6
WD/SCANT MENSTRUAL BLEEDING	0	1	0	0	0	0	3	0	0	0	0	1	0	1	0
IRREGULAR PERIODS	8	18	0	0	7	11	0	0	8	0	4	12	0	0	22
RESULTED IN PREGNANCY BECAUSE OF FORGETTING TO TAKE THE PILL.	14	14	7	21	7	16	6	10	14	2	23	13	23	8	20
CAUSED DIFFICULTIES IN CHILD BIRTH	6	2	10	9	6	5	3	11	6	0	15	2	10	9	0
IS A PROLONGED PROCEDURE	3	1	5	0	10	2	12	0	3	14	0	1	4	1	5
IRRITABILITY	3	3	8	0	3	0	19	2	3	0	0	5	4	3	2
OTHERS	8	11	3	6	6	6	4	11	8	3	10	6	0	2	16
NO SPECIFIC REASON /DID NOT NEED IT ANY MORE	25	21	22	20	38	19	37	42	25	24	18	25	7	23	34

TABLE - 11
REASONS FOR NEVER USING OCPs

Q13: WHAT ARE THE REASONS FOR YOUR WIFE
NEVER HAVING USED OCPs ?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE) NEVER	YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III		0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: THOSE WHOSE WIVES NEVER USED OCPs.		243	233	211	198	309	337	239	885	219	198	468	172	418	295
WIFE HAS NEVER USED OCPs BECAUSE:	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
=====															
RELIGION DOES NOT ALLOW	22	20	35	44	45	15	35	40	50	40	43	23	20	37	58
SATISFIED WITH OTHER METHODS	20	15	12	22	21	15	20	22	30	10	30	20	10	22	23
THEY CAUSE HEALTH PROBLEMS	12	13	10	16	9	10	17	9	12	10	9	14	9	14	11
=====															
WEAKNESS, BECAUSE OF HEAVY BLEEDING.	6	7	4	10	4	5	10	5	6	5	5	8	6	8	3
HEADACHE	3	2	3	2	2	2	5	1	3	2	1	3	1	3	3
STOMACH UPSET	2	3	0	4	2	2	3	2	2	1	1	3	2	3	2
CANCER	2	2	1	2	1	2	1	0	2	0	2	2	2	1	2
OTHERS	4	11	1	5	3	4	5	8	4	4	2	7	3	5	4
THEY CAUSE MENSTRUAL PROBLEMS	5	7	3	8	1	4	7	5	5	1	5	6	5	5	4
=====															
IRREGULAR PERIODS	3	4	1	5	1	3	3	1	3	1	3	3	3	3	2
HEAVY BLEEDING	2	3	1	3	0	1	4	3	2	0	3	2	2	2	1
SPOTTING	0	0	1	1	0	0	1	1	0	0	0	1	0	0	1
NO/SCANT MENSTRUAL BLEEDING	0	1	0	1	0	0	1	1	0	0	0	1	1	0	0
OBESITY/WEIGHT GAIN	10	13	5	15	6	8	15	3	10	7	8	11	6	12	8
INTERNAL ORGANIC PROBLEMS	10	11	9	15	4	9	14	4	10	6	10	12	6	11	9
WE DO NOT HAVE MUCH KNOWLEDGE ABOUT OCPs	10	10	8	9	9	8	7	15	20	10	9	12	15	12	9
CAUSES DIFFICULTIES IN CHILD BIRTH	2	3	1	2	1	0	4	1	2	3	1	1	1	2	1
RISK OF PREGNANCY IN CASE OF FORGETTING TO TAKE THE PILL	2	5	2	3	0	2	2	1	2	1	2	3	1	3	1
IRRITABILITY	2	1	1	1	3	1	3	1	2	3	2	1	0	2	1
IS A PROLONGED PROCEDURE	1	1	0	2	0	1	2	2	1	1	1	2	1	2	0
OTHERS	10	5	8	5	8	7	10	9	15	10	9	8	8	9	5
NO SPECIFIC REASON	34	31	39	28	37	33	34	41	34	38	31	34	34	36	31

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Q16A: HOW LONG AGO DID YOUR WIFE START
USING DCPs ?

TABLE - 12
LENGTH OF USING DCPs

	W.A	INCOME				CITY SIZE			USERSHIP OF DCPs (WIFE) CURR	YEARS OF SCHODLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III		0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
A) BASE: CURRENT USERS		10	9	8	6	21	7	5	33	8	8	17	6	21	6
AVERAGE PERIOD (IN MONTHS)	36	25	3	51	12	38	11	17	36	51	45	24	4	39	53
B) BASE: LAPSED USERS		30	19	18	18	34	25	26	LAPSED 65	14	28	42	11	48	25
PROPORTION OF RESPONDENTS WHO REMEMBER THE PERIOD OF USE	57	82	74	81	80	86	72	82	81	82	82	71	88	88	80
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
AVERAGE PERIOD FOR WHICH DCPs WERE USED (IN MONTHS)	15	26	4	5	18	15	12	18	18	4	12	22	30	31	18
PROPORTION OF RESPONDENTS WHO DO NOT REMEMBER THE PERIOD OF USE	43	38	26	19	20	14	28	18	50	18	28	29	12	32	57
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==

BEST AVAILABLE DOCUMENT

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TABLE - 13
INTERMITTENT USE OF OCPs

D16B: HAS YOUR WIFE BEEN TAKING PILLS EVERY
MONTH OR DISCONTINUED FOR A MONTH OR LONGER?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE) CURRENT	YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III		0 YR	1 - 9 YRS	10 + YRS*	15-24 YRS	25-34 YRS	35-49 YRS
BASE: CURRENT USERS		10	9	8	6	21	7	5	33	8	6	17	6	21	6
	%	2	2	2	2	2	2	2	2	2	2	2	2	2	2
YES, TAKEN THEM EVERY MONTH SINCE INITIATING USE	62	59	54	71	36	62	89	35	62	71	58	58	27	67	75
STOPPED TAKING THEM FOR ONE MONTH OR MORE	10	14	0	14	0	11	0	0	10	21	0	9	43	5	0
DO NOT REMEMBER/DO NOT KNOW	17	14	21	15	24	17	0	13	17	0	15	25	17	15	25
NO RESPONSE	11	13	25	0	40	10	11	52	11	8	27	8	13	13	0

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TABLE - 14

PERSON WHO ADVISED USE OF OCPs FOR THE FIRST TIME

Q18A: WHO FIRST ADVISED YOUR WIFE TO USE OCPs?

	W.A.	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL CURRENT AND LAPSED USERS		40	28	26	24	55	32	31	33	85	0	22	36	60	17	69	32
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
RECALL OF ADVISOR	80	80	80	79	77	83	70	63	87	76	0	95	71	82	78	78	91
=====																	
DOCTOR	48	49	53	50	41	53	37	29	48	48	0	38	45	54	51	43	60
FRIENDS/RELATIVES/NEIGHBOURS	18	19	3	21	19	22	13	1	25	16	0	39	12	17	9	23	14
WENT TO FAMILY WELFARE CENTRE/F.W PERSONNEL	7	7	9	3	12	2	13	29	2	8	0	1	7	7	0	7	8
CHEMIST	2	5	0	0	0	2	0	1	0	2	0	0	0	4	9	0	0
NO ONE/DECIDED BY HERSELF/OURSELVES	1	0	7	0	0	1	0	0	3	0	0	0	3	0	0	2	0
OTHERS	4	0	8	5	5	3	0	3	9	2	0	17	4	0	5	4	9
DO NOT REMEMBER	20	20	20	21	23	17	30	37	13	24	0	5	29	18	22	22	9

Q18E: WAS THIS PERSON WORKING FOR GOVT.?

BASE: THOSE WHO WERE ADVISED BY A PROVIDER

		25	19	14	14	32	20	20	23	49	0	13	21	38	11	39	22
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
YES, ASSOCIATED WITH GOVT.	70	73	66	67	73	69	91	59	62	72	0	52	64	77	66	67	80
NO, NOT ASSOCIATED WITH GOVT.	27	20	33	33	27	27	9	40	37	24	0	48	35	17	23	33	20
DO NOT KNOW	3	7	1	0	0	4	0	1	1	4	100	0	1	6	11	0	0

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TABLE - 15
INSTRUCTIONS ON USE OF OCPs.

Q18C: WAS YOUR WIFE ADVISED AS TO HOW THESE
OCPs ARE TO BE TAKEN?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)		YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL CURRENT AND LAPSED USERS		40	26	26	24	55	32	31	33	85	22	36	60	17	69	32
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
YES, ADVISED	72	76	73	74	61	74	68	62	60	70	95	64	74	76	70	83
NO, NOT ADVISED	7	5	0	5	19	8	5	0	10	6	0	4	9	8	6	7
DO NOT REMEMBER	21	19	27	21	20	18	27	38	10	24	5	32	17	16	24	10

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TABLE - 16

PERSON WHO EXPLAINED USE OF OCPs FOR THE FIRST TIME

Q18D: WHO ADVISED YOUR WIFE AS TO HOW THESE OCPs ARE TO BE USED?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)		YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
A) BASE: ALL CURRENT AND LAPSED USERS WHO HAVE BEEN INSTRUCTED ON HOW TO USE OCPs.		32	21	19	15	41	24	22	29	58	20	23	44	12	49	26
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
DOCTOR	64	59	71	70	54	68	52	44	53	69	52	65	59	67	59	72
FRIENDS/RELATIVES/NEIGHBOURS	19	26	16	12	23	21	19	2	25	16	17	16	26	13	26	8
WENT TO FAMILY WELFARE CENTRE/F.W PERSONNEL.	6	2	10	4	18	0	18	47	2	8	1	18	5	0	6	8
NO ONE/DECIDED BY HERSELF/OURSELVES	2	0	0	6	0	3	0	0	8	0	14	0	0	0	5	0
OTHERS	5	7	0	6	3	6	0	7	10	3	10	0	5	17	0	10
DO NOT REMEMBER	2	6	0	0	0	3	0	0	0	3	0	0	5	0	3	0

Q18 E: WAS THE ADVISOR ASSOCIATED WITH GOVT ?

B) BASE: THOSE INDICATING ADVISOR AS ONE OF THE PROVIDERS

		22	19	14	12	29	19	19	22	45	14	21	32	10	37	20
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
YES, ASSOCIATED WITH GOVT.	56	62	66	46	67	52	89	60	53	57	40	50	66	42	61	66
NO, NOT ASSOCIATED WITH GOVT.	31	32	33	29	33	32	11	38	38	29	60	24	27	39	35	23
DO NOT KNOW	13	6	1	25	0	16	0	2	9	14	0	26	7	19	4	11

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SMC CONSUMER SURVEY (MALES)

TABLE - 17

LAST USED BRAND OF OCPs

Q17: WHAT WAS THE LAST USED BRAND OF OCPs ?

	N.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE) CURRENT	YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III		0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: CURRENT USERS		10	9	8	6	21	7	5	33	8	8	17	6	21	6
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
RECALLED BRAND	38	44	6	42	48	39	40	8	38	42	15	47	2	34	91
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
OVRL	21	15	2	28	24	22	11	8	21	21	1	26	2	10	88
WORDETTE	11	15	0	14	0	11	11	0	11	21	0	11	0	14	3
POSTINOR	2	0	0	0	24	3	0	0	2	0	14	0	0	4	0
ANOVLAR	3	14	0	0	0	3	0	0	3	0	0	9	0	5	0
MINGVLAR	1	0	4	0	0	0	18	0	1	0	0	1	0	1	0
DO NOT KNOW THE NAME	62	56	94	58	52	61	60	92	62	58	85	53	98	66	9
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
LAPSED USERS															
BASE: LAPSED USERS		30	19	16	18	34	25	26	85	14	28	43	11	46	26
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
RECALLED BRAND	19	20	36	18	7	21	14	6	19	2	12	29	14	19	23
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
OVRL	10	13	18	9	0	11	7	3	10	2	0	19	14	11	6
POSTINOR	2	0	0	0	7	2	0	0	2	0	0	2	0	4	0
ANOVLAR	2	6	0	0	0	3	0	0	2	0	0	5	0	0	6
MINGVLAR	3	0	0	9	0	4	0	0	3	0	9	0	0	0	10
OTHERS	2	1	18	0	0	1	7	3	2	0	3	3	0	4	1
DO NOT REMEMBER	81	80	64	82	93	79	86	94	81	98	88	71	86	81	77
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==

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TABLE - 10

PERSON WHO ADVISED ABOUT USING A PARTICULAR BRAND FOR THE FIRST TIME

Q18B: WHO FIRST ADVISED YOUR WIFE TO USE
A PARTICULAR BRAND?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)		YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
A) BASE: ALL CURRENT AND LAPSED USERS		40	28	26	24	55	32	31	33	85	22	36	60	17	69	32
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
RECALL OF ADVISOR OF OCP BRAND	79	81	80	80	77	83	74	63	87	77	81	71	84	78	79	91
=====																
DOCTOR	52	54	53	56	41	56	37	29	48	54	49	45	58	60	43	69
FRIENDS/RELATIVES/NEIGHBOURS	13	20	3	11	13	15	16	1	18	12	11	12	18	9	20	3
WENT TO FAMILY WELFARE CENTRE	3	2	0	2	12	0	6	22	2	4	0	5	2	0	4	4
OTHERS	11	5	24	11	11	13	15	11	19	7	21	9	6	9	12	15
DO NOT REMEMBER	21	19	20	20	23	17	26	37	13	23	19	29	16	22	21	9

Q18E: WAS THE ADVISOR ASSOCIATED WITH GOV'T.?

B) BASE: THOSE INDICATING THE ADVISOR WAS ONE OF
THE PROVIDERS

		24	19	15	14	32	20	20	23	49	14	21	37	11	39	22
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
YES, ASSOCIATED WITH GOV'T.	59	65	66	47	73	55	91	59	55	60	40	51	71	45	64	71
NO, NOT ASSOCIATED WITH GOV'T.	35	30	33	41	27	37	9	40	37	34	60	35	24	37	33	29
DO NOT KNOW	6	5	1	12	0	8	0	1	8	6	0	14	5	18	3	0

PERCEIVED EFFECTIVENESS OF OCPs

Q11A: HOW EFFECTIVE DO YOU THINK OCPs ARE IN PREVENTING PREGNANCY/OBTAINING BIRTH SPACING ?

	M.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
A) BASE: ALL THOSE AWARE OF OCPs		283	261	237	222	364	369	270	33	85	885	241	234	528	189	487	327
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
VERY EFFECTIVE	1	1	1	0	1	1	1	1	7	2	0	0	1	1	1	1	0
EFFECTIVE	21	25	17	22	19	23	17	16	45	56	15	13	21	20	21	21	18
CAN NOT SAY	61	56	66	56	66	63	55	64	25	14	68	70	60	61	60	58	66
NOT EFFECTIVE	14	14	15	16	12	10	24	17	23	25	13	15	14	14	12	16	12
NOT AT ALL EFFECTIVE	3	3	2	5	3	3	4	2	0	2	4	2	4	3	1	4	4
MEAN SCORE	3.03	3.07	3.00	2.96	3.03	3.09	2.87	2.97	3.36	3.31	2.94	2.94	3.01	3.02	3.09	2.99	2.98

Q11B: WHAT ARE YOUR REASONS FOR SAYING SO? (CONSIDERING EFFECTIVE)

B) BASE: THOSE CONSIDERING OCPs EFFECTIVE		53	52	50	41	85	70	41	22	45	129	32	52	112	39	97	60
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
EFFECTIVE, PREGNANCY IS CONTROLLED	88	89	90	86	88	92	75	90	83	94	87	88	88	87	85	85	94
ADEQUATE SPACING IS ENSURED	13	18	11	12	14	11	20	9	16	12	13	8	11	16	10	17	13
FEWER CHILDREN, HEALTH OF MOTHER IS GOOD	2	4	1	2	2	1	5	2	1	0	2	4	3	2	5	1	1

Q11C: WHAT ARE YOUR REASONS FOR SAYING SO? (CONSIDERING INEFFECTIVE)

C) BASE: THOSE CONSIDERING OCPs NOT EFFECTIVE		54	51	55	37	47	97	53	6	30	161	46	49	102	26	114	57
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
RISK OF PREGNANCY BECAUSE OF FORGETTING TO TAKE PILL	47	23	54	47	65	40	52	64	26	69	46	46	41	50	38	46	53
CAUSES WEAKNESS, BECAUSE OF HEAVY BLEEDING	46	17	48	45	62	36	46	62	7	20	47	50	53	35	52	44	36
INTERNAL PROBLEMS	9	17	3	10	11	3	13	0	20	2	9	1	6	15	6	10	4
CAUSES OBESITY	8	13	5	9	4	5	10	2	0	4	8	8	6	6	12	8	2
CAUSES PROBLEMS IN CHILD BIRTH	3	1	0	5	0	6	4	1	0	0	3	0	4	2	0	2	1
AFFECTS THE CHILD BEARING SYSTEM	2	0	0	2	4	0	3	0	0	0	2	0	4	1	0	2	3
OTHERS	8	14	8	3	15	5	7	19	52	3	7	15	13	6	17	10	6

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 20
OPINION ABOUT SAFETY OF OCPs FOR HEALTH .

Q12A: HOW SAFE ARE OCPs FOR WOMEN'S HEALTH?

	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE			
	W.A	A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: THOSE CONSIDERING OCPs EITHER EFFECTIVE OR INEFFECTIVE FOR AVOIDING PREGNANCY		107	103	105	78	132	167	94	28	75	290	78	101	214	65	211	117
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
DCPs ARE :																	
=====																	
VERY SAFE	2	2	1	1	5	1	2	5	9	5	1	0	4	4	3	3	3
SAFE	23	18	18	25	26	22	23	22	58	39	20	23	32	26	21	26	30
NOT SURE	16	18	16	18	11	18	16	9	8	5	17	25	14	11	24	14	8
NOT SAFE	47	50	58	40	50	48	46	51	25	46	48	45	42	47	43	45	50
NOT AT ALL SAFE	13	13	7	17	9	12	13	13	0	5	13	8	8	13	9	12	10
MEAN SCORE	2.54	2.47	2.48	2.53	2.68	2.52	2.55	2.55	3.51	2.93	2.47	2.62	2.82	2.61	2.66	2.63	2.66

MODE OF CALCULATION
=====

INTERPRETATION
=====

VERY SAFE	* 5	MEAN SCORE RATING ABOVE 3	= ABOVE AVERAGE
SAFE	* 4		
NOT SURE	* 3	MEAN SCORE RATING EQUAL TO 3	= AVERAGE
NOT SAFE	* 2		
NOT AT ALL SAFE	* 1	MEAN SCORE RATING BELOW 3	= BELOW AVERAGE

SUM OF ABOVE /100

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 21

REASONS FOR CONSIDERING OCPs UNSAFE

Q12B: WHAT ARE YOUR REASONS FOR CONSIDERING OCPs UNSAFE ?

	M.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	1	11	111	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: THOSE CONSIDERING OCP UNSAFE FOR WOMEN'S HEALTH		67	61	57	41	71	96	59	7	39	180	42	53	131	33	127	66
DCPS ARE NOT SAFE BECAUSE THEY CAUSE:																	
HEALTH PROBLEMS	62	58	48	65	81	45	80	73	77	56	63	66	70	59	76	58	66
WEAKNESS, BECAUSE OF HEAVY BLEEDING	36	29	19	42	50	23	47	44	33	34	36	42	54	26	63	31	35
HEADACHE	15	15	16	14	16	14	19	5	6	9	16	9	13	16	11	8	26
STOMACH UPSET	14	3	8	18	24	6	25	10	26	1	15	8	16	11	7	13	13
DIZZINESS	12	19	12	10	9	12	9	18	44	19	11	3	11	18	6	13	16
BODY PAIN	11	20	11	7	14	10	11	17	0	31	10	13	10	14	16	10	13
CRAMPS	6	9	8	3	7	4	8	7	0	12	6	5	6	6	5	6	6
NAUSEA	5	6	1	6	8	1	7	14	0	13	4	15	8	4	11	4	8
HEARTBURN/ACIDITY	5	9	6	5	3	6	5	4	44	2	5	6	1	9	5	9	6
CANCER	1	3	1	0	0	1	0	1	0	0	1	0	0	1	1	1	0
INTERNAL ORGANIC PROBLEMS	52	60	40	64	36	53	55	36	42	56	52	42	49	54	55	51	54
OBESITY	40	44	40	37	46	39	42	40	16	41	41	32	32	47	47	47	23
MENSTRUAL PROBLEMS	26	44	15	25	28	20	33	21	40	23	26	22	28	26	26	23	25
HEAVY BLEEDING	13	23	7	11	19	6	23	6	33	11	13	8	22	11	14	11	17
IRREGULAR PERIODS	10	27	7	8	5	15	4	15	0	12	10	12	6	15	12	9	19
SPOTTING	3	0	1	4	3	0	6	0	7	0	3	2	1	2	1	2	3
NO/SCANT MENSTRUAL BLEEDING	2	0	0	4	0	0	4	0	0	1	2	0	0	2	6	1	0
IRRITABILITY	9	6	5	8	18	3	17	2	0	7	9	5	13	6	7	9	10
DIFFICULTIES IN CHILD BIRTH	6	2	3	10	6	0	11	15	0	5	7	7	14	3	7	5	9
OTHERS	8	10	10	6	9	10	8	8	10	12	9	10	8	10	10	11	2

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 22 A
SATISFACTION WITH DCPs

Q20A: TO WHAT EXTENT ARE/WAS YOUR WIFE
SATISFIED WITH DCPs?

	INCOME					CITY SIZE			USERSHIP OF DCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
	N.A	A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL CURRENT AND LAPSED USERS		40	28	26	24	55	32	31	33	95	0	22	36	60	17	69	32
	2	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2
VERY SATISFIED	10	6	8	6	24	11	6	2	15	8	0	9	13	11	27	10	3
SATISFIED	28	20	34	34	26	30	24	18	43	23	0	38	30	22	12	28	44
NEITHER DISSATISFIED NOR SATISFIED	24	28	26	22	24	20	44	38	16	27	100	6	34	25	24	29	10
DISSATISFIED	35	45	32	30	26	36	23	38	26	38	0	37	22	41	37	33	29
COMPLETELY DISSATISFIED	3	1	0	8	0	3	3	4	0	4	0	10	1	1	0	0	11
MEAN SCORE	3.07	2.85	3.18	3.00	3.48	3.10	3.07	2.76	3.47	2.93	3.00	2.99	3.32	3.01	3.29	3.15	2.99

MODE OF CALCULATION

=====

VERY SATISFIED +5
SATISFIED +4
NEITHER +3
DISSATISFIED +2
COMP. DISSATISFIED +1

SUM OF THESE VALUES /100

0.03

REASONS FOR DISSATISFACTION WITH DCPs

Q206: WHAT ARE YOUR WIFE'S REASONS FOR DISSATISFACTION WITH DCP?

	W.A	INCOME				CITY SIZE			USERSHIP OF DCPs (WIFE)		YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	1	11	111	CURR	LAPSED	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: THOSE EXPRESSING DISSATISFACTION WITH DCPs.		32	20	19	18	42	25	22	30	59	19	23	47	13	49	27
	%	1	2	1	1	2	1	1	1	1	1	1	1	1	1	1
WIFE IS DISSATISFIED BECAUSE THEY CAUSED:																
=====																
HEALTH PROBLEMS (NOT SPECIFIED)	22	22	30	26	10	21	15	42	12	27	3	30	21	10	17	24
HEALTH PROBLEMS	22	19	24	30	15	18	22	28	29	19	10	34	21	24	18	30
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
WEAKNESS, BECAUSE OF HEAVY BLEEDING.	10	9	5	17	0	10	12	10	2	15	1	16	6	10	2	20
DIZZINESS	7	0	3	15	5	7	3	10	9	6	3	18	2	1	7	10
HEADACHE	6	6	0	9	0	6	1	7	2	8	3	12	3	1	0	17
BOOY PAIN	6	13	3	2	5	6	2	20	2	9	2	9	9	10	1	9
CRAMPS	5	7	0	2	10	3	4	28	2	8	2	14	5	1	3	6
NAUSEA/VOMITTING	3	1	0	9	0	3	4	7	2	6	1	3	1	1	1	9
STOMACH UPSET	3	0	19	0	5	2	2	10	5	2	0	6	3	1	8	0
HEARTBURN/ACIDITY	2	0	0	7	0	3	1	2	8	0	1	1	2	1	6	0
MENSTRUAL PROBLEMS	8	10	22	0	6	6	5	18	12	6	11	8	6	6	10	9
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
SPOTTING	5	10	12	0	0	6	1	0	9	3	1	3	6	1	6	6
HEAVY BLEEDING	2	1	3	0	8	0	3	18	2	2	11	6	0	4	2	3
IRREGULAR PERIODS	1	0	8	0	0	1	1	0	1	1	1	0	2	1	3	0
INTERNAL ORGANIC PROBLEMS	20	38	25	9	12	22	10	8	10	25	25	12	31	16	18	25
OBESITY/WEIGHT GAIN	14	22	5	11	20	14	18	27	12	15	23	10	16	6	9	19
IRRITABILITY	2	3	5	0	3	0	18	2	2	3	1	1	2	8	2	0
RESULTED IN PREGNANCY BECAUSE OF FORGETTING TO TAKE THE PILL.	4	1	0	9	0	5	4	9	2	6	2	15	1	3	2	10
NO SPECIFIC REASON	3	0	0	7	10	5	2	1	10	0	3	3	3	20	1	0
OTHERS	10	10	11	12	12	14	6	9	10	10	25	9	8	6	18	8

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 23

ADVICE AGAINST USE OF OCPs

Q23A: HAS ANYONE ADVISED YOUR WIFE NOT TO USE OCPs ?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
A) BASE: ALL THOSE WHO HAVE ATLEAST ONE CHILD		323	323	337	333	470	434	412	33	84	1199	362	336	618	222	623	471
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
YES, ADVISED AGAINST OCPs	24	39	26	18	26	23	28	7	0	0	24	15	22	30	37	25	14
NO, NOT ADVISED AGAINST OCPs.	73	59	74	77	74	72	71	93	0	0	73	85	78	66	63	70	86
NO RESPONSE	3	2	0	5	0	5	1	0	100	100	3	0	0	4	0	5	0

Q23B: WHO ADVISED YOUR WIFE NOT TO USE OCPs ?

B) BASE: THOSE WIVES WHO HAVE BEEN ADVISED NOT TO USE OCPs

		31	17	21	14	26	41	16	0	22	61	11	20	52	13	46	24
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FRIENDS/RELATIVES/NEIGHBOURS	63	32	46	82	84	38	80	63	0	40	65	55	82	51	43	62	50
DOCTOR	23	44	28	10	16	37	12	47	0	44	21	16	35	31	38	25	33
OTHERS	8	10	0	14	0	5	10	0	0	18	6	15	10	5	6	10	15

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 24

PURCHASER OF LAST USED OCPs.

Q19A: WHO ACTUALLY PURCHASED OR OBTAINED
THE OCPs USED LAST?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)		YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL CURRENT AND LAPSED USERS		40	28	26	24	55	32	31	33	85	22	36	60	17	69	32
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
SELF	47	67	40	45	22	52	40	23	64	42	63	30	60	42	47	65
WIFE	26	9	26	28	51	23	33	39	22	27	25	35	17	34	25	23
OTHERS	7	5	14	6	6	9	0	0	3	8	6	6	7	9	7	3
DO NOT REMEMBER	20	19	20	21	21	16	27	38	11	23	6	29	16	15	23	9

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 25 A
SOURCE OF PURCHASE

Q19B: WHERE OR FROM WHOM THE OCPs WERE
PURCHASED/OBTAINED?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)		YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
A) BASE: ALL CURRENT AND LAPSED USERS		40	28	26	24	55	32	31	33	65	22	36	60	17	69	32
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
CHEMIST	48	62	41	40	42	52	38	29	63	43	59	24	65	33	50	57
DOCTOR	14	7	18	23	6	18	0	4	17	13	22	23	3	23	12	15
HOSPITAL/CLINIC	10	6	6	13	9	9	24	0	4	10	5	15	8	11	7	12
FAMILY WELFARE CENTRE/F.W.PERSONNEL	7	6	15	3	13	5	11	19	1	9	2	7	7	6	7	6
OTHERS	2	0	0	0	10	1	0	10	4	1	7	2	1	11	1	0
DO NOT REMEMBER	19	19	20	21	20	15	27	38	11	24	5	29	16	16	23	10

Q19C: WAS THIS PERSON WORKING FOR GOVT.?

B) BASE: ALL CURRENT AND LAPSED USERS		40	28	26	24	55	32	31	33	65	22	36	60	17	69	32
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
YES, ASSOCIATED WITH GOVT.	14	1	14	21	22	11	28	19	6	16	5	27	7	19	16	18
NO, NOT ASSOCIATED WITH GOVT.	54	62	56	47	51	60	35	32	58	53	82	30	54	41	49	72
DO NOT KNOW	32	37	30	32	27	29	37	49	36	31	13	43	39	40	41	10

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 25 B
PRICE OF DCPs LAST USED

Q19D: HOW MUCH DID THE PACKAGE OF DCPs COST?

	W.A	INCOME				CITY SIZE			USERSHIP OF DCPs (WIFE)		YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL CURRENT AND LAPSED USERS		40	28	26	24	55	32	31	33	65	22	36	60	17	69	32
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
PROPORTION OF RESPONDENTS WHO REMEMBER/KNOW THE PRICE	53	47	48	64	43	50	67	58	41	56	50	48	49	27	53	64
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
AVERAGE PRICE OF THE LAST BOUGHT PACKAGE (RS)	8.00	9.00	11.00	7.00	7.00	7.00	12.60	8.00	8.00	7.00	6.00	8.00	8.00	6.00	9.00	5.00
DO NOT REMEMBER/DO NOT KNOW	47	53	52	36	57	50	33	42	59	44	50	52	51	73	47	36
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 26
PURCHASE INTENTIONS

Q21: IF A NEW BRAND OF OCPs MANUFACTURED BY A REPUTABLE COMPANY WERE AVAILABLE IN THE MARKET HOW LIKELY IS THAT YOU WOULD BUY OR TRY IT?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: THOSE AWARE OF OCPs.		283	261	237	222	364	369	270	33	85	885	241	234	528	189	467	327
	%	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
WOULD DEFINITELY TRY IT	3	5	2	3	5	3	3	4	6	10	2	3	6	2	4	3	3
WOULD TRY IT	26	27	27	24	26	28	28	12	47	35	24	26	29	25	29	29	21
CANNOT SAY	9	8	9	8	11	6	9	13	10	6	10	8	11	8	14	9	7
WOULD NOT TRY IT	40	39	37	44	37	39	36	55	30	38	40	41	34	42	36	39	41
DEFINITELY WOULD NOT TRY IT	22	21	25	21	21	22	24	16	7	11	24	22	20	23	17	20	28
MEAN SCORE	2.48	2.56	2.44	2.44	2.57	2.51	2.50	2.33	3.15	2.95	2.40	2.47	2.67	2.41	2.67	2.56	2.39

MODE OF CALCULATION	INTERPERTATION
=====	=====
WOULD DEFINITELY BUY + 5	ABOVE 3 RATING = WOULD BUY/DEFINITELY BUY
WOULD BUY + 4	
CANNOT SAY + 3	EQUAL TO 3 RATING= CANNOT SAY
WOULD NOT TRY IT + 2	
DEFINITELY WOULD NOT TRY IT + 1	BELOW 3 RATING = WOULD NOT BUY
SUM OF ABOVE VALUES /100	

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 27A
WILLINGNESS TO BUY NEW DCP BRAND

Q22: IF YOUR WIFE WERE TO TRY DCPs, WHAT PRICE
WOULD YOU BE WILLING TO PAY?

	W.A	INCOME				CITY SIZE			USERSHIP OF DCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS	
BASE: ALL THOSE AWARE OF DCPs.		283	261	237	222	364	369	270	33	95	985	241	234	528	169	487	327
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
WILLING TO BUY	37	39	36	35	38	40	37	18	59	52	34	34	43	35	38	40	32
NOT WILLING TO BUY	63	61	64	65	62	60	63	82	41	48	66	66	57	65	62	60	69

TABLE - 27B

PURCHASE INTENTIONS AT VARIOUS PRICES

DRB
SMC CONSUMER SURVEY (MALES)

PRICE IN RS.	INCOME					CITY SIZE			USERSHIP OF DCPs			EDUCATION			AGE OF WIFE																																	
	W.A	A	B	C	D	I	II	III	CURRENT	LAPSED	NEVER	0 YRS	1-9 YRS	10+ YRS	15-24 YRS	25-34 YRS	35-49 YRS																															
BASE: THOSE WILLING TO BUY 95	89	79	79	79	79	149	139	54	23	46	273	74	92	176	72	180	90																															
RS. 3.00	155	144	150	133	147	151	145	157	142	145	152	175	20	25	173	0	27	178	0	22	154	1	45	166	2	32	161	2	37	149	0	51	155	1	44	159	1	40	156	1	43							
RS. 4.00	163	135	157	142	172	161	162	165	135	157	139	184	2	14	175	0	25	178	0	22	163	1	36	176	2	22	167	3	30	156	0	44	158	2	40	167	2	31	166	1	30							
RS. 5.00	165	128	173	125	171	172	165	172	128	155	133	169	6	25	154	11	35	175	15	10	182	0	18	176	9	15	164	8	28	166	13	21	167	11	22	165	3	32	172	5	23	167	5	28	168	10	22	
RS. 6.00	172	116	162	112	171	118	172	112	16	169	112	10	176	13	11	163	21	16	176	19	5	192	0	8	180	9	11	172	16	12	170	121	9	171	114	15	178	10	12	177	9	14	177	9	14	172	19	9
RS. 7.00	168	122	177	113	164	128	166	121	13	169	121	8	172	20	8	159	25	16	176	19	5	182	6	12	183	10	7	168	22	10	168	123	9	168	119	13	174	17	9	168	116	14	177	18	5	164	28	8
RS. 8.00	165	127	176	119	153	139	169	120	11	165	120	7	167	27	6	159	28	13	170	125	5	187	9	4	183	10	7	164	28	8	172	124	4	164	124	12	170	23	7	168	123	9	174	23	3	160	30	7
RS. 9.00	156	137	165	129	146	147	159	131	10	156	131	6	157	37	6	153	38	9	156	139	5	164	132	4	185	10	5	155	38	7	165	131	4	155	134	11	161	33	6	162	131	7	164	31	5	152	42	6
RS. 10.00	157	141	167	132	146	151	159	138	3	159	138	0	159	39	2	153	45	2	162	138	0	155	145	0	185	113	2	156	42	2	164	135	1	162	135	3	160	38	2	168	132	0	162	32	6	152	47	1
RS. 11.00	146	152	152	148	138	159	148	147	5	148	147	0	148	50	2	141	56	3	145	155	0	152	148	0	175	123	2	145	53	2	153	146	1	153	144	3	148	50	2	163	137	0	152	37	11	136	62	2
RS. 12.00	145	153	152	148	137	160	146	151	3	147	151	0	148	50	2	139	60	1	145	155	0	146	154	0	173	127	0	144	54	2	153	147	0	152	145	3	146	53	1	163	137	0	151	37	12	124	65	1
RS. 13.00	140	158	152	148	137	160	137	160	3	138	160	0	141	57	2	135	64	1	143	157	0	146	154	0	173	127	0	139	59	2	148	152	0	143	154	3	144	55	1	158	142	0	145	42	13	131	66	1
RS. 14.00	137	161	152	148	135	162	132	165	3	137	165	0	140	58	2	131	68	1	138	162	0	138	162	0	173	127	0	137	61	2	143	157	0	142	155	3	143	56	1	157	143	0	143	43	14	126	70	1
RS. 15.00	139	161	151	149	138	162	136	163	1	137	163	0	142	58	0	132	67	1	137	163	0	133	167	0	170	130	0	138	62	0	143	157	0	144	156	0	140	57	0	157	140	0	144	40	13	127	72	1

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 28
AWARENESS OF CONDOM BRANDS

B25A: WHAT BRAND NAMES OF CONDOMS YOU HAVE HEARD OF?	W.A	INCOME				CITY SIZE			USERSHIP OF DCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
B25B: HAVE YOU HEARD OF SATHI ?																	
BASE: THOSE AWARE OF CONDOMS.		342	347	350	345	489	447	448	30	84	1270	378	351	655	264	640	486
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
SATHI	84	87	86	84	82	84	87	81	79	85	84	76	87	88	90	87	77
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
SPONTANEOUS	69	72	73	68	66	66	74	74	61	57	69	59	73	71	76	71	59
PROMPTED	15	16	14	17	15	18	13	8	18	28	15	17	14	17	14	16	17
SULTAN	24	36	24	26	17	28	23	13	19	24	24	13	21	33	24	23	24
ROUGH RIDER	8	16	6	9	3	11	6	1	3	7	8	2	5	14	5	9	6
DUREX	4	13	5	3	2	6	2	2	20	6	4	1	3	9	6	5	3
OTHERS	1	2	1	1	0	1	2	0	3	0	1	1	0	1	0	1	1
DO NOT REMEMBER/DO NOT KNOW	16	13	14	16	18	16	13	19	21	15	16	24	13	12	10	13	23

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 28 A
BRAND OF CONDOM USED LAST .

Q28A: WHAT WAS THE LAST BRAND OF CONDOM THAT YOU USED?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: CURRENT AND LAPSED USERS OF CONDOMS		101	93	80	62	158	121	57	10	52	274	55	84	197	64	184	88
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
SATHI	58	50	60	58	65	55	72	85	63	48	59	61	64	51	66	58	41
SULTAN	10	10	6	16	3	12	4	0	5	10	10	4	8	13	6	7	24
ROUGH RIDER	7	9	10	5	3	8	0	2	0	0	7	0	0	10	6	6	2
OTHERS	2	10	1	0	0	2	5	0	17	6	2	3	0	5	3	2	4
DO NOT REMEMBER	19	19	21	17	18	21	9	11	15	31	18	26	22	19	12	21	29
NO RESPONSE	4	2	0	4	11	2	10	1	0	5	4	6	6	2	7	4	0

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 28 B

SOURCE OF PURCHASE OF LAST CONDOM

Q28B: WHERE OR FROM WHOM DID YOU OBTAIN IT?

	W.A	INCOME				CITY SIZE			USERSHIP OF DCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: CURRENT AND LAPSED USERS OF CONDOMS.		101	93	60	62	158	121	57	10	52	274	55	84	197	64	184	88
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
CHEMIST	54	63	48	58	48	57	41	36	35	50	54	47	57	56	60	53	47
GENERAL STORE, PAW SHOP, OTHER SHOP	31	25	36	32	29	29	38	60	51	33	31	38	28	31	30	35	32
FAMILY WELFARE CENTRE	5	7	3	4	7	5	5	3	3	8	5	0	6	6	1	4	11
OTHERS	6	3	12	2	4	6	5	1	11	4	6	9	4	5	2	4	10
NO RESPONSE	4	2	1	4	12	3	11	0	0	5	4	6	5	2	7	4	0

DRB
SNC CONSUMER SURVEY (MALES)

TABLE - 28 C

LIKELY SOURCE OF PURCHASE OF CONDOMS

Q27: IF YOU WANTED A CONDOM WHERE WOULD YOU GET IT?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: AWARE OF CONDOMS		342	347	350	345	489	447	448	30	84	1270	378	351	655	264	640	480
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
CHEMIST	44	48	44	45	40	48	41	32	59	43	44	35	46	49	42	47	39
GENERAL STORE, PAN SHOP, OTHER SHOP	36	30	33	39	37	33	43	37	27	34	36	38	36	31	38	36	34
FAMILY WELFARE CENTRE	3	3	3	3	3	2	2	6	2	9	3	3	4	4	3	3	4
OTHERS	14	15	18	11	16	15	8	24	11	10	15	20	13	13	14	11	20
NO RESPONSE	3	4	2	2	4	2	6	1	1	4	2	4	1	3	3	3	3

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 28 D
AWARENESS OF CONTRACEPTIVE ADS

Q26: HAVE YOU SEEN OR HEARD ANY ADVERTISING
FOR ANY BRAND OF CONTRACEPTIVE?

	M.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: THOSE AWARE OF CONDOMS		342	347	350	345	489	447	448	30	84	1270	378	351	655	264	640	480
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
YES, HEARD/SEEN CONTRACEPTIVE ADVERTISING	64	67	70	60	61	62	66	66	67	65	64	56	65	67	68	66	57
NO, DID NOT HEAR/SEE ANY ADVERTISING	34	31	27	39	37	35	33	33	30	34	34	41	34	31	30	33	39
NO RESPONSE	2	2	3	1	2	3	1	1	3	1	2	3	1	2	2	1	4

DAB
 SMC CONSUMER SURVEY (MALES)

TABLE - 2B E
 BRANDS FOR WHICH ADS WERE NOTICED

Q26B: FOR WHICH BRANDS OF CONTRACEPTIVE HAVE
 YOU SEEN OR HEARD OF?

	N.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: THOSE NOTICING ADVERTISING OF CONTRACEPTIVES		236	255	216	213	306	305	309	22	56	842	220	242	458	182	450	288
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
BRANDS OF OCP:																	
=====																	
OVRAL	1	1	0	2	1	1	0	1	0	0	1	1	0	1	0	2	0
NORDETTE	1	1	0	1	0	1	0	1	11	0	1	1	0	1	0	1	0
POSTINOR	0	3	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0
LG-FEMMENAL	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GYNOSSID	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DO NOT REMEMBER .	23	32	22	22	20	18	30	25	36	39	23	19	27	25	20	22	28
BRANDS OF CONDOMS:																	
=====																	
SATHI	97	94	97	98	97	96	97	99	99	93	97	97	98	95	98	97	95
SULTAN	13	18	14	14	9	18	8	8	22	15	13	5	14	18	13	12	18
ROUGH RIDER	4	8	5	3	2	6	2	1	1	5	4	2	1	7	2	4	4
DUREX	2	5	0	1	2	2	1	1	16	0	2	2	1	3	0	3	1
OTHERS	1	1	1	1	2	1	2	0	0	5	1	2	2	1	0	2	2

DRB

TABLE - 2B F

SMC CONSUMER SURVEY (MALES)

WHERE SEEN/HEARD ADVERTISING OF SATHI .

Q25C: WHERE HAVE YOU SEEN OR HEARD SATHI
ADVERTISING?

BASE: THOSE NOTICING ADVERTISING OF
CONTRACEPTIVES

SEEN/HEARD ADVERTISING OF SATHI.

=====

POS MATERIAL

TV

RADIO

PRESS

CINEMA

OTHERS

W.A	INCOME				CITY SIZE			USERSHIP OF OCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
	A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
	236	255	216	213	306	305	309	22	56	842	220	242	458	182	450	268
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
97	94	97	98	97	96	97	99	99	93	97	97	98	95	98	97	95
==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
75	70	74	75	79	73	81	73	82	76	75	76	71	76	75	75	75
44	48	43	46	40	41	47	48	36	52	44	45	47	41	37	45	45
32	29	25	34	38	28	33	42	33	24	32	34	34	30	37	31	32
28	37	30	24	28	24	29	39	20	22	28	22	29	32	29	27	29
14	16	15	12	15	12	19	16	42	9	14	11	16	15	17	16	9
5	6	3	5	7	4	6	7	0	9	5	6	6	5	4	6	3

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 28 6

WHERE SEEN/HEARD ADVERTISING OF SULTAN .

Q26C: WHERE HAVE YOU SEEN OR HEARD SULTAN
ADVERTISING?

	W.A	INCOME				CITY SIZE			USERSHIP OF DCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: THOSE NOTICING ADVERTISING OF CONTRACEPTIVES		236	255	216	213	306	305	309	22	56	842	220	242	458	182	450	288
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
SEEN/HEARD ADVERTISING OF SULTAN	13	18	14	14	9	18	8	8	22	15	13	5	14	18	13	12	18
=====																	
RADIO	1	1	2	1	0	1	1	0	0	1	1	1	0	2	0	1	2
TV	1	1	0	2	0	0	1	0	0	1	1	0	0	1	0	1	0
CINEMA	1	2	1	1	0	0	2	1	0	0	1	1	0	1	0	1	0
PRESS	4	4	3	5	4	5	1	4	11	7	4	4	4	6	7	3	6
POS MATERIAL	9	14	12	8	4	12	5	3	11	9	9	1	12	11	7	7	12
OTHERS	2	3	2	0	1	2	1	2	0	0	2	0	1	2	1	2	2

TABLE - 29

DEFINITION OF FAMILY PLANNING

Q6A: WHAT DO YOU UNDERSTAND BY PHRASE
FAMILY PLANNING?

	INCOME					CITY SIZE			USERSHIP OF DCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
	W.A	A	B	C	D	I	II	III	CURR LAPSED	NEVER		0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
A) BASE: ALL THOSE AWARE OF DCPs		283	261	237	222	364	369	270	33	85	885	241	234	528	189	487	327
DEFINITION OF FAMILY PLANNING:	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
BIRTH SPACING	98	100	98	97	97	98	98	97	100	97	98	96	98	99	96	98	98
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
SPONTANEOUS	50	54	47	50	51	46	53	70	44	55	50	44	46	54	45	50	52
PROMPTED	47	46	51	47	46	52	45	27	56	42	48	52	52	44	51	47	46
SMALL FAMILY	76	78	78	73	77	75	78	77	82	71	76	71	77	79	77	78	73
HAVING NO MORE CHILDREN	27	18	31	30	26	28	24	29	25	30	27	29	33	24	35	26	26
PREVENTION OF PREGNANCY	12	14	9	13	13	14	7	12	28	25	10	14	11	11	14	10	12
OTHERS	7	7	9	6	4	7	7	2	10	0	7	7	9	5	4	7	8

Q7: WHAT IS BIRTH SPACING?

B) BASE: THOSE WHO KNOW BIRTH SPACING

B) BASE: THOSE WHO KNOW BIRTH SPACING		280	255	227	217	356	360	263	33	81	865	230	229	520	181	479	319
SPACING IS:	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
=====																	
GAP BETWEEN CHILDREN	99	98	100	98	100	99	99	100	100	100	99	99	99	99	100	100	98
OTHERS	1	2	0	2	0	1	1	0	0	0	1	1	1	1	0	0	2

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 30

IDEAL BIRTH SPACING INTERVAL

Q8A: WHAT IN YOUR OPINION SHOULD BE THE IDEAL GAP/SPACING BETWEEN CHILDREN? Q8B: WHY DO YOU SAY SO?	W.A	INCOME				CITY SIZE			USERSHIP OF DCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: THOSE WHO KNOW BIRTH SPACING.		280	255	227	217	356	360	263	33	81	865	230	229	520	181	479	319
SUITABLE GAP: =====	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
UPTO 1 YEAR	0	1	0	0	0	0	0	1	7	5	0	1	1	1	3	1	0
1 - 2 YEARS	19	22	21	15	19	20	14	26	11	18	19	24	18	16	27	18	15
2 - 3 YEARS	44	42	42	46	45	43	47	40	40	42	44	46	41	44	39	45	45
3 - 4 YEARS	22	19	24	21	22	21	23	21	35	16	22	18	22	22	18	20	25
ABOVE 4 YEARS	15	17	13	18	13	16	16	12	7	19	15	11	18	16	12	16	15
SUITABLE AVERAGE GAP IN YEARS =====	3.3	3.3	3.3	3.4	3.3	3.3	3.4	3.2	3.2	3.3	3.3	3.2	3.4	3.4	3.1	3.4	3.4
REASONS FOR CONSIDERING GAP SUITABLE =====																	
THE FIRST CHILD WOULD BE BROUGHT UP BETTER.	64	63	65	66	56	61	66	75	52	48	64	63	60	63	67	56	67
MOTHER'S HEALTH WOULD BE GOOD.	58	58	58	53	66	55	64	65	45	54	59	59	56	57	62	57	55
EASIER TO BRING UP CHILDREN.	38	40	39	39	35	35	45	41	44	45	38	43	36	37	34	35	49
HAPPY FAMILY.	28	25	31	31	25	28	24	39	23	30	26	28	30	27	24	32	25
NO BAD EFFECT ON CURRENT CHILD'S HEALTH.	20	16	21	18	23	19	20	21	43	17	20	21	19	20	22	19	21
IN THIS GAP/SPACE THE OLDER CHILD HAS GROWN UP/CAN TAKE CARE OF HIM/HERSELF.	17	18	19	16	17	16	21	15	17	41	17	18	23	17	16	16	20
ITS DIFFICULT TO TAKE CARE OF CHILDREN WITH LESS GAP.	15	17	14	13	18	15	16	12	24	22	15	12	16	17	12	16	13
MOTHER WOULD BE ABLE TO TAKE BETTER CARE OF CHILDREN AS SHE IS BOTH MENTALLY & PHYSI- CALLY HEALTHY.	12	11	13	15	9	12	14	8	17	12	12	8	14	14	10	11	16
OTHERS.	7	7	6	7	8	7	6	6	0	6	7	7	5	7	5	7	6

DRB
SMC CONSUMER SURVEY (MALES)

TABLE - 31
DESIRE FOR MORE CHILDREN

Q24: DO YOU PERSONALLY FEEL THAT NOW YOU HAVE
ALL THE CHILDREN YOU WANTED, OR ARE YOU
PLANNING TO HAVE ADDITIONAL CHILDREN?

	W.A	INCOME				CITY SIZE			USERSHIP OF DCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL THOSE AWARE OF DCPs		283	261	237	222	364	369	270	33	85	885	241	234	528	189	487	327
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HAVE ALL THE CHILDREN I WANTED	55	60	45	60	54	57	55	45	70	78	51	55	57	51	21	53	75
WANT MORE CHILDREN	43	38	53	39	43	42	44	50	30	22	47	42	42	47	75	45	24
NO RESPONSE	2	2	2	1	3	1	1	5	0	0	2	3	1	2	4	2	1

TABLE - 32

DRB

PROFILE OF RESPONDENTS

SMC CONSUMER SURVEY (MALES)

	N.A.	INCOME				CITY SIZE			USERSHIP OF DCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: TOTAL RESPONDENTS		350	350	350	350	500	450	450	33	85	1282	384	352	664	265	650	485
AGE OF WIFE:																	
=====																	
15-24 YRS	19	20	16	18	21	18	18	23	15	16	19	20	22	15	100	0	0
25-34 YRS	47	47	44	43	55	48	50	40	71	49	47	46	48	52	0	100	0
35-49 YRS	34	33	39	40	25	34	32	37	14	35	34	35	31	33	0	0	100
AVERAGE AGE	31	31	32	32	30	31	31	31	29	31	31	31	30	31	22	29	39
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
AGE OF RESPONDENT:																	
=====																	
15-24 YRS	4	4	3	3	4	3	2	7	0	3	4	5	5	2	19	1	0
25-34 YRS	37	38	31	38	39	35	41	35	36	38	37	36	40	37	72	49	0
35-49 YRS	51	42	56	52	51	52	49	50	56	57	51	51	51	53	9	50	78
50 AND ABOVE	8	16	9	7	5	9	8	8	7	1	8	8	4	8	1	0	22
AVERAGE AGE	37	38	38	37	36	37	37	36	36	36	37	37	36	37	28	34	45
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
READERSHIP	57	83	70	55	35	62	50	45	55	63	56	10	58	85	53	57	54
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
NEWSPAPERS	55	81	69	53	34	61	49	45	48	61	55	10	57	84	51	56	54
ENGLISH	5	14	8	4	1	7	3	2	3	5	5	1	1	12	2	5	6
REGULAR	4	9	6	2	1	5	1	2	3	5	4	1	1	8	1	4	5
OCCASIONAL	2	5	2	2	0	2	2	0	0	0	2	0	0	4	1	1	1
VERNACULAR	54	79	67	53	33	59	47	44	48	61	54	10	56	82	51	54	52
REGULAR	31	50	43	29	13	37	23	17	39	32	31	4	22	54	27	29	30
OCCASIONAL	23	29	24	24	20	22	24	27	9	29	23	5	34	28	24	25	22
MAGAZINES	30	54	37	28	16	32	28	26	24	37	30	3	26	51	32	31	24
ENGLISH	2	6	3	1	1	3	2	1	2	1	2	0	1	5	2	2	2
REGULAR	1	5	2	1	0	2	0	1	2	0	1	0	0	3	2	1	1
OCCASIONAL	1	2	2	1	1	1	2	0	0	1	1	0	0	2	1	1	1
VERNACULAR	29	51	35	28	16	31	27	25	22	37	29	3	25	49	31	30	23
REGULAR	9	16	12	10	2	12	4	4	16	11	9	1	8	16	10	8	8
OCCASIONAL	20	35	23	18	14	19	22	22	5	26	20	3	17	33	21	22	16
NON-READERS	43	17	30	45	65	38	50	55	45	37	43	90	42	15	47	43	46
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==

TABLE - 32 (CONTD)

DRB

PROFILE OF RESPONDENTS

SMC CONSUMER SURVEY (MALES)

	INCOME					CITY SIZE			USERSHIP OF DCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
	W.A	A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: TOTAL RESPONDENTS		350	350	350	350	500	450	450	33	85	1282	384	352	664	265	650	485
LANGUAGE:																	
=====																	
URDU	31	40	31	31	29	34	36	13	53	30	31	22	29	37	23	32	33
PUNJABI	48	45	51	49	48	51	34	58	36	34	49	50	49	47	51	47	49
SINDHI	1	1	1	1	2	0	3	4	1	6	1	1	2	2	3	1	2
BALUCHI	1	0	0	1	1	0	0	2	0	0	1	1	1	0	0	1	1
PUSHTO	7	8	7	6	9	8	7	7	3	10	7	12	7	5	8	8	7
OTHERS	10	6	10	12	12	6	20	15	6	22	10	13	12	9	15	10	9
OCCUPATION OF WIFE:																	
=====																	
PRO.F./TECH & RELATED	1	2	1	0	0	1	1	1	0	0	1	0	0	2	0	0	1
SKILLED/SEMI-SKILLED/UNSKILLED WORKERS IN TRADE & INDUSTRY & OFFICE SERVICE WORKERS	2	2	1	3	0	1	2	2	0	5	2	1	2	3	1	1	3
BUSINESS OWNERS	1	1	1	1	0	1	2	1	1	5	1	0	3	1	0	2	1
FARMERS/AGRICULTURAL/MINING/FISHING WORKERS	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0
HOUSEWIFE	95	94	95	94	96	97	90	96	99	86	95	97	93	95	97	95	93
OTHERS	2	3	2	3	1	3	3	0	0	3	2	2	3	2	1	1	5
OCCUPATION OF RESPONDENT:																	
=====																	
ADMIN/EXEC/MANAGERIAL	7	20	10	5	1	9	6	3	0	5	7	0	1	16	4	6	7
PRO.F./TECH & RELATED	5	7	9	3	3	4	7	7	3	4	5	3	2	8	5	4	6
SKILLED/SEMI-SKILLED/UNSKILLED WORKERS IN TRADE & INDUSTRY & OFFICE SERVICE WORKERS	40	17	28	42	58	43	33	38	36	35	40	47	45	33	46	41	39
FORCES BELOW OFFICERS GRADE	1	0	0	1	2	1	1	1	7	2	1	0	1	2	1	2	0
BUSINESS OWNERS	37	51	47	36	24	35	40	41	50	42	37	37	41	35	35	39	35
FARMERS/AGRICULTURAL/MINING/FISHING WORKERS	2	1	2	3	2	1	4	3	0	0	2	2	3	1	3	1	2
UNEMPLOYED	2	1	0	3	2	2	1	2	0	4	2	2	2	1	1	1	3
OTHERS	6	3	4	8	7	5	8	3	4	7	6	9	5	4	4	5	9

TABLE - 32 (CONTD)

DRB

PROFILE OF RESPONDENTS

SMC CONSUMER SURVEY (MALES)

	INCOME				CITY SIZE			USERSHIP OF DCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE			
	W.A	A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: TOTAL RESPONDENTS		350	350	350	350	500	450	450	33	85	1282	384	352	664	265	650	485
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
RADIO LISTENERSHIP	65	73	72	63	57	63	70	64	59	67	65	47	69	70	67	66	61
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
DAILY	21	31	20	20	18	20	26	18	25	19	21	13	23	23	25	20	19
4-5 TIMES/WEEK	4	2	4	5	3	3	5	5	10	7	4	3	4	4	4	5	3
2-3 TIMES/WEEK	4	2	5	6	4	6	3	2	1	1	5	1	6	5	4	4	4
ONCE A WEEK	2	0	3	3	2	3	1	1	4	5	2	1	2	3	2	4	1
LESS OFTEN	2	2	2	2	2	2	3	2	0	1	2	1	2	2	2	2	2
NOT FIXED	31	35	37	28	29	29	32	37	18	33	31	28	32	32	30	31	32
AVERAGE FREQUENCY /WEEK	5	6	5	5	5	5	6	6	6	5	5	6	5	5	6	5	5
NON-LISTENER	35	27	28	37	43	37	30	36	41	33	35	53	31	30	33	34	34
	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
TV VIEWERSHIP	83	97	90	86	67	87	77	77	65	91	83	64	64	90	79	81	87
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
DAILY	55	74	62	57	39	62	46	42	63	62	55	32	52	68	52	34	37
4-5 TIMES/WEEK	4	5	4	4	4	5	3	2	3	1	4	2	4	5	2	4	3
2-3 TIMES/WEEK	3	3	5	2	3	4	2	1	0	1	3	2	3	3	3	3	3
ONCE A WEEK	1	1	1	2	1	1	1	1	7	0	1	1	0	2	1	1	2
LESS OFTEN	2	2	2	2	2	2	3	1	0	0	2	2	1	2	2	3	2
NOT FIXED	17	11	17	18	19	12	22	29	12	28	17	27	23	13	20	16	20
AVERAGE FREQUENCY /WEEK	6	6	6	6	6	6	6	7	6	7	6	6	7	6	6	6	6
PROPORTION OF NON-VIEWERS	17	3	10	14	33	13	23	23	14	9	17	36	16	7	21	19	17
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
AVERAGE LENGTH OF MARRIAGE (YRS)	13	12	13	13	12	12	13	12	11	13	13	13	12	12	5	10	20

TABLE - 32 (CONTD)

PROFILE OF RESPONDENTS

DAB

SMC CONSUMER SURVEY (MALES)

	W.A	INCOME				CITY SIZE			USERSHIP OF DCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	1	11	111	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: TOTAL RESPONDENTS		350	350	350	350	500	450	450	33	85	1282	384	352	664	265	650	485
STATUS:																	
=====																	
HEAD OF HOUSEHOLD	90	79	87	93	94	90	91	90	88	85	90	93	91	86	81	90	96
OTHER MEMBER	9	22	13	7	5	11	9	10	12	15	9	7	8	13	19	9	5
OWNERSHIP OF DURABLES:																	
=====																	
TV	78	96	92	79	58	87	87	59	94	81	78	51	79	91	66	76	85
RADIO	67	92	85	63	44	71	63	54	79	75	67	41	64	82	62	65	68
CASSETTE	13	29	11	11	9	16	10	4	21	14	13	7	12	18	9	13	14
VCR	5	20	5	2	1	5	5	2	10	8	5	1	1	10	5	4	4
YEARS OF SCHOOLING COMPLETED (WIFE):																	
=====																	
0 YR	46	16	30	51	68	38	54	69	47	44	46	88	48	18	51	45	53
1-9 YRS	29	25	32	34	24	33	24	22	30	24	29	10	47	28	30	29	29
10+ YRS	24	59	38	15	8	29	22	9	23	30	24	2	5	53	19	26	18
YEARS OF SCHOOLING COMPLETED (RESPONDENT):																	
=====																	
0 YR	29	10	17	28	50	25	32	43	34	15	29	100	0	0	33	28	32
1-9 YRS	26	16	25	28	28	26	27	24	20	35	26	0	100	0	31	26	25
10+ YRS	45	74	57	44	23	49	40	33	45	48	45	0	0	100	36	46	43
AVERAGE FAMILY SIZE	7	9	8	7	6	7	7	7	8	8	7	7	7	7	6	7	8
=====																	
AVERAGE NO. OF EARNING MEMBERS	1	2	2	1	1	1	1	1	1	1	1	1	1	1	2	1	1
=====																	



F E M A L E S

DRB
SMC CONSUMER SURVEY (FEMALES)

TABLE - 1
AWARENESS OF CONTRACEPTIVE METHODS

Q3A : AS YOU KNOW THERE ARE VARIOUS WAYS
A COUPLE CAN DELAY PREGNANCY ...?

	W.A	INCOME				CITY SIZE			USERSHIP OF DCPs			YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: TOTAL RESPONDENTS		690	700	700	700	1000	900	890	54	253	2483	1361	736	693	521	1300	969
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
AWARE OF ANY CONTRACEPTIVE METHODS	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
=====																	
DCPs	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
=====																	
SPONTANEOUS	56	60	61	57	49	61	56	41	100	84	55	51	64	58	55	61	59
PROMPTED	44	40	39	43	51	39	44	59	0	16	45	49	36	52	45	39	41
CONDOMS	95	97	97	96	94	96	95	92	100	100	95	94	97	98	92	97	96
=====																	
SPONTANEOUS	50	56	56	50	42	58	48	29	44	74	49	40	59	58	44	54	52
PROMPTED	46	37	40	46	51	39	48	63	56	26	46	54	38	30	48	43	44
INJECTIONS	52	53	55	53	48	52	52	49	57	67	51	49	55	56	51	54	54
STERILIZATION	33	33	33	33	34	32	32	38	53	56	33	33	33	31	29	32	37
LOOP/IUD	23	29	26	22	22	23	28	20	42	37	23	18	30	34	20	25	27
OTHERS	15	18	19	16	12	18	8	10	14	24	14	11	19	23	11	16	19

DRB
SMC CONSUMER SURVEY (FEMALES)

TABLE - 2
AWARENESS OF OCP BRANDS

Q9A: ARE YOU AWARE OF VARIOUS BRANDS OF ORAL CONTRACEPTIVE PILLS AVAILABLE IN THE MARKET?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs			YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURR LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS	
A) BASE: ALL THOSE AWARE OF OCPs		690	700	700	700	1000	900	890	54	253	2483	1361	736	693	521	1300	969
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
AWARE OF VARIOUS BRANDS OF OCPs	3	6	4	2	1	3	2	1	48	27	2	3	7	11	3	6	6
UNAWARE OF VARIOUS BRANDS OF OCPs	97	94	96	98	99	97	98	99	52	73	98	97	93	89	97	94	94

Q 9B: WHAT BRANDS OF ORAL CONTRACEPTIVE PILLS HAVE YOU HEARD OF ?

B) BASE: THOSE AWARE OF ANY BRAND OF OCPs.		56	32	29	27	76	43	25	27	65	52	47	35	52	15	76	53
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
DYRAL	30	42	31	21	20	29	44	22	18	33	26	9	20	43	36	29	27
NORGETTE	10	9	9	6	19	8	25	9	28	9	6	16	6	13	22	12	7
LO-FEMENAL	9	6	9	7	15	9	4	19	26	8	7	14	8	8	7	13	3
POSTINOR	3	6	0	0	7	3	0	0	0	5	0	0	5	3	0	5	0
GYNOSSID	3	0	4	7	0	3	0	0	0	3	4	0	5	3	15	3	0
LYNDIOL	1	4	0	0	0	1	0	0	0	0	3	0	0	3	0	2	0
MARVELON	1	2	0	0	0	0	6	0	0	0	2	0	0	1	2	0	0
MINDYLAR	1	3	0	2	0	0	12	0	1	0	3	2	0	1	0	1	2
OTHERS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CANNOT RECALL BRAND NAME	45	36	46	57	38	46	26	50	23	42	52	59	52	28	20	37	56

DRB
 SMC CONSUMER SURVEY (FEMALES)

TABLE - 3
 AWARENESS OF PRICE OF OCPs.

Q9C: WHAT IS THE PRICE OF ---- BRAND?

	M.A	INCOME				CITY SIZE			USERSHIP OF OCPs			YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: THOSE AWARE OF OVRAL		24	11	6	7	21	18	9	7	23	18	6	10	32	6	24	18
OVRAL (RS 6 - 7)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
=====																	
CORRECT RECALL	23	22	9	39	63	19	28	68	69	21	22	23	51	27	52	33	19
INCORRECT RECALL	28	16	36	48	23	33	12	15	14	31	20	39	26	25	33	15	37
DON'T KNOW	49	61	55	13	14	49	60	17	17	47	58	38	23	49	16	52	48
BASE: THOSE AWARE OF NORDETTE		11	2	3	4	8	10	2	6	8	6	6	3	11	4	10	6
NORDETTE (RS 7.20)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
=====																	
CORRECT RECALL	49	78	0	24	46	40	63	87	54	55	31	38	0	62	59	37	50
INCORRECT RECALL	19	0	0	0	54	29	0	0	20	30	0	62	0	0	0	12	34
DON'T KNOW	32	22	100	76	0	30	37	13	26	15	69	0	100	38	41	50	16

DRB
SMC CONSUMER SURVEY (FEMALES)

TABLE - 4
AWARENESS OF NUMBER OF PILLS IN A PACKAGE

Q9D: ARE YOU AWARE OF THE NUMBER OF PILLS
IN A PACKAGE?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs			YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
A) BASE: ALL THOSE AWARE OF OCPs		690	700	700	700	1000	900	890	54	253	2483	1361	736	693	521	1300	969
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
AWARE OF NO. OF PILLS IN A PACKAGE	3	3	4	4	2	4	3	2	33	36	3	3	9	6	3	7	10
UNWARE OF NO. OF PILLS IN A PACKAGE	97	97	96	96	98	96	97	98	67	64	97	97	91	94	97	93	90

Q 9E: HOW MANY PILLS ARE THERE IN A PACKAGE ?

B) BASE: THOSE AWARE OF NO. OF PILLS IN A
PACKAGE

		35	57	52	32	72	47	57	18	91	67	72	55	49	17	88	71
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
CORRECT RECALL 21/22 OR 28 PILLS	32	35	25	35	38	31	47	29	24	32	34	31	26	34	47	24	31
INCORRECT RECALL	68	65	75	65	62	69	53	71	76	68	66	69	74	66	53	76	69

DRB
SMC CONSUMER SURVEY (FEMALES)

TABLE - 5
SOURCE OF AWARENESS OF OCPs

Q10A: HOW OR FROM WHOM DID YOU FIRST
LEARN ABOUT OCPs?

	M.A	INCOME				CITY SIZE			USERSHIP OF OCPs			YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
A) BASE: ALL THOSE AWARE OF OCPs		690	700	700	700	1000	900	890	54	253	2483	1361	736	693	521	1300	969
SOURCE OF AWARENESS: =====	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
FRIENDS/RELATIVES/NEIGHBOURS	80	78	77	77	84	80	78	85	40	39	80	79	72	69	83	77	71
DOCTOR	7	12	11	8	3	9	8	4	40	28	7	7	11	19	7	11	10
FAMILY WELFARE CENTRE/F.W.PERSONNEL	8	7	8	9	8	7	11	6	13	24	8	8	11	8	4	10	12
HOSPITAL/MATERNITY HOME/NURSE	6	5	8	8	6	6	10	5	11	13	6	5	11	6	6	7	8
OTHERS	4	6	4	3	4	4	4	3	0	5	5	4	4	4	4	5	3

TABLE - 6
ASSOCIATION OF SOURCE (PROVIDER) WITH GOVERNMENT

Q10B: WAS THIS PERSON WORKING WITH GOVT.?

B) BASE: THOSE LEARNING ABOUT OCPs FROM PROVIDER *		184	204	190	152	266	275	197	35	165	530	296	207	227	97	352	281
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
YES, ASSOCIATED WITH GOVT.	72	63	76	73	71	70	76	75	78	72	72	73	72	67	77	70	72
NO, NOT ASSOCIATED WITH GOVT.	19	26	18	18	19	22	15	15	21	19	19	17	19	26	16	23	17
DO NOT KNOW	9	11	6	9	11	8	10	10	1	9	9	10	9	6	7	7	11

* : PROVIDERS INCLUDE DOCTORS, CHEMISTS, DAIS,
FAMILY WELFARE CENTRE, CLINIC.

DRB
SMC CONSUMER SURVEY (FEMALES)

TABLE - 7A
CURRENT USE OF CONTRACEPTIVE METHODS

Q5A: ARE YOU OR YOUR SPOUSE CURRENTLY USING SOME FAMILY PLANNING METHODS OR DOING SOMETHING TO AVOID PREGNANCY?	NA	INCOME				CITY SIZE			USERSHIP OF DCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
Q5B: HAVE YOU OR YOUR SPOUSE USED ANY METHOD DURING THE LAST MONTH?																	
BASE: ALL THOSE AWARE OF DCPs		690	700	700	700	1000	900	890	54	253	2483	1361	736	693	521	1300	969
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
YES, CONTRACEPTIVE METHODS ARE USED =====	25	33	33	24	17	29	19	17	100	33	22	17	28	39	12	28	27
BY SELF	10	10	12	10	7	11	6	8	100	13	7	8	10	13	5	12	10
BY WIFE	15	23	21	14	10	18	13	9	0	19	15	9	18	26	7	16	18
NO, CONTRACEPTIVE METHODS ARE NOT USED =====	75	67	67	76	63	71	81	83	0	67	78	83	72	61	88	72	70

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SMC CONSUMER SURVEY (FEMALES)

TABLE - 7B

METHOD OF CONTRACEPTION USED CURRENTLY

Q5C: WHAT WAS THAT METHOD?

	WA	INCOME				CITY SIZE			USERSHIP OF DCPs (WIFE)			YEARS OF SCHOOLING COMPLETED			AGE OF WIFE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: CURRENT USERS OF CONTRACEPTIVE METHODS (SELF/ SPOUSE)		204	188	153	115	299	188	173	54	88	518	216	189	255	66	345	249
METHOD USED BY SELF: =====		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
ABSTINENCE	12	9	12	10	15	13	2	13	0	12	13	14	9	12	7	14	9
LDDP/IUD	10	10	9	13	7	8	15	11	0	14	10	9	10	10	10	9	11
DCPs	8	9	5	9	9	6	6	9	100	0	0	10	9	5	12	7	8
INJECTION	0	2	6	7	6	5	0	12	0	5	7	10	3	4	7	6	5
FOAM/JELLY/CREAM	1	0	1	1	1	1	1	1	0	0	1	1	1	1	0	1	1
CYCLE/RHYTHM	1	1	2	0	3	1	0	2	0	3	1	2	0	2	0	1	2
BREAST FEEDING	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	0
OTHERS	2	0	2	2	3	2	0	1	0	7	1	3	2	1	5	2	1
METHOD USED BY HUSBAND: =====																	
CONDOMS	53	56	61	50	46	54	61	36	2	56	57	42	58	60	54	52	54
ABSTINENCE	13	11	10	11	20	14	9	14	0	9	15	15	10	13	10	15	10
WITHDRAWAL	7	12	4	6	10	7	0	16	0	5	8	8	6	7	6	7	8

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SMC CONSUMER SURVEY (FEMALES)

TABLE - 7 C

CONTRACEPTIVE METHODS EVER USED
(HUSBANDS)

Q4: HAS YOUR HUSBAND EVER USED ANY OF THE

CONTRACEPTIVE METHODS?	INCOME				CITY SIZE			USERSHIP OF DCPs			YEARS OF SCHOOLING COMPLETED			AGE			
	N.A	A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL THOSE AWARE OF DCPs.		690	700	700	760	1000	900	890	54	253	2483	1361	736	693	521	1300	969
PROPORTION OF WIVES WHOSE HUSBANDS HAVE EVER USED ANY CONTRACEPTIVE METHOD	27	37	36	24	22	34	20	16	19	50	27	19	34	49	14	33	32
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
CONDOMS	21	29	28	20	15	26	16	11	17	44	20	14	28	41	12	26	26
ABSTINENCE	4	5	5	3	4	5	2	2	2	2	4	3	4	5	2	5	4
WITHDRAWAL	3	6	4	2	3	4	1	3	0	5	3	3	3	5	1	3	5
CYCLE/RHYTHM	1	1	0	0	1	0	1	0	0	1	1	1	0	0	0	1	0
OTHERS	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	1	0
PROPORTION OF WIVES WHOSE HUSBANDS HAVE NEVER USED ANY CONTRACEPTIVE METHOD	73	63	64	76	78	66	80	84	81	50	73	81	66	51	86	67	68
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==

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SMC CONSUMER SURVEY (FEMALES)

TABLE - 7 D

CONTRACEPTIVE METHODS EVER USED
(SELF)

Q4: HAVE YOU EVER USED ANY OF THE CONTRACEPTIVE

METHODS?	INCOME					CITY SIZE			USERSHIP OF OCPs			YEARS OF SCHOOLING COMPLETED			AGE		
	W.A	A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL THOSE AWARE OF OCPs.		690	700	700	700	1000	900	890	54	253	2483	1361	736	693	521	1300	969
PROPORTION OF WIVES WHO THEMSELVES HAVE EVER USED ANY CONTRACEPTIVE METHOD	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
=====	15	15	19	13	14	17	11	12	100	100	13	14	28	25	9	27	26
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
INJECTIONS	4	2	5	5	4	4	4	4	9	18	4	6	5	3	3	6	5
LDOP/IUD	4	6	6	4	3	4	5	4	7	12	4	4	6	7	2	5	7
ABSTINENCE	4	4	5	3	4	5	1	3	3	6	4	3	3	5	1	5	4
OCPs	2	2	3	2	1	2	1	1	100	100	0	2	16	10	2	13	15
OTHERS	1	0	1	0	1	1	0	0	2	2	1	1	0	0	1	1	0
PROPORTION OF WIVES WHO HAVE NEVER USED ANY CONTRACEPTIVE METHOD	85	85	81	87	86	83	89	88	0	0	87	86	72	75	91	73	74
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==

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SMC CONSUMER SURVEY (FEMALES)

TABLE - 8

USE OF OCPs

Q4: HAVE YOU EVER USED OCPs?

Q5: ARE YOU CURRENTLY USING SOME
FAMILY PLANNING METHOD?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs			YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL THOSE AWARE OF OCPs		690	700	700	700	1000	900	890	54	253	2483	1361	736	693	521	1300	969
USERSHIP OF OCPs: =====	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
CURRENT	2	3	2	2	1	2	2	2	100	0	0	2	2	2	1	2	2
LAPSED	11	9	13	12	8	12	7	8	0	100	0	10	15	8	6	11	13
NEVER	87	88	85	86	91	86	91	90	0	0	100	88	83	90	93	87	85

TABLE - 9
REASONS FOR STARTING USE OF OCPs

Q15: WHAT ARE/WERE THE REASONS FOR STARTING
USE OF OCPs?

	N.A.	INCOME				CITY SIZE			USERSHIP OF OCPs		YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURR	LAPSED	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL CURRENT AND LAPSED USERS		71	88	83	65	142	80	85	54	253	138	103	66	32	157	118
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
STARTED USING OCPs BECAUSE :																
=====																
AN EFFECTIVE/LOW RISK METHOD	59	61	51	71	46	61	33	65	64	58	62	70	55	80	58	62
AN EASY TO USE METHOD	41	48	37	39	51	40	45	48	50	41	48	30	53	34	45	40
SAFER THAN OTHER CONTRACEPTIVE METHODS	17	9	20	21	8	18	27	5	20	17	19	14	17	5	17	20
A TEMPORARY METHOD/CAN BE STOPPED WHEN REQUIRED	16	15	16	15	18	15	18	19	9	16	14	15	18	13	20	10
IT REGULATES PERIODS	4	3	0	5	7	4	3	4	0	4	4	3	3	4	3	3
ENSURES WOMEN'S HEALTH BY ENSURING ADEQUATE SPACING .	4	1	10	0	1	4	3	2	6	3	2	2	14	0	5	3
OCPs CAN BE USED BY WOMEN WHO ARE AFRAID OF/ DO NOT LIKE TO USE IUD.	4	2	6	4	1	3	9	6	8	4	6	4	2	1	2	7
OCPs CAN BE USED BY WOMEN WHO CANNOT USE IUDs BECAUSE OF CAESARIAN/INTERNAL OPERATION.	3	0	0	5	4	3	0	3	2	3	4	4	0	0	4	2
USE OF OCPs HAS NO EFFECT ON SATISFACTION AS IN USE OF CONDOM.	2	4	2	1	0	2	3	1	14	1	4	2	4	0	3	4
OTHERS	12	11	13	10	12	12	12	12	11	12	12	12	9	12	15	10
DO NOT REMEMBER	1	0	1	3	0	1	2	2	0	1	1	3	0	0	2	1
NO RESPONSE	3	4	5	0	5	2	4	8	1	3	3	4	1	3	3	3

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SHC CONSUMER SURVEY (FEMALES)

TABLE - 10

REASONS FOR DISCONTINUING USE OF OCPs

Q14B: WHAT WERE THE REASONS FOR DISCONTINUING
USE OF OCPs?

	INCOME				CITY SIZE			USERSHIP OF OCPs LAPSED	YEARS OF SCHOOLING COMPLETED			AGE			
	M.A	A	B	C	D	I	II		III	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: LAPSED USERS		53	75	70	55	120	62	71	253	115	88	50	25	127	101
DISCONTINUED USE OF OCPs BECAUSE:															
=====															
THEY CAUSED HEALTH PROBLEMS	56	51	52	58	60	58	56	41	56	53	63	49	56	53	60
=====															
DIZZINESS	39	38	37	45	32	44	27	12	39	35	45	36	38	38	42
WEAKNESS	32	24	29	34	35	33	35	20	32	26	40	27	30	28	35
HEADACHE	12	7	15	8	16	11	18	11	12	15	5	23	6	16	9
NAUSEA/VOMITTING	10	9	10	12	4	11	2	3	10	5	14	9	10	8	12
BODY PAIN	7	1	10	6	7	7	12	8	7	7	7	10	3	7	5
HEARTBURN/ACIDITY	5	9	2	8	4	6	8	0	5	7	3	9	10	7	3
ACNE/PIMPLES	3	1	0	5	2	2	3	5	3	3	3	1	0	1	3
CRAMPS	3	8	5	1	1	3	4	4	3	2	2	6	6	2	3
MENSTRUAL PROBLEMS	27	25	32	19	36	26	19	41	27	27	33	17	21	30	24
=====															
HEAVY BLEEDING	18	21	19	11	33	17	11	37	18	18	24	12	18	23	12
IRREGULAR PERIODS	8	0	11	5	11	7	9	13	8	10	7	5	5	5	11
SPOTTING	2	0	0	3	1	1	3	4	2	4	0	0	0	3	1
NO/SCANT MENSTRUAL BLEEDING	2	4	3	2	1	2	2	1	2	2	4	0	2	3	2
OBESITY/WEIGHT GAIN	13	16	13	11	18	14	15	2	13	12	13	16	1	13	16
INTERNAL ORGANIC PROBLEMS	9	18	9	5	13	7	13	17	9	10	9	8	2	9	8
IRRITABILITY	5	4	5	5	3	5	3	0	5	4	3	9	11	6	2
THEY RESULTED IN PREGNANCY BECAUSE OF FORGETTING TO TAKE PILL.	16	17	23	12	13	16	14	15	16	19	9	18	0	18	18
IT IS A PROLONGED PROCEDURE	3	4	5	1	6	3	6	6	3	2	3	5	0	6	1
THEY CAUSED DIFFICULTIES IN CHILD BIRTH	1	0	0	3	0	1	0	4	1	1	3	0	0	2	1
OTHERS	9	1	0	6	7	0	4	5	9	6	2	2	3	5	6

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TABLE - 11
REASONS FOR NEVER USING OCPs

Q13: WHAT ARE THE REASONS FOR NEVER
HAVING USED OCPs?

	INCOME					CITY SIZE			USERSHIP OF OCPs	YEARS OF SCHOOLING COMPLETED			AGE		
	W.A	A	B	C	D	I	II	III	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: THOSE WHO NEVER USED OCPs		619	612	617	635	858	620	805	2483	1223	633	627	489	1143	851
I HAVE NEVER USED OCPs BECAUSE: =====															
RELIGION DOES NOT ALLOW	30	28	30	35	44	15	35	40	45	50	43	20	20	35	48
SATISFIED WITH OTHER METHODS	26	30	25	26	24	30	26	24	35	25	24	26	30	24	25
THEY CAUSE HEALTH PROBLEMS =====	19	24	20	19	17	24	18	8	19	14	23	26	15	20	21
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
DIZZINESS	9	11	8	10	6	12	5	3	9	6	13	11	7	9	9
BODY PAIN	2	2	3	2	2	2	2	0	2	2	2	2	2	2	1
HEADACHE	2	2	4	3	2	3	3	1	2	2	3	3	2	2	3
STOMACH UPSET	1	1	2	2	1	1	2	0	1	1	1	1	1	1	2
CANCER	1	1	1	1	0	1	1	0	1	1	0	2	0	1	1
NAUSEA/VOMITTING	1	2	2	1	1	2	1	0	1	1	1	2	1	1	1
HEARTBURN/ACIDITY	1	2	2	1	1	2	1	0	1	1	0	3	1	1	1
CRAMPS	1	1	0	1	1	1	0	0	1	1	0	1	0	0	1
INTERNAL ORGANIC PROBLEMS	13	16	16	13	10	16	10	6	13	9	16	18	8	14	14
THEY CAUSE MENSTRUAL PROBLEMS =====	12	13	14	11	11	15	9	6	12	10	12	15	7	14	12
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
HEAVY BLEEDING	9	9	11	7	9	10	7	5	9	8	8	10	4	10	9
IRREGULAR PERIODS	4	5	4	4	3	6	2	2	4	3	5	6	3	5	3
SPOTTING	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0
NO/SCANT MENSTRUAL BLEEDING	1	1	1	1	1	1	1	0	1	1	0	1	0	1	1
OBESITY/WEIGHT GAIN	11	18	13	9	9	13	12	4	11	8	10	19	8	11	12
THERE IS RISK OF PREGNANCY IN CASE OF FORGETTING TO TAKE THE PILL.	7	7	9	9	5	6	8	5	7	5	7	13	6	8	8
CAUSES DIFFICULTIES IN CHILD BIRTH	4	4	3	3	4	3	3	3	4	4	4	3	0	0	1
IS A PROLONGED PROCEDURE	3	3	3	4	3	3	4	3	3	3	3	2	3	3	3
OTHERS	5	3	4	3	9	1	4	0	5	9	5	1	6	3	2
DO NOT HAVE ANY SPECIFIC REASON	12	13	12	13	12	11	15	12	12	14	11	10	10	13	13

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TABLE - 12
LENGTH OF USING OCPs

D16A: HOW LONG AGO DID YOU START USING OCPs ?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs CURRENT	YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III		0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
A) BASE: CURRENT USERS		18	13	13	10	22	18	14	54	23	15	16	7	30	17
AVERAGE PERIOD OF USE (IN MONTHS)	18	25	11	17	17	19	12	17	18	16	22	24	2	23	17

D14A: FOR WHAT PERIOD OF TIME WERE OCPs USED?

	W.A	A	B	C	D	I	II	III	USERSHIP OF OCPs LAPSED	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
B) BASE: LAPSED USERS		53	75	70	55	120	62	71	250	115	88	50	26	127	100
PROPORTION OF RESPONDENTS WHO REMEMBER THE PERIOD OF USE	87	79	84	89	87	85	85	91	87	91	81	91	94	81	91
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
AVERAGE PERIOD FOR WHICH OCPs WERE USED (IN MONTHS)	13	14	10	16	11	12	27	13	13	12	16	9	8	15	10
PROPORTION OF RESPONDENTS WHO DO NOT REMEMBER THE PERIOD OF USE	13	21	16	11	13	14	15	9	13	9	19	10	6	19	9
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==

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TABLE - 13
 INTERMITTENT USE OF DCPs

Q16B: HAVE YOU BEEN TAKING PILLS EVERY MONTH OR DISCONTINUED FOR A MONTH OR LONGER?	W.A	INCOME				CITY SIZE			USERSHIP OF DCPs			YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURR LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS	
BASE: CURRENT USERS		18	13	13	10	22	16	14	54	0	0	23	15	16	7	30	17
	%	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
YES, TAKEN THEM EVERY MONTH SINCE INITIATING USE	49	55	55	39	60	46	54	48	49	0	0	55	48	44	33	52	53
STOPPED TAKING THEM FOR ONE MONTH OR MORE	12	20	16	2	23	13	7	14	12	0	0	17	0	23	0	29	5
DO NOT REMEMBER/DO NOT KNOW	18	4	24	29	4	18	29	5	18	0	0	16	10	11	49	7	23
NO RESPONSE	21	21	5	30	13	21	10	33	21	0	0	10	42	22	18	21	19

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TABLE - 14

PERSON WHO ADVISED USE OF DCPs FOR THE FIRST TIME

Q18A: WHO FIRST ADVISED YOU TO USE DCPs?

	INCOME					CITY SIZE			USERSHIP OF DCPs		YEARS OF SCHOOLING COMPLETED			AGE		
	M.A	A	B	C	D	I	II	III	CURR	LAPSED	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL CURRENT AND LAPSED USERS		71	88	83	65	142	80	85	54	253	138	103	66	32	157	118
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
RECALL OF ADVISOR	63	80	60	66	63	67	73	56	82	63	62	71	72	70	68	66
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
DOCTOR	28	42	27	29	23	30	22	20	36	28	19	37	42	33	25	33
FRIENDS/RELATIVES/NEIGHBOURS	15	19	11	18	10	14	25	12	37	14	21	16	16	15	22	14
LADY HEALTH VISITOR/FAMILY WELFARE WORKER/ SOCIAL WORKER CAME TO HOME/VISITED FWC.	14	14	15	13	14	15	17	11	4	15	13	9	14	11	12	14
HOSPITAL/MATERNITY HOME/DWI/NURSE	5	1	7	4	15	6	8	11	4	4	6	8	0	1	4	4
NO ONE/DECIDED BY HERSELF/OURSELVES	0	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0
OTHERS	1	3	0	2	3	2	0	0	0	1	3	1	0	10	0	1
DO NOT REMEMBER	37	20	40	34	37	33	27	44	18	37	38	29	28	30	32	34

Q18B: WAS THIS PERSON WORKING FOR GOVT.?

BASE: THOSE WHO WERE ADVISED BY A PROVIDER		40	39	39	29	71	37	39	26	121	60	53	34	13	74	60
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
YES, ASSOCIATED WITH GOVT.	73	49	59	86	80	72	84	73	60	73	79	66	62	96	70	61
NO, NOT ASSOCIATED WITH GOVT.	21	39	26	12	20	21	9	23	34	20	19	25	28	0	23	31
DO NOT KNOW	7	12	16	2	0	7	7	4	5	7	2	9	11	4	6	8

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TABLE - 15
INSTRUCTIONS ON USE OF OCPs.

Q18C: WERE YOU ADVISED AS TO HOW THESE PILLS
ARE TO BE TAKEN?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs		YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURR	LAPSED	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL CURRENT AND LAPSED USERS		71	88	83	65	142	80	85	54	253	138	103	66	32	157	118
	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
YES, ADVISED	65	80	63	66	62	66	69	54	79	65	62	70	76	73	67	65
NO, NOT ADVISED	0	0	0	0	0	0	1	0	3	0	0	1	1	0	1	0
DO NOT REMEMBER	35	20	37	34	38	34	30	46	18	35	38	29	23	27	32	35

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TABLE - 16

PERSON WHO EXPLAINED USE OF OCPs FOR THE FIRST TIME

Q18D: WHO ADVISED YOU AS TO HOW THESE OCPs
ARE TO BE USED?

	N.A.	INCOME				CITY SIZE			USERSHIP OF OCPs		YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURR	LAPSED	0 YR	1 - 9 YRS	10+ YRS	15-24 YRS	25-34 YRS	35-49 YRS
A) BASE: ALL CURRENT AND LAPSED USERS WHO HAVE BEEN INSTRUCTED ON HOW TO USE OCPs?		54	54	59	38	99	56	50	41	164	90	71	44	22	105	78
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
DOCTOR	44	49	43	44	45	46	34	42	44	44	32	52	57	47	40	49
FRIENDS/RELATIVES/NEIGHBOURS	20	24	14	25	14	19	33	17	48	18	31	23	22	21	26	24
LHV/FWK/SOCIAL WORKER CAME TO HOME VISITED FAMILY WELFARE CENTRE.	23	16	27	21	24	23	21	21	5	23	24	13	16	17	22	18
HOSPITAL/MATERNITY HOME/NURSE /DAI	9	7	12	7	13	8	12	19	2	9	1	2	4	0	2	2
OTHERS	3	4	4	3	5	5	6	0	0	4	5	3	0	16	2	1

Q18E: WAS THE ADVISOR ASSOCIATED WITH GOVT.?

B) BASE: THOSE INDICATING ADVISOR AS ONE OF THE PROVIDERS

		40	39	41	29	72	37	40	25	124	61	54	34	13	79	57
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
YES, ASSOCIATED WITH GOVT.	75	55	65	67	79	75	82	67	65	75	79	69	65	94	76	63
NO, NOT ASSOCIATED WITH GOVT.	18	34	21	11	19	18	11	23	26	18	16	23	24	0	16	29
DO NOT KNOW	7	12	15	2	2	7	7	9	9	7	5	10	11	6	7	9

DRB
SMC CONSUMER SURVEY (FEMALES)

TABLE - 18

PERSON WHO FIRST ADVISED USE OF A SPECIFIC BRAND

Q18B: WHO FIRST ADVISED YOU TO USE A PARTICULAR BRAND?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs		YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURR	LAPSED	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
A) BASE: ALL CURRENT AND LAPSED USERS		71	88	83	65	142	80	85	54	253	138	103	66	32	157	118
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
RECALL OF ADVISOR ON OCP BRAND	62	80	51	66	64	62	72	54	79	61	58	69	75	71	64	62
=====																
DOCTOR	29	42	27	29	26	30	22	21	36	28	19	37	46	33	26	32
FRIENDS/RELATIVES/NEIGHBOURS	9	13	3	13	9	8	20	8	19	9	15	9	5	6	11	12
LHW/FWW/SOCIAL WORKER CAME TO HOME VISITED FAMILY WELFARE CENTRE.	14	14	12	14	15	14	15	13	7	14	14	8	15	12	14	12
DAI/NURSE	4	1	3	4	9	4	4	10	4	4	4	6	0	0	5	4
OTHERS	6	10	6	6	5	6	11	2	13	6	6	9	8	20	8	2
DO NOT REMEMBER	38	20	49	34	36	36	28	46	21	39	42	31	25	29	36	38

Q18E: WAS THE ADVISOR ASSOCIATED WITH GOVT.?

B) BASE: THOSE INDICATING THE ADVISOR WAS ONE OF THE PROVIDERS

		41	40	42	29	72	39	41	29	123	62	54	36	14	78	60
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
YES, ASSOCIATED WITH GOVT.	72	55	54	86	80	72	77	73	68	72	79	68	65	96	71	62
NO, NOT ASSOCIATED WITH GOVT.	21	34	29	12	20	21	15	24	28	21	19	24	25	0	23	29
DO NOT KNOW	7	12	17	2	0	7	8	4	4	7	3	8	10	4	5	9

DRB
SMC CONSUMER SURVEY (FEMALES)

TABLE 19
PERCEIVED EFFECTIVENESS OF OCPs

Q11A: HOW EFFECTIVE DO YOU THINK OCPs ARE IN
PREVENTING PREGNANCY/OBTAINING
BIRTH SPACING ?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs			YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
A) BASE: ALL THOSE AWARE OF OCPs		690	700	700	700	1000	900	890	54	253	2483	1361	736	693	521	1300	969
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
DCPs ARE:																	
=====																	
VERY EFFECTIVE	1	1	2	1	0	1	1	0	14	6	1	1	3	1	1	2	2
EFFECTIVE	26	25	25	25	28	26	25	27	73	48	26	26	33	29	24	30	30
CAN NOT SAY	49	49	46	49	51	50	50	48	3	5	49	49	38	39	54	42	41
NOT EFFECTIVE	21	21	23	23	19	20	22	24	10	33	21	21	22	26	19	22	24
NOT AT ALL EFFECTIVE	3	4	4	2	2	3	2	1	0	8	3	3	4	5	2	4	3
MEAN SCORE	3.01	2.98	2.96	3.00	3.05	3.02	3.01	3.01	3.91	3.11	3.01	3.01	3.09	2.95	3.03	3.04	3.04

Q11B: WHAT ARE YOUR REASONS FOR SAYING SO?
(CONSIDERING EFFECTIVE)

E) BASE: THOSE CONSIDERING OCPs EFFECTIVE		229	208	202	216	313	261	281	48	138	669	381	248	226	135	418	302
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
REASONS																	
=====																	
EFFECTIVE, PREGNANCY IS CONTROLLED	75	68	76	72	78	67	89	85	77	66	75	78	73	66	79	73	73
ADEQUATE SPACING IS ENSURED.	28	34	27	31	23	35	12	19	24	37	27	25	30	36	26	26	29
OTHERS	1	2	0	1	1	1	1	0	0	1	1	0	2	2	1	1	1

Q11B: WHAT ARE YOUR REASONS FOR SAYING SO?
(CONSIDERING INEFFECTIVE)

C) BASE: THOSE CONSIDERING OCPs NOT EFFECTIVE		182	193	188	158	254	215	252	4	101	616	214	194	213	116	346	257
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
REASONS:																	
=====																	
RISK OF PREGNANCY BECAUSE OF FORGETTING TO TAKE PILL	86	76	84	90	87	81	97	88	100	89	86	89	84	84	86	85	69
CAUSES WEAKNESS, BECAUSE OF HEAVY BLEEDING .	13	19	11	14	10	17	3	11	0	18	13	13	20	13	15	10	18
INTERNAL PROBLEMS.	8	9	12	7	6	13	0	5	0	12	8	6	12	10	8	8	10
CAUSES OBESITY.	4	5	4	2	6	5	0	5	0	5	4	5	2	5	3	4	4
OTHERS	5	9	5	2	6	6	0	7	0	5	5	4	5	6	5	6	2

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SMC CONSUMER SURVEY (FEMALES)

TABLE - 20

OPINION ABOUT SAFETY OF OCPs FOR HEALTH .

Q12A: HOW SAFE ARE OCPs FOR WOMEN'S HEALTH?

	INCOME				CITY SIZE			BY PILLS USERSHIP			YEARS OF SCHOOLING COMPLETED			AGE			
	W.A	A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: THOSE CONSIDERING OCPs EITHER EFFECTIVE OR INEFFECTIVE FOR AVOIDING PREGNANCY		411	401	390	374	567	476	533	52	239	1285	695	442	439	253	764	559
DCPs ARE:	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
=====																	
VERY SAFE	0	0	1	0	0	1	0	1	5	3	0	1	1	2	0	1	0
SAFE	17	11	17	17	21	15	17	24	39	15	17	21	16	12	17	20	16
NOT SURE	10	4	7	7	12	7	13	8	0	1	10	10	4	5	10	8	4
NOT SAFE	58	65	55	61	56	57	62	58	50	62	58	58	58	60	63	54	63
NOT AT ALL SAFE	15	20	20	15	11	20	8	9	6	19	15	10	21	21	10	17	17
MEAN SCORE	2.29	2.06	2.24	2.26	2.43	2.20	2.39	2.50	2.87	2.21	2.29	2.45	2.18	2.14	2.34	2.34	2.19

MODE OF CALCULATION

=====

VERY SAFE * 5
SAFE * 4
NOT SURE * 3
NOT SAFE * 2
NOT AT ALL SAFE * 1

SUM OF ABOVE / 100

INTERPERTATION

=====

MEAN SCORE RATING ABOVE 3 = ABOVE AVERAGE
MEAN SCORE RATING EQUAL TO 3 = AVERAGE
MEAN SCORE RATING BELOW 3 = BELOW AVERAGE

DRB
SMC CONSUMER SURVEY (FEMALES)

TABLE - 21

REASONS FOR CONSIDERING OCPs UNSAFE .

Q12B: WHAT ARE YOUR REASONS FOR CONSIDERING OCPs UNSAFE?

	INCOME					CITY SIZE			USERSHIP OF OCPs			YEARS OF SCHOOLING COMPLETED			AGE		
	W.A	A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: THOSE CONSIDERING OCPs UNSAFE FOR WOMEN'S HEALTH		317	296	289	252	444	345	365	25	192	937	477	330	347	179	538	437
OCPs ARE NOT SAFE BECAUSE THEY CAUSE:	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HEALTH PROBLEMS	63	63	56	66	66	63	73	57	73	74	63	65	71	57	60	65	67
WEAKNESS	35	30	31	39	37	35	41	31	17	44	35	32	45	32	31	38	36
DIZZINESS	31	36	27	37	27	35	28	19	16	46	30	30	38	29	31	31	35
HEADACHE	11	9	11	10	12	9	14	12	9	15	16	12	11	9	7	11	13
BODY PAIN	8	13	7	8	7	8	12	6	15	11	8	7	12	8	7	9	9
STOMACH UPSET	6	4	6	6	7	5	9	6	24	1	6	6	6	2	7	5	4
NAUSEA	5	7	4	7	3	6	4	3	4	10	5	5	6	6	8	4	7
CRAMPS	3	3	3	2	3	2	3	2	15	4	2	2	3	4	4	2	4
HEARTBURN/ACIDITY	3	4	3	3	4	3	4	3	4	6	3	5	2	4	6	4	3
ACNE/PIMPLES	2	2	3	2	2	2	2	3	3	4	2	1	4	2	2	1	4
MENSTRUAL PROBLEMS	38	35	42	38	38	38	38	41	59	36	38	38	38	36	35	42	36
HEAVY BLEEDING	28	25	33	23	32	25	33	33	31	22	28	28	28	25	24	30	25
IRREGULAR PERIODS	13	16	13	14	9	15	6	11	40	18	12	11	15	15	13	14	15
NO/SCANT MENSTRUAL BLEEDING	3	2	2	6	1	3	3	1	12	3	3	2	5	1	2	3	4
SPOTTING	2	2	3	2	2	2	2	3	4	3	2	2	2	3	4	2	2
INTERNAL ORGANIC PROBLEMS	35	40	37	37	27	37	28	33	23	18	36	28	35	36	27	37	36
OBESITY	34	41	36	32	31	35	40	28	29	23	35	32	32	37	33	31	34
IRRITABILITY	3	2	3	4	2	3	2	4	21	5	3	3	3	5	5	3	3
DIFFICULTIES IN CHILD BIRTH	2	3	1	2	1	2	3	2	0	0	2	2	2	1	1	1	2
OTHERS	5	8	4	6	6	7	3	3	2	4	5	6	6	8	4	5	3

DRB
SMC CONSUMER SURVEY (FEMALES)

TABLE - 22 A
SATISFACTION WITH OCPs

Q20A: TO WHAT EXTENT ARE /WERE YOU
SATISFIED WITH OCPs?

	INCOME					CITY SIZE			USERSHIP OF OCPs		YEARS OF SCHOOLING COMPLETED			AGE		
	W.A	A	B	C	D	I	II	III	CURR	LAPSED	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL CURRENT AND LAPSED USERS		71	68	63	65	142	80	85	54	252	138	103	66	32	157	118
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
VERY SATISFIED	3	5	6	0	2	3	2	4	15	2	3	2	9	6	4	4
SATISFIED	14	25	6	18	11	13	23	9	31	13	17	15	14	19	16	15
NEITHER DISSATISFIED NOR SATISFIED	3	10	0	3	7	3	0	5	0	3	5	1	2	0	1	5
DISSATISFIED	43	29	42	38	60	41	41	61	27	43	43	41	42	52	42	21
COMPLETELY DISSATISFIED	20	16	26	20	12	21	21	11	15	21	15	22	20	10	20	22
MEAN SCORE	2.24	2.69	2.05	2.24	2.25	2.21	2.36	2.27	3.05	2.17	2.40	2.19	2.43	2.53	2.30	2.30
CANNOT SAY	17	14	20	21	9	19	13	9	13	17	17	20	13	13	16	18

MODE OF CALCULATION

=====

VERY SATISFIED * 5
SATISFIED * 4
NEITHER * 3
DISSATISFIED * 2
COMPLETELY DISSATISFIED * 1

INTERPERTATION

=====

MEAN SCORE RATING ABOVE 3 = ABOVE AVERAGE
MEAN SCORE RATING EQUAL TO 3 = AVERAGE
MEAN SCORE RATING BELOW 3 = BELOW AVERAGE

SUM OF ABOVE / SUM OF PERCENTAGES

DRB
 SMC CONSUMER SURVEY (FEMALES)

TABLE - 22 B

REASONS FOR DISSATISFACTION WITH OCPs

Q20B: WHAT ARE YOUR REASONS FOR DISSATISFACTION WITH OCPs?

	INCOME					CITY SIZE			USERSHIP OF OCPs		YEARS OF SCHOOLING COMPLETED			AGE		
	W.A	A	B	C	D	I	II	III	CURR	LAPSED	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: THOSE EXPRESSING DISSATISFACTION WITH OCPs		33	36	44	29	70	32	40	30	112	69	46	27	18	67	57
DISSATISFIED WITH OCPs BECAUSE THEY CAUSED: =====	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
HEALTH PROBLEMS	54	17	51	56	70	55	49	43	45	54	47	66	42	71	47	54
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
DIZZINESS	39	16	37	41	48	41	34	18	29	39	34	45	23	48	34	41
WEAKNESS, BECAUSE OF HEAVY BLEEDING.	27	9	20	25	46	26	35	24	14	27	25	27	26	28	21	29
HEADACHE	10	1	13	11	10	10	15	10	7	10	0	15	13	3	13	9
BODY PAIN	6	1	13	6	0	6	6	2	10	6	1	11	13	0	11	1
NAUSEA/VOMITTING	5	7	1	9	0	6	2	3	4	5	1	13	0	16	3	5
HEARTBURN/ACIDITY	4	6	6	4	1	5	0	0	4	4	6	1	6	14	5	1
CRAMPS	2	0	0	1	6	2	0	0	10	1	0	3	3	14	0	2
MENSTRUAL PROBLEMS	22	15	27	18	29	20	32	36	13	22	26	19	18	28	19	20
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
HEAVY BLEEDING	13	14	20	7	18	11	15	28	1	13	11	13	12	22	15	5
IRREGULAR PERIODS	7	1	1	6	17	5	8	22	0	7	14	1	0	3	3	9
SPOTTING	3	1	0	6	1	3	17	0	2	3	6	0	6	3	1	6
NO/SCANT MENSTRUAL BLEEDING	3	0	7	1	4	2	4	7	10	2	5	6	0	3	4	3
INTERNAL ORGANIC PROBLEMS	9	21	20	3	6	8	13	17	0	10	12	3	6	0	13	5
IRRITABILITY	5	6	6	4	2	5	0	6	0	5	4	6	6	14	2	3
OBESITY/WEIGHT GAIN	4	7	0	1	16	4	7	6	13	4	8	3	6	0	6	7
RESULTED IN PREGNANCY BECAUSE OF FORGETTING TO TAKE PILL.	17	8	19	19	13	17	7	18	14	17	21	7	17	5	13	22
IS A PROLONGED PROCEDURE	2	6	6	0	0	2	0	2	3	2	3	0	6	0	4	0
OTHERS	3	2	1	3	3	3	1	2	2	3	2	3	2	4	1	3

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DRB
SMC CONSUMER SURVEY (FEMALES)

TABLE - 23
ADVISE AGAINST USE OF OCPs

Q23A: HAS ANYONE ADVISED YOU NOT TO USE OCPs?

M.A	INCOME				CITY SIZE			USERSHIP OF OCPs			YEARS OF SCHOOLING COMPLETED			AGE			
	A	B	C	D	1	11	111	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS	
A) BASE: ALL THOSE WHO HAVE ATLEAST ONE CHILD	638	650	675	660	939	863	821	54	249	2320	1293	693	637	427	1246	950	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
YES, ADVISED AGAINST OCPs	22	24	22	24	18	22	25	18	12	36	22	22	23	25	24	23	23
NO, NOT ADVISED AGAINST OCPs	78	75	77	75	81	78	74	81	85	64	78	78	77	75	75	78	76
NO RESPONSE	1	1	0	1	1	0	2	1	3	0	1	1	0	0	0	0	1

Q23B: WHO ADVISED YOU NOT TO USE PILLS?

B) BASE: THOSE ADVISED NOT TO USE OCPs	142	153	164	135	222	214	158	3	90	501	288	158	148	97	282	215	
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
HUSBAND	47	48	47	44	49	46	50	42	0	33	48	55	45	42	38	53	45
FRIENDS/RELATIVES/NEIGHBOURS	41	36	30	48	42	46	24	28	100	20	42	33	36	34	47	36	27
DOCTOR	15	19	19	11	12	14	12	23	0	41	12	12	20	26	23	12	20
OTHERS	2	4	1	1	3	1	4	4	0	10	1	3	2	2	1	3	3
NO RESPONSE	2	1	2	2	1	1	4	2	0	2	2	1	3	1	1	1	2

DRB
SMC CONSUMER SURVEY (FEMALES)

TABLE - 24
PURCHASER OF LAST USED DCPs

Q19A: WHO ACTUALLY PURCHASED OR OBTAINED
THE DCPs USED LAST?

	W.A	INCOME				CITY SIZE			USERSHIP OF DCPs		YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURR	LAPSED	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL CURRENT AND LAPSED USERS		71	88	83	65	142	80	85	54	253	138	103	66	32	157	118
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
SELF	40	43	35	45	35	43	25	27	36	40	39	36	44	54	33	43
HUSBAND	7	12	4	7	11	6	13	15	18	7	10	10	6	5	10	7
GIVEN BY DOCTORS/ FRIENDS/ RELATIONS	20	25	24	17	16	19	34	13	31	19	16	25	26	14	29	15
DO NOT REMEMBER	33	20	37	31	38	32	28	45	15	34	35	29	24	27	28	35

DRB
SMC CONSUMER SURVEY (FEMALES)

TABLE - 25 A
SOURCE OF PURCHASE .

Q19B: WHERE OR FROM WHOM THE OCPs WERE
PURCHASED/OBTAINED?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs		YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURR	LAPSED	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
A) BASE: ALL CURRENT AND LAPSED USERS		71	88	83	65	142	80	85	54	253	138	103	66	32	157	116
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
CHEMIST	29	52	31	26	25	30	34	17	47	29	17	43	45	47	29	29
FAMILY WELFARE CENTRE/F.W PERSONNEL	24	16	21	28	23	24	21	24	12	24	30	12	22	24	22	22
HOSPITAL	5	2	3	5	8	5	6	4	9	5	3	11	0	1	7	5
DOCTOR	4	4	4	3	5	3	6	6	6	4	6	5	0	0	3	7
CLINIC	1	1	0	2	0	1	1	0	2	1	2	0	2	0	2	0
OTHERS	2	2	3	1	3	2	6	4	2	2	3	1	1	0	4	1
DO NOT REMEMBER.	35	23	38	35	36	35	26	45	22	35	39	28	30	28	33	36

Q19C: WAS THIS PERSON WORKING FOR GOVT.?

B) BASE: CURRENT /LAPSED USERS

YES, ASSOCIATED WITH GOVT.	29	21	26	32	33	29	30	30	27	30	40	18	24	26	31	28
NO, NOT ASSOCIATED WITH GOVT.	30	36	29	34	24	32	29	19	46	30	19	49	30	42	31	33
DO NOT KNOW	41	43	45	34	43	39	41	51	27	40	41	33	46	32	38	39

DRB
SAC CONSUMER SURVEY (FEMALES)

TABLE - 25 B
PRICE OF OCPs LAST USED

Q19D: HOW MUCH DID THE PACKAGE OF OCPs COST?

	W.A	INCOME				CITY SIZE			USERSHIP OF OCPs		YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURRENT	LAPSED	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL CURRENT AND LAPSED USERS		71	88	83	65	142	80	85	54	253	138	103	66	32	157	116
PROPORTION OF RESPONDENTS WHO REMEMBER/KNOW THE PRICE	75	62	73	78	78	76	68	76	81	75	74	81	77	87	73	76
=====	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**
AVERAGE PRICE OF THE LAST BOUGHT PACKAGE (RS)	5.00	7.00	7.00	4.00	6.00	5.00	9.00	4.00	8.00	5.00	6.00	5.00	7.00	6.00	5.00	7.00
DO NOT REMEMBER/DO NOT KNOW	25	38	27	22	22	24	32	24	19	25	26	19	23	13	27	24
	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**

DRB
SNC CONSUMER SURVEY (FEMALES)

TABLE - 26

PURCHASE INTENTIONS

Q21: IF A NEW BRAND OF OCPs MANUFACTURED BY A REPUTABLE COMPANY WERE AVAILABLE IN THE MARKET HOW LIKELY IS THAT YOU WOULD BUY OR TRY IT?

	N.A	INCOME				CITY SIZE			USERSHIP OF OCPs			YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: THOSE AWARE OF OCPs.		690	700	700	700	1000	900	890	54	253	2483	1361	736	693	521	1300	969
WOULD DEFINITELY TRY IT	2	2	1	2	2	2	2	2	23	7	2	3	3	2	3	3	3
WOULD TRY IT	15	9	14	17	17	16	14	14	37	27	15	18	15	15	16	20	12
CAN NOT SAY	3	2	3	3	3	2	4	5	16	3	3	3	2	3	5	3	2
WOULD NOT TRY IT	41	39	40	39	43	38	46	43	14	23	41	42	36	34	46	37	37
WOULD DEFINITELY NOT TRY IT	39	48	42	39	35	42	34	36	10	40	39	34	44	46	30	37	46
MEAN SCORE	2.66	1.78	1.92	2.04	2.08	1.98	2.04	2.03	3.49	2.38	2.00	2.14	1.97	1.93	2.16	2.15	1.89

MEAN SCORE

=====

WOULD DEFINITELY TRY IT * 5
WOULD TRY IT * 4
CANNOT SAY * 3
WOULD NOT TRY IT * 2
DEFINITELY WOULD NOT TRY IT * 1

INTERPERTATION

=====

ABOVE 3 RATING = WOULD BUY/DEFINITELY BUY
EQUAL TO 3 RATING = CANNOT SAY
BELOW 3 RATING = WOULD NOT BUY

SUM OF ABOVE / 100

DRB
 SMC CONSUMER SURVEY (FEMALES)

TABLE - 27A

WILLINGNESS TO BUY NEW DCP BRAND

Q22: IF YOU WERE TO TRY DCPs, WHAT PRICE WOULD YOU BE WILLING TO PAY?

	N.A.	INCOME				CITY SIZE			USERSHIP OF DCPs			YRS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURR	LAP	NEVER	0 YR	1-9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL THOSE AWARE OF DCPs		690	700	700	700	1000	900	890	54	253	2483	1361	736	693	521	1300	969
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
WILLING TO BUY	17	11	15	19	19	18	16	16	62	35	17	21	18	17	19	23	15
NOT WILLING TO BUY	83	89	85	81	81	82	84	84	36	65	83	79	82	83	81	77	85

TABLE-278

PURCHASE INTENTIONS AT VARIOUS PRICES

DRB
SNC CONSUMER SURVEY (FEMALES)

	INCOME					CITY SIZE			USERSHIP OF OCPs			EDUCATION			AGE OF RESPONDENT		
	W.A	A	B	C	D	I	II	III	CURRENT	LAPSED	NEVER	0 YRS	1-9 YRS	10+ YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: THOSE WILLING TO BUY	97	116	142	143	197	141	160	30	82	386	250	125	123	92	272	132	
PRICE IN	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	
RS.	BUY	BUY	BUY	BUY	BUY	BUY	BUY	BUY	BUY	BUY	BUY	BUY	BUY	BUY	BUY	BUY	
	TOD	TOD	TOD	TOD	TOD	TOD	TOD	TOD	TOD	TOD	TOD	TOD	TOD	TOD	TOD	TOD	
	EXP	EXP	EXP	EXP	EXP	EXP	EXP	EXP	EXP	EXP	EXP	EXP	EXP	EXP	EXP	EXP	
RS.3.00	170	162	169	174	168	176	176	145	24	176	176	176	176	161	169	174	
RS.4.00	178	170	165	165	176	183	158	40	176	189	176	178	182	176	179	164	
RS.5.00	178	167	170	181	181	182	167	27	175	182	178	182	180	173	181	173	
RS.6.00	176	177	175	178	173	179	161	25	179	185	175	176	182	180	177	186	
RS.7.00	169	179	166	127	175	129	171	26	163	190	181	168	165	181	173	172	
RS.8.00	165	181	163	130	172	135	167	30	159	177	164	177	173	170	170	165	
RS.9.00	156	174	156	138	162	146	158	38	143	176	155	166	166	166	157	157	
RS.10.00	155	171	158	139	164	151	159	40	143	177	156	162	155	158	155	156	
RS.11.00	142	165	146	150	146	153	146	52	126	148	144	142	155	153	147	136	
RS.12.00	141	162	142	154	148	151	131	67	145	148	138	147	152	147	144	134	
RS.13.00	139	160	143	155	143	156	131	67	143	143	139	145	153	149	143	132	
RS.14.00	137	160	140	159	141	158	130	68	141	143	137	144	158	149	140	131	
RS.15.00	138	166	140	160	142	158	129	68	142	143	138	142	158	151	141	131	

BEST AVAILABLE COPY

DRB
SNC CONSUMER SURVEY (FEMALES)

TABLE - 28
AWARENESS OF CONDOM BRANDS

Q25A: WHAT BRAND NAMES OF CONDOMS YOU HAVE HEARD OF?

B: HAVE YOU EVER HEARD OF SATHI ?

	W.A	INCOME				CITY SIZE			USERSHIP OF DCPs			YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: THOSE AWARE OF CONDOMS		675	669	669	659	976	864	838	54	252	2366	1283	707	662	484	1259	929
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
SATHI	30	43	38	28	21	30	35	22	37	31	29	18	36	51	33	35	22
====	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
SPONTANEOUS	13	16	16	14	8	14	13	7	17	19	12	5	18	24	14	16	9
PROMPTED	17	26	22	14	13	16	23	15	20	13	17	12	18	27	20	18	13
SULTAN	3	7	5	4	1	5	2	0	9	9	3	0	5	12	3	4	5
ROUGH RIDER	1	2	2	0	0	1	0	0	0	0	1	0	0	3	0	1	1
DUREX	0	1	1	0	0	1	0	0	0	1	0	0	0	2	0	1	0
OTHERS	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
DO NOT REMEMBER/DO NOT KNOW	70	57	62	72	79	70	65	78	63	69	71	82	64	49	67	65	78

DRB
SNC CONSUMER SURVEY (FEMALES)

TABLE - 29

DEFINITION OF FAMILY PLANNING

B6A: WHAT DO YOU UNDERSTAND BY PHRASE
FAMILY PLANNING?

	W.A	INCOME				CITY SIZE			USERSHIP OF DCPs			YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
A) BASE: ALL THOSE AWARE OF DCPs		690	700	700	700	1600	900	890	54	253	2483	1361	736	693	521	1300	969
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
DEFINITION OF FAMILY PLANNING: =====																	
BIRTH SPACING	94	99	97	96	90	97	91	90	98	99	94	91	98	99	94	95	95
=====	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==	==
SPONTANEDUS	31	42	39	28	26	37	24	20	44	46	31	23	38	49	30	37	28
PROMPTED	63	56	58	68	64	60	66	70	55	53	63	68	60	50	63	58	67
SMALL FAMILY	52	61	55	51	47	54	51	46	57	53	52	44	59	64	52	53	52
HAVING NO MORE CHILDREN	38	28	30	40	44	35	39	49	28	29	39	45	34	23	35	35	41
PREVENTION OF PREGNANCY	14	14	16	13	12	13	18	12	21	17	14	11	17	17	15	12	16
OTHERS	4	4	5	4	4	5	2	5	9	4	4	4	4	5	4	5	3

B7: WHAT IS BIRTH SPACING?

B) BASE: THOSE WHO KNOW ABOUT BIRTH SPACING		672	659	661	630	978	634	810	53	245	2324	1225	712	685	482	1222	916
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
GAP BETWEEN CHILDREN	93	95	93	91	94	92	97	94	93	88	93	93	92	93	92	93	93
OTHERS	7	5	7	9	6	8	3	6	7	12	7	7	8	7	8	7	7

DRB
SMC CONSUMER SURVEY (FEMALES)

TABLE - 30
IDEAL BIRTH SPACING INTERVAL

Q8A: WHAT IN YOUR OPINION SHOULD BE THE
IDEAL GAP/SPACING BETWEEN CHILDREN?

Q8B: WHY DO YOU SAY SO?	W.A	INCOME				CITY SIZE			USERSHIP OF DCPs			YEARS OF SCHOOLING COMPLETED			AGE		
		A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: THOSE WHO KNOW ABOUT BIRTH SPACING		672	659	661	630	978	834	810	53	245	2324	1225	712	655	482	1222	918
SUITABLE GAP: =====	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1 - 2 YEARS	11	11	10	9	13	10	5	18	3	11	11	14	7	9	15	9	11
2 - 3 YEARS	37	39	34	36	36	34	40	45	24	26	38	38	34	39	42	35	32
3 - 4 YEARS	25	26	27	25	22	25	30	19	20	25	25	21	27	27	19	25	26
ABOVE 4 YEARS	27	22	30	28	27	31	25	17	53	39	27	27	32	25	23	30	31
AVERAGE GAP IN YEARS =====	3.7	3.6	3.8	3.7	3.6	3.8	3.8	3.4	4.2	3.9	3.7	3.6	3.6	3.7	3.5	3.8	3.6
REASONS FOR CONSIDERING GAP SUITABLE =====																	
MOTHER'S HEALTH WOULD BE GOOD.	77	80	82	74	76	76	88	69	79	70	77	71	80	80	70	75	81
THE FIRST CHILD WOULD BE BROUGHT UP BETTER.	56	64	64	56	47	60	57	40	73	73	55	48	66	65	52	59	59
EASIER TO BRING UP CHILDREN.	43	46	48	40	41	42	47	41	45	43	43	41	43	48	43	44	40
IN THIS GAP/SPACE THE OLDER CHILD HAS GROWN UP/CAN TAKE CARE OF HIMSELF.	40	41	38	41	41	41	32	46	40	36	40	40	37	42	44	39	38
IT IS DIFFICULT TO TAKE CARE OF CHILDREN WITH LESS GAP.	22	19	20	23	22	21	22	22	19	24	22	22	22	20	21	22	22
HAPPY FAMILY	9	10	8	9	11	8	13	10	7	9	9	10	9	9	8	9	10
OTHERS	2	2	1	2	1	2	1	2	0	2	2	2	1	2	1	2	2

DRB
SMC CONSUMER SURVEY (FEMALES)

TABLE - 31
DESIRE FOR MORE CHILDREN

Q24: DO YOU PERSONALLY FEEL THAT NOW YOU HAVE
ALL THE CHILDREN YOU WANT, OR ARE YOU
PLANNING TO HAVE ADDITIONAL CHILDREN?

	7	N.A.	INCOME				CITY SIZE			USERSHIP OF OCPs			YEARS OF SCHOOLING COMPLETED			AGE		
			A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: ALL THOSE AWARE OF OCPs			690	700	700	700	1000	900	890	54	253	2483	1361	736	693	521	1300	969
		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HAVE ALL THE CHILDREN I WANT	55		50	61	59	51	56	56	51	79	78	55	58	59	53	17	55	85
WANT MORE CHILDREN	44		50	38	41	48	43	43	48	21	22	44	41	40	47	82	45	14
NO RESPONSE	1		1	0	1	1	1	1	1	0	0	1	1	0	0	1	1	1

TABLE 32

PROFILE OF RESPONDENTS

DRB
SMC CONSUMER SURVEY (FEMALES)

	INCOME					CITY SIZE			USERSHIP OF OCPs			YEARS OF SCHOOLING COMPLETED			AGE		
	M.A.	A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: TOTAL RESPONDENTS		690	700	700	700	1000	900	890	54	253	2483	1361	736	693	521	1300	969
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
AGE OF HUSBAND:																	
=====																	
15-24 YRS	4	3	4	3	5	3	4	7	0	2	4	5	3	1	19	0	0
25-34 YRS	39	42	37	46	40	46	38	38	32	31	40	35	40	46	74	51	1
35-49 YRS	49	44	50	49	51	49	50	48	56	56	49	52	49	47	7	48	77
ABOVE 50	7	11	9	8	5	7	8	7	10	11	7	8	7	6	0	1	22
AVERAGE AGE	36	37	37	37	35	36	37	36	38	36	36	37	36	36	26	34	45
AGE OF RESPONDENT:																	
=====																	
15-24 YRS	20	20	18	19	21	20	18	22	13	10	20	18	20	18	100	0	0
25-34 YRS	47	47	44	45	52	49	47	44	48	47	47	46	46	56	0	100	0
35-49 YRS	33	33	38	36	27	31	35	34	39	45	33	36	34	25	0	0	100
AVERAGE AGE	31	31	31	31	30	31	31	31	32	32	31	31	31	30	22	29	39
READERSHIP																	
=====																	
NEWSPAPERS	33	63	48	29	17	46	31	14	36	36	33	2	55	80	34	35	29
ENGLISH	2	4	1	2	0	2	1	1	2	0	2	0	0	5	1	2	1
REGULAR	1	4	1	1	0	1	1	1	2	0	1	0	0	4	1	1	1
OCCASIONAL	1	0	0	1	0	1	0	0	0	0	1	0	0	1	0	1	0
VERNACULAR	31	62	47	28	17	38	30	13	34	35	31	2	55	79	33	35	29
REGULAR	9	28	14	7	3	12	8	2	12	7	9	0	13	32	6	11	10
OCCASIONAL	22	34	33	21	14	26	22	11	22	28	22	2	42	47	27	24	19
MAGAZINES	30	60	44	28	14	37	30	12	46	31	30	3	48	77	32	33	26
ENGLISH	1	3	1	1	0	1	1	0	2	0	1	0	0	4	1	1	1
REGULAR	1	3	1	0	0	1	1	0	2	0	1	0	0	4	1	1	1
OCCASIONAL	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
VERNACULAR	30	59	43	27	14	36	30	11	38	31	30	2	48	76	31	32	26
REGULAR	7	19	10	6	2	9	6	1	12	4	7	0	8	25	5	8	7
OCCASIONAL	23	40	33	21	13	27	24	10	26	27	23	2	40	51	26	24	20
NON-READERS	66	35	51	68	83	58	68	86	57	61	66	97	42	17	64	63	70

TABLE 32
(CONTD)

DRB
SMC CONSUMER SURVEY (FEMALES)

PROFILE OF RESPONDENTS

	INCOME					CITY SIZE			USERSHIP OF OCPs			YEARS OF SCHOOLING COMPLETED			AGE		
	W.A	A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: TOTAL RESPONDENTS		690	700	700	700	1000	900	890	54	253	2483	1361	736	693	521	1300	969
LANGUAGE:	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
=====																	
URDU	31	40	33	30	28	36	34	14	38	44	31	24	39	47	31	33	33
PUNJABI	48	46	48	48	48	48	36	57	36	34	48	48	46	38	44	46	47
SINDHI	2	1	2	2	2	0	3	4	4	2	2	3	2	0	2	2	2
BALOCHI	0	0	0	0	0	0	0	1	0	0	0	1	0	0	1	0	0
PUSHTO	8	6	7	7	9	8	7	7	9	9	8	11	4	5	10	7	7
OTHERS	12	7	10	12	14	7	20	16	13	12	12	14	9	10	12	12	12
OCCUPATION OF HUSBAND:																	
=====																	
ADMIN/EXEC/MANAGERIAL	6	22	8	3	1	7	5	2	1	5	6	1	4	22	5	5	6
PROF./TECH & RELATED	5	6	7	4	3	3	7	7	4	4	5	4	4	7	6	4	5
SKILLED/SEMI-SKILLED/UNSKILLED WORKERS IN TRADE & INDUSTRY & OFFICE SERVICE WORKERS	45	18	29	46	62	48	37	43	28	45	45	50	45	27	50	46	34
FORCES BELOW OFFICERS GRADE	1	1	1	1	2	1	1	1	0	1	1	1	1	1	1	1	1
BUSINESS OWNERS	34	49	45	35	21	32	35	37	65	39	34	34	36	37	30	36	36
FARMERS/AGRICULTURAL/MINING/FISHING WORKERS	2	0	1	2	2	1	2	4	0	1	2	2	2	0	2	1	2
UNEMPLOYED	2	1	1	3	3	2	2	2	0	3	2	3	2	2	1	2	3
OTHERS	5	3	8	6	6	6	11	4	2	2	5	5	6	4	5	5	8
OCCUPATION OF RESPONDENT:																	
=====																	
ADMIN/EXEC/MANAGERIAL	0	1	0	1	0	1	0	0	0	1	0	0	1	1	0	0	1
PROF./TECH & RELATED	1	1	1	0	0	1	0	1	0	0	1	0	1	1	0	0	1
SKILLED/SEMI-SKILLED/UNSKILLED WORKERS IN TRADE & INDUSTRY & OFFICE SERVICE WORKERS	2	2	3	2	3	3	2	1	2	4	2	2	2	4	1	3	3
BUSINESS OWNERS	1	0	2	1	1	1	0	1	1	2	1	1	2	1	0	1	2
HOUSEWIFE	94	95	90	94	94	93	94	95	97	93	94	95	93	92	96	94	91
OTHERS	2	1	4	2	2	1	4	2	0	0	2	2	1	1	3	2	2

TABLE 32
(CONTD)

PROFILE OF RESPONDENTS

DRB
SMC CONSUMER SURVEY (FEMALES)

	INCOME				CITY SIZE			USERSHIP OF DCPs			YEARS OF SCHOOLING COMPLETED			AGE			
	N.A.	A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: TOTAL RESPONDENTS		690	700	700	700	1000	900	890	54	253	2483	1361	736	693	521	1300	969
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
RADIO LISTENERSHIP	53	70	64	50	42	56	50	45	60	46	53	41	58	70	54	53	51
=====																	
DAILY	26	39	31	24	21	26	30	22	38	22	26	21	29	32	30	26	25
4-5 TIMES/WEEK	3	3	5	3	3	4	1	3	6	3	3	3	3	5	2	4	3
2-3 TIMES/WEEK	4	5	6	4	3	5	3	3	7	6	4	3	6	5	4	5	4
ONCE A WEEK	2	2	3	2	0	2	1	1	1	3	2	1	2	3	0	2	2
LESS OFTEN	4	5	4	3	4	5	3	2	7	1	4	3	4	7	5	3	4
NOT FIXED	13	16	16	13	11	14	12	14	1	13	13	11	14	18	13	13	14
AVERAGE FREQUENCY/WEEK	5	6	5	6	6	5	6	6	5	5	5	6	5	5	6	6	5
NON-LISTENER	47	30	36	50	58	44	50	55	40	52	47	59	42	30	46	47	49
TV VIEWERSHIP	78	97	92	80	62	87	71	61	84	88	78	65	89	97	75	79	83
=====																	
DAILY	67	89	84	68	50	76	61	49	70	77	67	52	79	88	66	68	70
4-5 TIMES/WEEK	2	3	1	3	2	3	2	2	9	2	2	3	3	2	2	2	3
2-3 TIMES/WEEK	2	1	1	2	3	2	2	2	0	2	2	2	2	1	3	1	2
ONCE A WEEK	0	1	0	0	1	0	0	1	0	1	0	1	0	0	0	1	0
LESS OFTEN	1	1	1	1	1	1	1	1	3	0	1	1	1	1	0	2	1
NOT FIXED	5	3	4	5	6	4	5	6	2	6	5	6	4	4	4	5	6
AVERAGE FREQUENCY/WEEK	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
NON-VIEWER	22	3	8	20	38	13	29	39	16	12	22	35	11	3	25	21	17
AVERAGE LENGTH OF MARRIAGE (IN YEARS)	12	11	13	12	12	12	13	12	13	14	12	13	12	10	5	10	20
=====																	

8

TABLE 32
(CONT'D)

PROFILE OF RESPONDENTS

DRE
SMC CONSUMER SURVEY (FEMALES)

	INCOME				CITY SIZE			OWNERSHIP OF DCPS			YEARS OF SCHOOLING COMPLETED			AGE			
	N.A	A	B	C	D	I	II	III	CURR	LAPSED	NEVER	0 YR	1 - 9 YRS	10 + YRS	15-24 YRS	25-34 YRS	35-49 YRS
BASE: TOTAL RESPONDENTS		690	700	700	700	1000	900	890	54	253	2483	1361	736	693	521	1300	969
STATUS:																	
=====																	
WIFE OF HEAD OF HOUSEHOLD	99	99	97	99	99	98	98	99	99	99	99	99	99	98	99	99	
WIFE OF OTHER MEMBER	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	
OWNERSHIP OF DURABLES:																	
=====																	
TV	72	96	88	76	51	82	63	55	82	88	72	57	86	95	66	72	61
RADIO	60	91	80	58	41	66	55	50	73	67	60	47	66	90	59	61	63
CASSETTE	8	22	9	8	4	10	8	2	7	10	8	3	9	20	8	9	8
VCR	3	18	4	1	1	3	6	1	8	2	3	1	3	13	3	3	3
YEARS OF SCHOOLING COMPLETED BY HUSBAND:																	
=====																	
0 YEAR	33	9	15	36	47	28	33	45	32	27	33	54	15	3	33	31	32
1 - 9 YEARS	24	12	25	24	29	24	23	26	31	31	24	27	35	6	28	24	25
10 AND ABOVE YEARS	43	79	60	41	24	48	44	29	37	42	43	19	50	91	39	45	43
YEARS OF SCHOOLING COMPLETED BY SELF:																	
=====																	
0 YEAR	52	18	36	56	68	44	55	72	41	45	52	100	0	0	49	48	56
1 - 9 YEARS	26	24	29	26	24	29	24	20	32	39	26	0	100	0	29	26	28
10 AND ABOVE YEARS	22	57	35	17	8	28	21	8	27	16	22	0	0	100	21	26	16
AVERAGE FAMILY SIZE	7	9	8	7	6	7	7	7	8	7	7	7	7	7	6	7	8
=====																	
AVERAGE NO. OF EARNING MEMBERS	1	2	2	1	1	1	1	1	1	1	1	1	1	2	2	1	1
=====																	

INCOME

A
B
C
D

34 20 25
22 32 24
26 28 25
18 20 26

DOMESTIC RESEARCH BUREAU

OF LEVER BROTHERS PAKISTAN LIMITED

VOLUME IV (1990)

STUDY ON ORAL

CONTRACEPTIVE PILLS

P A R A M E D I C S



DOMESTIC RESEARCH BUREAU

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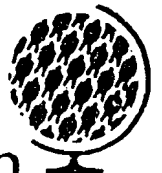
VOLUME - I
STUDY ON ORAL CONTRACEPTIVE PILLS
CONSUMERS

MAIN FINDINGS

Date of Report: May 1991

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CHAPTER - 1
I N T R O D U C T I O N



CHAPTER - 1

This chapter includes a brief description of the problem, objectives, methodology, statement of sample design, geographic coverage, sample size and weighting procedures.

1.1 BACKGROUND:

Pakistan is a vast country with an area of 310,403 square miles and a population of 110.0 million, with a male/female ratio of 111:100 according to the 1981 census. Islamabad is the federal capital. The country comprises four provinces - Baluchistan, North-West Frontier, Punjab and Sind. The provincial capitals are Quetta, Peshawar, Lahore and Karachi, respectively.

POPULATION GROWTH IN PAKISTAN:

Historical Trend of Population Growth:

The population of Pakistan grew from 16.6 million in 1901 to 32.5 million at the time of Independence in 1947. Today it is estimated to be around 110 million. During the period 1901-1989, the world population tripled, the population of developing countries increased four times while that of Pakistan increased six times.

Birth Rates, Death Rates and Population Growth Rates:

The rapid population growth in Pakistan has resulted from a steady decline in death rates over the last 80 years, while the birth rate has remained largely unchanged.

The decline in the death rate (the number of deaths per thousand population) has been due largely to the introduction of modern medical technology and the success of public health and sanitation programs.



Fertility Rates and Birth Rates:

The total fertility rate in Pakistan is about 6.5 . This means that on an average, each woman has 6-7 children during her life time. This rate is among the highest in the world.

Population Growth:

The difference between the birth and death rates is the rate of natural increase. At the beginning of the century, the population was growing at less than 1% per year. Since the birth rate has remained high while the death rate has declined, the growth rate of the population has increased to over 3% per year today.

The future looks bleak. If the birth rate remains high while the death rate continues to decline, the growth rate of the population could increase to 3.5% per year.

Source: Population Welfare Department (brochure) presented to Prime Minister, Ms. Benazir Bhutto. - 1988.

Contraceptive Use:

In order to slow this rapid growth in the population, the Social Marketing of Contraceptives (SMC) Project, as a first step, began marketing a condom brand, 'SATHI', through a private commercial organisation in 1987. The Project now intends to market Oral Contraceptive Pills in addition to Condoms.

Available information indicates that the current use of Oral Contraceptive Pills ranges from 3-4%, which is lower than that of other modern methods.



1.2 RATIONALE FOR THE RESEARCH:

Current and prospective users of Oral Contraceptive Pills are females of child-bearing age. Knowledge and understanding of their perception of, and practice regarding, Oral Contraceptive Pills will be of fundamental importance to the SMC Project and to the Marketing Agency.

Therefore, this study was undertaken to provide information which would assist the Marketing Agency to design its strategy for the marketing of Oral Contraceptive Pills in urban areas.

1.3 STATEMENT OF OBJECTIVES:

The specific objectives of the study were:

- a) To determine awareness levels of Oral Contraceptive Pills, available brands and their prices.
- b) To identify sources of awareness.
- c) To determine the attitude of the target population towards Oral Contraceptive Pills.
- d) To describe and analyse patterns of Oral Contraceptive use, including duration of use, problems associated with use, reasons for discontinuation and reasons for non-use.
- e) To synthesize the collected information into recommendations for the successful marketing of the Project's Oral Contraceptives.



1.4 SUMMARY OF SAMPLING PROCEDURE/METHODOLOGY:

THE STUDY AREA:

The study was commissioned by Population Services International on behalf of the Social Marketing Project.

The sampled areas were selected with the help of Population Services International, according to the following criteria:

- The population of the area should reflect the social and economic characteristics of the urban population of Pakistan.
- The commercial marketing patterns for Oral Contraceptive Pills should be typical of those prevailing in the urban sector of the country.

The areas selected were fairly diversified in terms of economic interests/activities. Oral Contraceptives in the sample areas are distributed through the usual providers including doctors and pharmacists in the commercial sector, and government Field Workers in the public sector. The selected areas are thus representative of the urban portion of the country as a whole.

SELECTION OF THE STUDY POPULATION:

Target Population

- a) Urban married women, 15-49 years of age in all income groups who were aware of Oral Contraceptive Pills
- a n d
- b) Husbands of eligible females, who were aware of Oral Contraceptive Pills or Condoms.

Income Classification

Households were classified as those with a monthly income of:

- A : Rs.5000 and above
- B : Rs.3500 - 4999
- C : Rs.2000 - 3499
- D : Upto 1999



SAMPLE DESIGN/PROCEDURE:

The universe for the study was comprised of urban towns with a population of 25000 and above in the four provinces of Pakistan. Out of the total 384 urban towns, 172 are in the above category and represent 91% of the total urban population of the country.

The city sizes were defined as:

	<u>Universe</u>	<u>Selected</u>
City Size I : Above 500 Thousand population	8	5
City Size II : 100 - 500 Thousand	35	8
City Sizes III/IV: 25 - 100 Thousand	<u>129</u>	<u>11</u>
<u>Total:</u>	<u>172</u>	<u>24</u>

A three-stage sampling design was used:

First Stage:

Random selection of cities in the four city size categories.

2nd Stage:

Clusters consisting of about 200-300 households, within cities. There are 17,432 clusters in the study universe, of which 10,036 clusters are in the selected cities. Out of these, 250 clusters were selected for the sample.

3rd and final Stage:

Households with eligible females/husbands. An eligible female was defined as a married woman 15-49 years old, aware of Oral Contraceptive Pills, with neither the wife nor the husband sterilized. Eligible males were husbands of the above wives who were aware of either Oral Contraceptive Pills or Condoms.

SAMPLE SIZE:

The sample size was set at 2800 females and 1400 males. Subject to assumptions of randomness and normal distribution of the variables, this sample size would yield an accuracy of $\pm 5-6\%$.



METHODOLOGY:

Households within the selected clusters in each city were enumerated. From these, households with married women between 15-49 years of age, where neither the wife nor the husband had been sterilized, were selected. In case of the availability of more than one eligible female in a household, a respondent selection card was used to identify the respondent to be interviewed. Awareness of Oral Contraceptive Pills was determined, and those aware were interviewed. The sampling fraction ranged from every 5th to every 10th household. Husbands of interviewed females who were aware of Oral Contraceptive Pills or Condoms, were interviewed in every second household.

FIELD SCHEDULE:

Field work was conducted from June 2, 1990 to August 12, 1990.



CHAPTER - 2
EXECUTIVE SUMMARY

CHAPTER - 2EXECUTIVE SUMMARYAWARENESS OF CONTRACEPTIVE METHODS:

There is universal awareness of Oral Contraceptive Pills among females, and for Condoms among males. While most (95%) of the females are also aware of Condoms, Oral Contraceptive Pills awareness among males is only 69%.

Levels of awareness for Oral Contraceptive Pill brands, their prices and the number of pills in a cycle is low. Ovral and Nordette are the best-known brands.

Friends/relatives/neighbours are the main source of awareness of Oral Contraceptive Pills. Doctors and to some extent Paramedics are secondary sources of awareness for Oral Contraceptive Pills.

USE OF ORAL CONTRACEPTIVE PILLS:

Among those aware of Oral Contraceptive Pills, current use of contraceptives by self or spouse is claimed by 32% of males as compared to 25% of females.

Among current users of contraceptives, the Condom is the most frequently used method, reported by 74% of males and 53% of females. Other currently used methods, as reported by females, are Abstinence (13%), followed by IUD/Loop (10%) and Oral Contraceptive Pills (8%). Males, however, reported Oral Contraceptive Pill usage by their wives at almost double that level (15%).

Generally, there is a tendency among husbands to report higher levels of method usership than their wives.

While about one-fourth (22%) of the husbands claimed that their wives had used a contraceptive method at some time in the past, only 15% of the female respondents reported previous usage of any method. Previous use of Oral Contraceptive Pills was reported by 14% of the male as against by only 2% of the female respondents.

In the total sample, i.e. males and females aware of Oral Contraceptive Pills, current use of Oral Contraceptive Pills was reported by only 2-4%, and previous use, by 8-11%.

The main reasons for discontinuing the use of Oral Contraceptive Pills among previous triers relate to various side-effects or occurrence of pregnancy due to forgetting to take the pill. The side-effects most frequently cited were health related (dizziness, nausea, etc.) menstrual disturbances, and weight gain.

Religion, satisfaction with other methods and perception/fear of health and menstrual problems and other side-effects appear to be the main reasons for never having used Oral Contraceptive Pills.

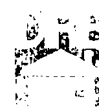
Only half to two-thirds (49-62%) of the current users of Oral Contraceptive Pills have used the pills continuously since initiating their use. The others either could not remember whether they had used the pills regularly, or had stopped using this method for a month or longer.

The principal first time advisor for initiating use of Oral Contraceptive Pills is the doctor, with friends/relatives/neighbours and Paramedics mentioned to a lesser extent as persons motivating first time trial of this method.

Most users of Oral Contraceptive Pills claimed to have received instructions on how to use them. The instructions were provided by those who had recommended use of Oral Contraceptive Pills to the respondent.

More than half the current users could not recall the brand of Oral Contraceptive Pills last used. The brands most frequently recalled were Lo-Femenal and Ovrall by females, and Ovrall and Nordette by males.

The first time advisor of a specific brand of Oral Contraceptive Pills was primarily the doctor. Others recommending specific brands included friends/relatives/neighbours and Paramedics.



ATTITUDE TOWARDS ORAL CONTRACEPTIVE PILLS:

Oral Contraceptive Pills are considered to be an effective method of contraception by only about one-fourth (22-27%) of the target population. The majority of respondents (between 50-60%) were unable to state whether or not Oral Contraceptive Pills were effective.

The main concerns of those who consider Oral Contraceptive Pills ineffective were that there is a risk of pregnancy in case the woman forgets to take the pill; males, but not females, were also concerned that Oral Contraceptive Pills cause weakness.

The majority (60-73%) of the respondents consider Oral Contraceptive Pills to be unsafe for health; major reasons for saying so relate to menstrual, health and internal organic problems and to weight gain.

High proportions of Oral Contraceptive Pill triers (42% current and 64% lapsed) are dissatisfied with this method. Dissatisfaction is related to perceived health and menstrual problems, occurrence of pregnancy due to forgetting to take the pill, internal organic problems and weight gain.

One-fourth of the women with at least one child had been advised against the use of Oral Contraceptive Pills. The persons advising them against the use of this method are mainly husbands, followed by friends/relatives/neighbours (including mothers/mothers-in-law) and, to a lesser extent, doctors.

PURCHASE PRACTICES:

Among triers of Oral Contraceptive Pills, almost half the male respondents claimed that the last purchase of Oral Contraceptive Pills had been made by them and only 7% said the purchaser had been the wife. Among female respondents, 40% claimed to have been the purchaser.

The main sources of purchase were Chemists and to a lesser extent, Family Welfare Centres and Paramedics.

**PURCHASE INTENTIONS:**

80% of the female and 62% of the male respondents were disinclined to purchase a new brand of Oral Contraceptive Pills. This indicates a possibly low-level of trial for a new Oral Contraceptive Pill brand.

Among those expressing a willingness to try the new brand, the price point most likely to attract purchasers is Rs. 5 - 6.

CONCLUSION:

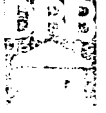
Though there is a high awareness of Oral Contraceptive Pills among the target population, level of trial and current use of this method is low. This is because of previous dissatisfaction with the method and perception of Oral Contraceptive Pills as being unsafe for health. Low use of this method is due to religious reasons, fear of perceived side-effects (menstrual irregularities, a variety of minor discomforts), internal organic problems, weight gain and the risk of pregnancy due to forgetting to take the pill. Interest in trying a new brand of Oral Contraceptive Pills is thus low.

Doctors, Paramedics and Chemists must play an important role, not only in creating an awareness of the advantages and disadvantages of Oral Contraceptive Pills, but also in providing sound information and education to the target population and thus motivating them to use this method.



CHAPTER - 3

AWARENESS OF ORAL CONTRACEPTIVE PILLS
AVAILABLE BRANDS AND THEIR PRICES



CHAPTER - 3

AWARENESS OF ORAL CONTRACEPTIVES, AVAILABLE BRANDS & PRICES

This chapter reports the results of the first study objective, namely "to determine awareness levels of contraceptive methods, specifically of Oral Contraceptive Pills, their brands and prices".

3.1 AWARENESS OF CONTRACEPTIVE METHODS:

Spontaneous and prompted awareness of contraceptive methods was obtained from all respondents.

Oral Contraceptive Pills were spontaneously mentioned by slightly more than half (56%) and Condoms and Injections by half (50-52%) of female respondents. In comparison, corresponding awareness among males is significantly higher for Condoms (68%), relatively lower for Oral Contraceptive Pills (46%) and significantly lower for Injections (23%).

Among the other modern contraceptive methods, spontaneous awareness for sterilization ranges from more than one-fourth among males to one-third among females, and is significantly higher for Loop/IUD among females (23%) than among males (8%).



When prompted responses are combined with spontaneous ones for Oral Contraceptive Pills and Condoms, there is universal awareness for the former among females and for the latter among males. While almost all (95%) of the females are aware of Condoms, males aware of Pills are notably lower (69%).

Table-1

Base: Total Respondents	W.A.* (%)	
	Males	Females
<u>Aware of any contraceptive method</u>	<u>100</u>	<u>100</u>
<u>Condoms:</u>	<u>99</u>	<u>95</u>
Spontaneous	68	50
Prompted	31	45
<u>Oral Contraceptive Pills:</u>	<u>69</u>	<u>100</u>
Spontaneous	46	56
Prompted	23	44
Injections	23	52
Sterilization	27	33
Loop/IUD	8	23
Others	28	15

Q.3a As you know there are various ways a couple can delay pregnancy. What family planning methods do you know of?

Q.3bi Have you heard of Oral Contraceptive Pills?

Q.3bii Have you heard of Condoms?

* Weighted Average: Weighting factors were applied to the various sub-groups to ensure their proper representation in the total population.



Lower awareness of Oral Contraceptive Pills was found among males of lower income, smaller towns, and lower educational groups, as well as among males with older wives and among those whose wives have never used Oral Contraceptive Pills.

	<u>Income</u>				<u>City Size</u>			<u>Usership of Oral Cont. Pills (Wife)</u>		
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>I</u>	<u>II</u>	<u>III</u>	<u>Curr</u>	<u>Lapsed</u>	<u>Never</u>
<u>MALES:</u>										
Oral Contra- ceptive Pills (%)	80	75	67	61	69	79	52	100	100	69
	<u>Years of schooling completed</u>						<u>Age of wife</u>			
	<u>0</u>	<u>1-9</u>	<u>10+</u>				<u>15-24</u>	<u>25-34</u>	<u>35-49</u>	
	<u>yrs.</u>	<u>yrs.</u>	<u>yrs.</u>				<u>yrs.</u>	<u>yrs.</u>	<u>yrs.</u>	
Oral Contra- ceptive Pills (%)	58	66	81				70	73	64	

3.2 AWARENESS OF ORAL CONTRACEPTIVE PILL BRANDS:

Among those familiar with Oral Contraceptive Pills, levels of brand awareness are very low (3-6%). The highest levels of awareness were noted among both females and males in the upper income group, living in larger cities, better educated and who were current Oral Contraceptive Pill users.



Ovral and Nordette are the more widely known brands of Oral Contraceptive Pills. Recall of brand names was significantly higher among males than among females, probably reflecting males' higher educational attainment, as well as their role as principal purchasers of Oral Contraceptive Pills. Almost half (45%) of the females claiming to be aware of Oral Contraceptive brands were unable to mention any brand. It is likely that the majority of respondents able to mention a brand are/have spouses who are current users of Oral Contraceptive Pills.

Table-2

Base: All those aware of Oral Contraceptive Pills		<u>W.A. (%)</u>	
		<u>Males</u>	<u>Females</u>
-	Aware of various brands of pills	6	3
-	Unaware of various brands of pills	94	97

Q.9a Are you aware of various brands of Oral Contraceptive Pills available in the market?

Base: Those aware of any brands of Oral Contraceptive Pills.

Ovral	61	30
Nordette	37	10
Minovlar	12	1
Marvelon	11	1
Lyndiol	11	1
Gynossid	11	3
Postinor	9	3
Lo-Femenal	4	9
Others	10	0
Cannot recall brand name	12	45

Q.9b What brands of Oral Contraceptive Pills have you heard of?



3.3 AWARENESS OF PRICE OF VARIOUS BRANDS OF ORAL CONTRACEPTIVE PILLS:

A high proportion of those aware of Ovrall and Nordette either do not know or are unaware of the correct prices of these brands.

Table-3

Base: Those aware of Ovrall.	W.A. (%)	
	<u>Males</u>	<u>Females</u>
<u>Ovrall (Rs.6-7)</u>		
Correct recall	33	23
Incorrect recall	27	28
Don't know	40	49

Base: Those aware of Nordette.

<u>Nordette (Rs.7.20)</u>		
Correct recall	45	49
Incorrect recall	15	19
Don't know	41	32

Q.9c What is the price of _____ brand?

3.4 AWARENESS OF NUMBER OF PILLS IN A PACKAGE:

The level of awareness for the number of pills in a package is low (3%).

Only one-third of the female current users (33%) of Oral Contraceptive Pills and less than one-fourth (21%) of males (with user wives) claimed to know the number of pills in a package. However, an insignificant proportion who claimed to know were able to state the number of pills correctly.

Table-4

Base: All those aware of Oral Contraceptive Pills.	<u>Current</u>
	33
	<u>8</u>
Aware of number of pills in a package	21
Unaware of number of pills in a package	79

Q.9d Are you aware of the number of Oral Contraceptive Pills in a package?



3.5 SOURCE OF AWARENESS OF ORAL CONTRACEPTIVE PILLS:

Among all respondents, friends/relatives/neighbours are the main source of awareness for Oral Contraceptive Pills, more so among females (80%) than males (68%). Among current and lapsed users however, doctors are the most important source of pill awareness.

Table-5

Base: All those aware of Oral Contraceptive Pills.

<u>Source of Awareness</u>	<u>Usership of Oral Contraceptive Pills</u>							
	<u>W.A. (%)</u>		<u>Current</u>		<u>Lapsed</u>		<u>Never</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
Friends/relatives/ neighbours	69	80	38	40	31	39	74	80
Doctor	18	7	44	40	44	28	14	7
F.W Centre/F.W Personnel	7	8	6	13	12	24	7	8
Hospital/Maternity home/Nurse	3	6	2	11	13	13	1	6
Others	9	4	12	0	14	5	14	5

Q.10a How or from whom did you first learn about Oral Contraceptive Pills?

Association with Government:

About three-fourths (72%) of the females and more than half (59%) of the males thought that the 'Provider' of information on Oral Contraceptive Pills was a Government employee.

Table-6

Base: Those learning about Oral Contraceptive Pills from Provider*

	<u>W.A. (%)</u>	
	<u>Male</u>	<u>Female</u>
- Yes, associated with Government	59	72
- No, not associated with Government	35	19
- Do not know	6	9

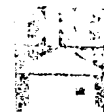
* Providers include Doctors, Chemists, Dais, Family Welfare Centres, Clinics.

Q.10b Was this person working with the Government?



CHAPTER - 4

USE OF ORAL CONTRACEPTIVE PILLS



C H A P T E R - 4

USE OF ORAL CONTRACEPTIVE PILLS

This chapter deals with the third study objective, namely to "identify, describe and analyse patterns of Oral Contraceptive use, including duration of use, problems associated with use, reasons for discontinuation and reasons for non-use".

The findings are discussed in the following four sections:

1. Current and ever use of contraceptive methods.
2. Current and ever use of Oral Contraceptive Pills.
3. Brand use.
4. Usage instructions.

4.1 USE OF CONTRACEPTIVE METHODS:

4.1.1 Current use of contraceptive methods

32% of males and 25% of females aware of Oral Contraceptive Pills claimed to be using a contraceptive method currently. Men were more likely to be current users of a method (15% to 25%) than their wives (7-10%).

Table-7a

Base: Aware of Oral Contraceptive Pills	W.A. (%)	
	Males	Females
<u>Currently using contraceptive method:</u>	<u>32</u>	<u>25</u>
- Self	25	10
- Spouse	7	15
Contraceptive method not currently used	<u>68</u>	<u>75</u>

Q.5a Are you/your spouse currently using some Family Planning methods or doing something to avoid pregnancy?



Current use of a contraceptive method is directly related to Income, City size and Education i.e. use is greater in upper income, larger population and higher level of education groups. Current use of contraceptive methods is highest among males with wives between 25-34 years of age and among females between 25-49 years of age.

Table-7a

	Base: Aware of Oral Contraceptive Pills						Age of Wives (yrs. %)					
	15-24		25-34		35-49		15-24		25-34		35-49	
	M	F	M	F	M	F	M	F	M	F	M	F
- Currently using	27	12	38	28	26	27						
- Not currently using	73	88	62	72	74	73						

4.1.2 Method of contraception used currently

The leading methods of contraception reported by females were abstinence (12%) and IUD (10%), followed by Oral Contraceptive Pills and Injections (6-8%). Use of Oral Contraceptive Pills by their wives as claimed by husbands is twice that indicated by females (15% vs. 8%).

Among males, the most frequently used form of contraception was Condoms, reported by 53% of wives and 74% of husbands.

Table-7 a, b

Base: Current use of contraceptive method (by self/spouse)	W.A. (%)	
	Males	Females
<u>Method used by wife:</u>		
- Abstinence	1	12
- Oral Contraceptive Pills	15	8
- IUD/Loop	4	10
- Injections	4	6
- Others	1	4
<u>Method used by husband:</u>		
- Condoms	74	53
- Abstinence	4	13
- Others	1	7



4.1.3 Contraceptive methods ever used

The pattern of response with regard to ever-use of contraceptives among males and females aware of Oral Contraceptive Pills varies. While 22% of the husbands reported that their wives had, at some time, used a contraceptive method, only 15% of the female respondents claimed to be ever users of contraceptives.

Table-7c

Base: Those aware of Oral Contraceptive Pills	W.A. (%)	
	Males	Females
<u>Ever use of Contraceptives by wives</u>	<u>22</u>	<u>15</u>
- Oral Contraceptive Pills	14	2
- Others	8	13
Never use of Contraceptives by wives	<u>78</u>	<u>85</u>

Q.4 Has your spouse ever used contraceptive methods?

Among males, the proportion of wives ever using any contraceptive method is highest in the A income group; among females, however, there is little difference between income groups.

Table-7c

Base: Those aware of Oral Contraceptive Pills.

	Income (%)							
	Males				Females			
	A	B	C	D	A	B	C	D
<u>Ever use of Contraceptives by wives</u>	<u>35</u>	<u>11</u>	<u>26</u>	<u>18</u>	<u>15</u>	<u>19</u>	<u>13</u>	<u>14</u>
Oral Cont. Pills	27	6	16	10	2	3	2	1
Others	11	5	10	8	13	16	12	13
Never use of Contraceptives by wives	<u>65</u>	<u>89</u>	<u>74</u>	<u>82</u>	<u>85</u>	<u>81</u>	<u>87</u>	<u>86</u>

Q.4 Have you ever used any of the contraceptive methods?



Ever use of contraceptive methods is to some extent related to education, with the lowest level of ever use among illiterate females.

Table-7c

Base: Those aware of Oral Contraceptive Pills.

	<u>Years of schooling completed (%)</u>					
	<u>M a l e s</u>			<u>F e m a l e s</u>		
	<u>0</u>	<u>1-9</u>	<u>10+</u>	<u>0</u>	<u>1-9</u>	<u>10+</u>
	<u>yr.</u>	<u>yrs.</u>	<u>yrs.</u>	<u>yr.</u>	<u>yrs.</u>	<u>yrs.</u>
Ever use of Contra- ceptives by wives	16	29	18	14	28	25
Never use of Contra- ceptives by wives	84	71	82	86	72	75

Q.4 Have you ever used any of the contraceptive methods?

Ever use of contraceptive methods is reported by a higher percentage of male respondents (43%) as compared with the extent of ever use claimed by wives about their husbands (27%).

Both husbands and wives reported Condoms to be the most frequently used method.

Table-7d

Base: Those aware of Oral Contraceptive Pills	<u>W.A. (%)</u>	
	<u>Males</u>	<u>Females</u>
<u>Ever use of Contraceptives by husbands</u>	<u>43</u>	<u>27</u>
- Condoms	38	21
- Others	5	6
Never use of Contraceptives by husbands	<u>57</u>	<u>73</u>

Q.4. Has your spouse ever used contraceptive methods?



4.2 USE OF ORAL CONTRACEPTIVE PILLS:

Among the males and females aware of Oral Contraceptive Pills, current use of this method is reported by 2-4%, and previous use by 8-11%.

Current as well as former use appears to be somewhat higher in the largest cities.

Table-8

Base: Those aware of Oral Contraceptive Pills.

	<u>W.A. (%)</u>		<u>City Size (%)</u>					
			<u>I</u>		<u>II</u>		<u>III</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
- Current	4	2	6	2	1	2	2	2
- Lapsed	8	11	9	12	6	7	10	8
- Never	88	87	85	86	93	91	88	90

Q.4 Has your wife ever used Oral Contraceptive Pills?

Q.5 Is your wife currently using some Family Planning method?



4.2.1 Reasons for starting/discontinuing/not using Oral Contraceptive Pills

Reasons for starting use

The main reasons for initiating use of Oral Contraceptive Pills relate to their being considered an effective/low risk/easy to use method. Other reasons are the perception of Oral Contraceptive Pills as a safer method compared to other contraceptives, and as a method which can be stopped when desired.

Table-9

Base: Triers of Oral Contraceptive Pills.

	W.A (%)	
	<u>Males</u>	<u>Females</u>
<u>Reasons for starting use:</u>		
- Considered an effective/low risk method	83	59
- An easy to use method	44	41
- Safer than other contraceptive methods	12	17
- Can be stopped when required	9	16
- Others	10	12

Q.15 What are/were the reasons for you/your wife starting use of Oral Contraceptive Pills?



Reasons for discontinuing use

Reasons for discontinuing use were obtained from triers of Oral Contraceptive Pills not currently using this method.

Discontinuation of Oral Contraceptive Pills was mainly due to various health and menstrual problems they had caused. Other reasons mentioned relate to obesity/weight gain, internal organic problems and pregnancy as a result of forgetting to take the pills.

Table-10

Base: Lapsed users

	W.A (%)	
	<u>Males</u>	<u>Females</u>
<u>Discontinued use of Oral Cont. Pills because of:</u>		
- Health problems	33	56
- Menstrual problems	14	27
- Obesity/weight gain	30	13
- Internal organic problems	28	9
- Resulted in pregnancy because of forgetting to take the pill	14	16
- Others	8	9

Q.14b What were the reasons for discontinuing use of Oral Contraceptive Pills?



Reasons for never using Oral Contraceptive Pills

Religion, satisfaction with other methods, perception/fear of health and menstrual problems and other side effects appear to be the main factors for never using Oral Contraceptive Pills.

Religious objections to pill usage were more frequently mentioned by those in the lower income, smaller city, less educated and oldest age groups.

Table-11

Base: Self/Wife never-users of
Oral Contraceptive Pills.

	W.A (%)	
	<u>Males</u>	<u>Females</u>
<u>Never used Oral Cont. Pills because:</u>		
- Religion does not allow	22	30
- Satisfied with other methods	20	26
- Health problems	12	19
- Menstrual problems	5	12
- Obesity/Weight gain	10	11
- Internal organic problems	10	13
- Others	10	14
- No specific reasons	34	12

Q.13 What are the reasons for you/your wife never having used Oral Contraceptive Pills?



4.2.2 Length of using Oral Contraceptive Pills

Current Users

Husbands and wives differed significantly in stating how long Oral Contraceptive Pills had been used by current users. Husbands reported an average 36 months period of use, as against 18 months claimed by wives.

Table-12

Base: Current users.	W.A (%)	
	<u>Males</u>	<u>Females</u>
- Average period of use (months)	36	18

Q.16a How long ago did you/your wife start using Oral Contraceptive Pills?

Lapsed users

The length of use reported by lapsed users ranged from 13 to 15 months.

Base: Lapsed users	W.A (%)	
	<u>Males</u>	<u>Females</u>
- Average period of use (months)	15	13

Q.14a For what period of time were Oral Contraceptive Pills used?



4.2.3 Intermittent Use

Only half to two-third (49-62%) of current users of Oral Contraceptive Pills have used the pills continuously since initiating their use, while the remainder had stopped taking them for one month or more, or could not remember.

Table-13

Base: Current users	W.A. (%)	
	<u>Males</u>	<u>Females</u>
- Continuous use	62	49
- Stopped for one month or more	10	12
- Don't remember/Don't know	17	18
- No response	11	21

Q.16b Has your wife been taking Oral Contraceptive Pills every month or discontinued for a month or longer?



4.2.4 Person who advised use of Oral Contraceptive Pills for the first time

Current and lapsed users of Oral Contraceptive Pills were asked who had initially advised use of Oral Contraceptive Pills. Most (63-80%) respondents were able to recall the person who advised pill usage. Doctors, followed by friends/relatives/neighbours appear to be the main influencers in initiating use of Oral Contraceptive Pills. Paramedical personnel were also mentioned as having motivated use of this contraceptive method, particularly by female respondents.

Table-14

Base: Triers of Oral Contraceptive Pills.	W.A (%)	
	<u>Males</u>	<u>Females</u>
<u>Recall of Advisor:</u>	<u>80</u>	<u>63</u>
- Doctor	48	28
- Friends/relatives/neighbours	18	15
- Other paramedical staff	8	18
- Others	6	2
- Don't remember	20	37

Q.18a Who first advised you/your wife to use Oral Contraceptive Pills?

About three-fourths (70-73%) of the triers who had been advised to use Oral Contraceptive Pills by doctors or other providers believed that the provider was associated with the Government.

Base: Those advised by a Provider.	W.A (%)	
	<u>Males</u>	<u>Females</u>
- Associated with the Government	70	73
- Not associated with the Government	27	21
- Don't remember	3	7

Q-18e Was this person working for the Government?



4.3 USAGE INSTRUCTIONS:

4.3.1 Instructions on use of Oral Contraceptive Pills

Two-thirds to three-fourths of ever-tryers of Oral Contraceptive Pills received advice on proper use of this method.

Table-15

Base: Tryers of Oral Contraceptive Pills	W.A (%)	
	<u>Males</u>	<u>Females</u>
- Advised	72	65
- Not advised	7	0
- Don't remember	21	35

Q.18c Were you/your wife advised as to how these pills are to be taken?

4.3.2 Person who explained use of Oral Contraceptive Pills

The response pattern of those instructed on use of Oral Contraceptive Pills indicates that the persons explaining the use of this method are the same as those who influenced initiation of the use of Oral Contraceptive Pills. Three-fourths of the advising "Providers" were believed to be associated with the Government.

Table-16

Base: Tryers instructed on use of Oral Contraceptive Pills.	W.A (%)	
	<u>Males</u>	<u>Females</u>
<u>Explained use by:</u>		
- Doctor	64	44
- Friends/relatives/neighbours	19	21
- Paramedical staff	6	32
- Others	7	3
- Don't remember	4	0

Q.18d Who advised you/your wife as to how these pills are to be used?

Base: Those mentioning Providers.

- Associated with Government	56	75
- Not associated with Government	31	18
- Don't know	13	7

Q.18e Was the Advisor associated with the Government?



4.4. BRAND USE:

4.4.1 Last used brand:

More than half the current users could not recall the brand of Oral Contraceptive Pills last used. Brands most frequently recalled were Lo-Femenal and Ovral by females and Ovral and Nordette by males.

Over 80% of lapsed users could not recall the last brand used. Ovral was the brand recalled by 8-10% of this group.

Table-17

Base: Current users.

	W.A (%)	
	<u>Males</u>	<u>Females</u>
<u>Recalled brand:</u>	<u>38</u>	<u>41</u>
- Ovral	21	14
- Nordette	11	6
- Lo-Femenal	0	15
- Others	6	6
- Don't remember	<u>62</u>	<u>59</u>

Q.17 What was the last used brand of Oral Contraceptive Pills?

Base: Lapsed users.

<u>Recalled brand:</u>	<u>19</u>	<u>14</u>
- Ovral	10	8
- Others	9	6
- Don't remember	<u>81</u>	<u>86</u>

Q.17 What was the last used brand of Oral Contraceptive Pills?



4.4.2 Person who first advised use of a specific brand

Triers of Oral Contraceptive Pills were asked who had given them advice about the brand of Oral Contraceptive Pills at the time of initiating use of this method. Doctors appear to be the principal brand advisors. In most of the cases, these doctors were associated with the Government.

Table-18

Base: Triers of Oral Contraceptive Pills	W.A (%)	
	<u>Males</u>	<u>Females</u>
<u>Recall of Advisor of Oral Cont. Pill brand:</u>	<u>79</u>	<u>62</u>
- Doctor	52	29
- Friends/relatives/neighbours	13	9
- L.H.V./F.W. Centre	3	14
- Others	11	11
- Don't remember	21	38

Q.18b Who first advised you/your wife to use a particular brand?

Base: Those mentioning Providers.

- Associated with Government	59	72
- Not associated with Government	35	21
- Don't know	6	7

Q.18e Was the Advisor associated with the Government?



CHAPTER - 5

ATTITUDE TOWARDS ORAL CONTRACEPTIVE PILLS



CHAPTER - 5

ATTITUDE TOWARD ORAL CONTRACEPTIVE PILLS

This chapter presents the results of the second set of objectives, namely "to identify and describe the attitude of the target population toward Oral Contraceptive Pills", in the following four sections:

- 1) Opinion about the effectiveness of Oral Contraceptive Pills and reasons thereof.
- 2) Whether Oral Contraceptive Pills are safe for health and reasons for considering them unsafe.
- 3) Satisfaction with Oral Contraceptive Pills and reasons for dissatisfaction.
- 4) Advice against the use of Oral Contraceptive Pills, and person advising against.



5.1 PERCEIVED EFFECTIVENESS OF ORAL CONTRACEPTIVE PILLS:

The target population was asked to evaluate the effectiveness of Oral Contraceptive Pills in pregnancy prevention. Only about one-fourth (22-27%) considered Oral Contraceptive Pills to be effective in preventing pregnancy or ensuring birth spacing.

Perceived effectiveness is significantly higher among triers of this method as compared to never users.

Table-19

Base: Those aware of Oral Contraceptive Pills.

	<u>Use of Oral Cont. Pills (%)</u>							
	<u>W.A. (%)</u>		<u>Current</u>		<u>Lapsed</u>		<u>Never</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
<u>Oral Cont Pills are:</u>								
Very effective	1	1	7	14	2	6	0	1
Effective	21	26	45	73	56	48	15	26
Cannot say	61	49	25	3	14	5	68	49
Not effective	14	21	23	10	25	33	13	21
Not at all effective	3	3	0	0	2	8	4	3
Mean Score:	3.03	3.01	3.36	3.11	3.31	3.11	2.94	3.01

Q.11a How effective do you think Oral Contraceptive Pills are in preventing pregnancy/obtaining birth spacing?

The main concerns of those who consider Oral Contraceptive Pills ineffective are that there is a risk of pregnancy in case of forgetting to take the pill, and that it causes weakness.

Base: Those considering Oral Contraceptive Pills not effective.

<u>Reasons:</u>	<u>W.A. (%)</u>	
	<u>Males</u>	<u>Females</u>
- Risk of pregnancy because of forgetting to take pill	47	86
- Causes weakness	46	13
- Internal problems	9	8
- Causes obesity	8	4
- Others	8	5

Q.11b What are your reasons for saying so?



5.2 OPINION ABOUT SAFETY OF ORAL CONTRACEPTIVE PILLS FOR HEALTH:

The majority of respondents consider Oral Contraceptive Pills to be unsafe for health. This opinion is held more strongly by females (73%) than by their husbands (60%). Among females, half the current users and 73-81% of lapsed and never users consider Oral Contraceptive Pills unsafe for health.

Table-20

Base: Those considering Oral Contraceptive Pills either effective or ineffective for avoiding pregnancy.

	<u>Use of Oral Cont. Pills (%)</u>							
	<u>W.A. (%)</u>		<u>Current</u>		<u>Lapsed</u>		<u>Never</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
<u>Oral Contraceptive Pills are:</u>								
Very safe	2	0	9	5	5	3	1	0
Safe	23	17	58	39	39	15	20	17
Not sure	16	10	8	0	5	1	17	10
Not safe	47	58	25	50	46	62	48	58
Not at all safe	13	15	0	6	5	19	13	15
Mean Score:	2.54	2.29	3.51	2.87	2.93	2.21	2.47	2.29

Q.12a How safe are Oral Contraceptive Pills for women's health?



5.2.1 Reasons for considering Oral Contraceptive Pills unsafe:

Oral Contraceptive Pills are considered to be unsafe as they are believed to cause menstrual and health problems. The main menstrual problems mentioned are heavy bleeding and irregular periods, while health problems are primarily weakness, dizziness and other minor ailments. Internal organic problems and obesity are also frequently mentioned as reasons for considering Oral Contraceptive Pills unsafe.

Table-21

Base: Those considering Oral Contraceptive Pills unsafe for women's health

	W.A. (%)	
	<u>Males</u>	<u>Females</u>
<u>Oral Cont. Pills are not safe because they cause:</u>		
<u>Health problems</u>	<u>62</u>	<u>63</u>
- Weakness	36	35
- Dizziness	12	31
- Headache	15	11
- Body pain	11	8
- Stomach upset	14	6
Internal organic problems	52	35
Obesity	40	34
<u>Menstrual problems</u>	<u>26</u>	<u>38</u>
- Heavy bleeding	13	28
- Irregular periods	10	13
- Others	5	5
Others	8	5

Q.12b What are your reasons for considering Oral Contraceptive Pills unsafe?



5.3 SATISFACTION WITH ORAL CONTRACEPTIVE PILLS:

Triers of Oral Contraceptive Pills were asked to indicate their level of satisfaction with this method. High proportions of users are dissatisfied with this method ranging from 42% among current users to 64% among lapsed users. Husbands of pill triers report somewhat lower levels of dissatisfaction, ranging from 26% among current users to 42% among lapsed users.

Table-22a

Base: All current and lapsed users	<u>Usership of Oral Cont. Pills (%)</u>					
	<u>W.A. (%)</u>		<u>Current</u>		<u>Lapsed</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
Very satisfied	10	3	15	15	8	2
Satisfied	28	14	43	31	23	13
Neither satisfied/dissatisfied	24	3	16	0	27	3
Dissatisfied	35	43	26	27	38	43
Completely dissatisfied	3	20	0	15	4	21
* Mean Score:	3.07	2.24	3.47	3.05	2.93	2.17
Cannot Say	-	17	-	13	-	17

Q.20a To what extent is/was your wife satisfied with Oral Contraceptive Pills?

* Mode of Calculation

Very satisfied	x 5)	
Satisfied	x 4)	Sum of these values ÷ sum
Neither	x 3)	of those indicating opinion.
Dissatisfied	x 2)	
Completely dissatisfied	x 1)	



5.3.1 Reasons for dissatisfaction:

Dissatisfaction with Oral Contraceptive Pills is mainly due to perceived health problems, and to a lesser extent to menstrual problems, occurrence of pregnancy due to forgetting to take the pill, internal organic problems and obesity/weight gain.

Table -22b

Base: Those expressing dissatisfaction with Oral Contraceptive Pills.

	<u>W.A. (%)</u>	
	<u>Males</u>	<u>Females</u>
<u>Dissatisfied because they caused:</u>		
Health problems (nausea, dizziness, etc.)	22	54
Health problems (not specified)	22	-
Menstrual problems	8	22
Internal organic problems	20	9
Obesity/Weight gain	14	4
Resulted in pregnancy because of forgetting to take the pill	4	17
Others	15	10

Q.20b What are your/your wife's reasons for dissatisfaction with Oral Contraceptive Pills?



5.4 ADVICE AGAINST USE OF ORAL CONTRACEPTIVE PILLS:

Respondents who had at least one child were asked if they had been advised against the use of Oral Contraceptive Pills. About one-fourth (22-24%) of them had been advised against use of this method, mainly by their husbands, followed by friends/relatives/neighbours. Husbands were more inclined to mention friends/relatives and neighbours as advising against the use of the pill than themselves. Doctors and mothers-in-law also have some influence in advising against the use of this method.

Table-23

Base: All those who have at least one child.	W.A. (%)	
	<u>Males</u>	<u>Females</u>
- Yes, advised against Oral Contraceptive Pills	24	22
- No, not advised against Oral Contraceptive Pills	73	78
- No response	3	1

Q.23a Has anyone advised you/your wife not to use Oral Contraceptive Pills?

Base: Those wives who have been advised not to use Oral Contraceptive Pills.

By:

- Husband	18	47
- Friends/relatives/neighbours	42	22
- Doctor	23	15
- Mother-in-law/Mother	3	19
- Others	8	4

Q.23b Who advised you/your wife not to use Oral Contraceptive Pills?



CHAPTER - 6
PURCHASE PRACTICES



C H A P T E R - 6

PURCHASE PRACTICES

This chapter deals with purchasing practices of Oral Contraceptive Pills. The findings are presented in the following four sections:

1. Purchaser of last used pill.
2. Source of purchase.
3. Willingness to try a new brand.
4. Price elasticity.

6.1 PURCHASER OF LAST USED ORAL CONTRACEPTIVE PILLS:

Current and lapsed users of Oral Contraceptive Pills were asked who had purchased the last used brand of Oral Contraceptive Pills. One-third of the females and less than one-fourth of the males were unable to recall the purchaser. While almost half the male respondents claimed to have been the purchasers, only 7% of the female respondents mentioned that their husbands had purchased the last package. 40% of the wives reported that they themselves had been the purchasers.

Table-24

Base: Triers of Oral Contraceptive Pills	W.A. (%)	
	<u>Males</u>	<u>Females</u>
Self	47	40
Spouse	26	7
Others	7	20
Do not remember	20	33

Q.19a Who actually purchased or obtained the Oral Contraceptive Pills used last?



6.2 SOURCE OF PURCHASE:

Chemists were the main source of purchasing Oral Contraceptive Pills last used by current/lapsed users. Less frequently mentioned sources of purchase were doctors (among males) and Family Welfare Centre or field workers (among females).

Table-25a

Base: Triers of Oral Contraceptive Pills	W.A. (%)	
	Males	Females
Chemist	48	29
Doctor	14	4
Hospital/Clinic	10	6
F.W Centre/L.H.V./F.P Worker	7	24
Others	2	2
Don't remember	19	35

Q.19b Where or from whom were the Oral Contraceptive Pills purchased/obtained?

6.3 PRICE OF ORAL CONTRACEPTIVE PILLS LAST USED:

About half the male respondents and three-fourths of the females could not recall the price of the last bought pack of pills. The average amount of money spent on the last bought pack was Rs.5.00 by females and Rs.8.00 by males.

Table-25b

Base: Triers of Oral Contraceptive Pills	W.A. (%)	
	Males	Females
<u>Recalled price of last bought brand:</u>	<u>53</u>	<u>75</u>
- Average price paid/pack (Rs.)	8.00	5.00
- Don't remember	<u>47</u>	<u>25</u>

Q.19d How much did the package of Oral Contraceptive Pills cost?

6.4 PURCHASE INTENTIONS:

All respondents were asked their purchase intentions for a brand of Oral Contraceptive Pills manufactured by a reputable company.

As indicated by the fact that 80% of females and 62% of males were disinclined to try the new brand, level of trial is likely to be low. Current and lapsed users were more likely to be interested in trying the new brand than were non-users.

Table-26

Base: Those aware of Oral Contraceptive Pills	W.A. (%)	
	Males	Females
Would definitely try	3	2
Would try	26	15
Cannot say	9	3
Would not try	40	41
Definitely would not try	22	39
* Mean Score:	2.48	2.00

	Usership of Oral Contraceptive Pills (%)					
	Current		Lapsed		Never	
	M	F	M	F	M	F
Would definitely try	6	23	10	7	2	2
Would try	47	37	35	27	24	15
Cannot say	10	16	6	3	10	3
Would not try	30	14	38	23	40	41
Definitely would not try	7	10	11	40	24	39
* Mean Score:	3.15	3.49	2.95	2.38	2.40	2.00

	Age of Wife (Yrs %)					
	15-24		25-34		35-49	
	M	F	M	F	M	F
Would definitely try	4	3	3	3	3	3
Would try	29	16	29	20	21	12
Cannot say	14	5	9	3	7	2
Would not try	36	46	39	37	41	37
Definitely would not try	17	30	20	37	28	46
* Mean Score:	2.67	2.16	2.56	2.15	2.30	1.89

Q.21 If a new brand of Oral Contraceptive Pills manufactured by a reputable company were available in the market, how likely is it that you would buy or try it?

* Mode of Calculation

Would definitely try	x 5)	
Would try	x 4)	Sum of these values ÷ sum of
Can't say	x 3)	those indicating purchase
Would not try	x 2)	intentions.
Definitely would not try	x 1)	



6.5 WILLINGNESS TO BUY - PRICE ELASTICITY
FOR NEW ORAL CONTRACEPTIVE PILLS BRAND:

Willingness to purchase the new Oral Contraceptive Pill at various price points was determined for prices ranging from Rs.3/- to Rs.15/- among those who had indicated an interest in trying the new brand. The optimum purchase price among females emerged as Rs.5/- and among males, at Rs.6/-.

Table-27

Base: Those willing to buy new Oral Contraceptive Pill.

	W.A. (%)					
	M A L E S			F E M A L E S		
	<u>Would buy</u>	<u>Would not buy</u>		<u>Would buy</u>	<u>Would not buy</u>	
<u>Too Exp.</u>		<u>Too Cheap</u>	<u>Too Exp.</u>		<u>Too Cheap</u>	
<u>At a price of:</u>						
- Rs. 3/-	55	1	44	70	0	30
- Rs. 4/-	63	2	35	78	4	18
- Rs. 5/-	65	7	28	78	8	14
- Rs. 6/-	72	16	12	76	15	9
- Rs. 7/-	68	22	10	69	24	7
- Rs. 8/-	65	27	8	65	30	5
- Rs. 9/-	56	37	7	56	41	3
- Rs. 10/-	57	41	2	55	44	1
- Rs. 11/-	46	52	2	42	56	2
- Rs. 12/-	45	53	2	41	58	1
- Rs. 13/-	40	58	2	39	60	1
- Rs. 14/-	37	61	2	37	62	1
- Rs. 15/-	39	61	0	38	62	0

Q.22 If you were willing to try the new Oral Contraceptive Pills, what price would you be willing to pay?



CHAPTER - 7
CONDOMS

CHAPTER - 7CONDOMS

Except for awareness of Condoms and condom brands, which was obtained from both males and females, the remainder of the condom data was obtained from male respondents only. The findings are presented in the following sections:

1. Awareness of condoms.
2. Source of purchase of condoms.
3. Brand of condom last used.

7.1 AWARENESS OF CONDOM BRANDS:

All respondents aware of Condoms were asked what brands they could recall. About three-fourths of the females as against only 16% males could not recall any condom brand. Sathi is by far the best known brand.

Table-28

Base: Those aware of Condoms.	W.A. (%)	
	<u>Males</u>	<u>Females</u>
<u>Sathi</u>	84	30
Spontaneous	69	13
Prompted	15	17
Sultan	24	3
Others	13	1
Don't remember	16	70

- Q.25a What brand names of Condoms have you heard of?
 b Have you heard of Sathi?

Sathi's awareness is highest in City Size II, among the less educated and the younger groups.



7.2 BRAND OF CONDOM LAST USED (MALES ONLY):

More than half the current/lapsed users of Condoms claimed 'Sathi' as their last used brand. Use of this brand appears to be higher among those who have lower incomes, live in smaller cities, are less educated and have younger wives.

Among a much smaller group of users, Sultan's strength appears to be in the 'C' income group, in large cities, and among more highly educated and older men.

Table-28a

Base: Triers of Condoms.

	W.A. (%)	I n c o m e				C i t y S i z e		
		A	B	C	D	I	II	III
Sathi	58	50	60	58	65	55	72	85
Sultan	10	10	8	16	3	12	4	0
Rough Rider	7	9	10	5	3	8	0	2
Others	2	10	1	0	0	2	5	1
Do not remember	19	19	21	17	18	21	9	11
No response	4	2	0	4	11	2	10	1

	Yrs of schooling completed			Age of wife (Yrs)		
	0 yr	1-9 yrs	10+ yrs	15-24	25-34	35-49
Sathi	61	64	51	66	58	41
Sultan	4	8	13	6	7	24
Rough Rider	0	0	10	6	8	2
Others	3	0	5	3	2	4
Do not remember	26	22	19	12	21	29
No response	6	6	2	7	4	0

Q.28a What was the last brand of Condom that you used?



7.3 SOURCE OF PURCHASE OF CONDOMS (MALES ONLY):

Current/lapsed users of Condoms were asked for the source of the last Condom obtained. Chemists, followed by general stores/pan shops/other shops were the main sources for condom purchases.

Table-28b

Base: Triers of Condoms.	<u>W.A. (%)</u>
- Chemist	54
- Gen. Store/Pan shop/Other shop	31
- F.W. Centre	5
- Others	6
- No response	4

Q.28b Where or from whom did you obtain it?



CHAPTER - 8

AWARENESS OF CONTRACEPTIVE ADVERTISING (MALES ONLY)



C H A P T E R - 8

AWARENESS OF CONTRACEPTIVE ADVERTISING

Information on contraceptive advertising was obtained from males only, and is presented in the following sections:

1. Awareness of contraceptive advertisements.
2. Place/media where advertisements were seen.
3. Brands for which advertisements were seen.

8.1 AWARENESS OF CONTRACEPTIVE ADVERTISEMENTS:

Two-thirds (64%) of the male respondents claimed to have seen/heard contraceptive advertising. Awareness appears to be higher among the upper income, City Size II/III, better educated males with younger wives.

Table-28d

Base: Those aware of Condoms.

	<u>W.A.</u>	<u>I n c o m e</u>				<u>City Size</u>		
	<u>%</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>I</u>	<u>II</u>	<u>III</u>
		<u>%</u>					<u>%</u>	
Yes, heard/seen contraceptive advertising	64	67	70	60	61	62	66	66
No, did not hear/see any advertising	34	31	27	39	37	35	33	33
No response	2	2	3	1	2	3	1	1

	<u>Yrs of schooling completed</u>			<u>Age of wife</u>		
	<u>0</u>	<u>1-9</u>	<u>10+</u>	<u>15-24</u>	<u>25-34</u>	<u>35-49</u>
	<u>Yr</u>	<u>Yrs</u>	<u>Yrs</u>	<u>Yrs</u>	<u>Yrs</u>	<u>Yrs</u>
		<u>%</u>			<u>%</u>	
Yes, heard/seen contraceptive advertising	56	65	67	68	66	57
No, did not hear/see any advertising	41	34	31	30	33	39
No response ^o	3	1	2	2	1	4

Q.26 Have you seen/heard advertising for any brand of contraceptives?



8.2 BRANDS FOR WHICH ADVERTISEMENTS WERE NOTICED:

Almost all the males who had noticed contraceptive advertising had seen advertisements for Sathi (97%). Advertising awareness for Sultan (13%) was low.

Table-28e

Base: Those noticing advertising of contraceptives. W.A (%)

Brands of Condoms

- Sathi	97
- Sultan	13
- Others	7

Q.26b Which brands of contraceptive have you seen or heard advertised?

8.3 PLACE/MEDIA WHERE ADVERTISEMENT SEEN/HEARD:

The main reported source of condom advertising was P.O.S. material. Other media mentioned for Sathi were Television, Radio and the Press.

Table-28f/g

Base: Those noticing advertising of contraceptives W.A. (%)

<u>Seen/heard advertising</u>	<u>Sathi</u>	<u>Sultan</u>
- P.O.S.	97	13
- T.V.	75	9
- Radio	44	1
- Press	32	1
- Others	28	4
	19	3

Q.26c Where have you seen or heard advertising for Sathi and Sultan?



CHAPTER - 9
FAMILY PLANNING



CHAPTER - 9

FAMILY PLANNING

This chapter presents general information about Family Planning relating to:

1. Definition of Family Planning.
2. Definition of birth spacing.
3. Ideal birth spacing interval.
4. Desire for more children.

9.1 DEFINITION OF FAMILY PLANNING:

The principal spontaneous definition of Family Planning was "Small Family". When prompted, most of the respondents were able to relate Family Planning to birth spacing. Family Planning was defined as "having no more children" by 27% of the male and 38% of the female respondents.

Table-29

Base: Those aware of Oral Contraceptive Pills	W.A. (%)	
	<u>Males</u>	<u>Females</u>
<u>Definition of Family Planning</u>		
<u>Birth Spacing</u>	98	94
Spontaneous	50	31
Prompted	47	63
Small family	76	52
Having no more children	27	38
Others	19	18

Q.6a What do you understand by the phrase "Family Planning"?



DEFINITION OF SPACING:

There is almost universal understanding of "spacing" as a gap between children.

Table-29

Base: Those who know about birth spacing.	W.A. (%)	
	<u>Males</u>	<u>Females</u>
<u>Spacing is:</u>		
- Gap between children	99	93
- Others	1	7

Q.7 What is birth spacing?

9.2 IDEAL BIRTH SPACING INTERVAL:

Among those aware of birth spacing, the ideal gap between children is defined as 3.7 years by females as against 3.3 years by males. When asked to give reasons for considering a certain gap between successive births as desirable, preserving the mother's health was more likely to be mentioned by females; better upbringing of the first child was of greater importance to men.

Other reasons for considering a 3-4 year gap as ideal, relate to easier child rearing, healthier children, and a happier family.

Table-30

Base: Those who know about birth spacing.	<u>Males</u>	<u>Females</u>
	Ideal average gap (in years)	3.3
<u>Reasons for considering gap suitable:</u>	<u>W.A. (%)</u>	
The first child would be brought up better	64	56
Mother's health would be good	58	77
Easier to bring up children	38	43
Happy family	28	9
No bad effect on current child's health	20	-
In this gap/space the older child has grown up/can take care of him/herself.	17	40
Difficult to take care of children with smaller gap	15	22
Mother would be able to take better care of children as she is both mentally and physically healthy	12	-
Others	7	2

Q.8a What should be the ideal gap/spacing between children?

Q.8b Why do you say so?



9.3 DESIRE FOR MORE CHILDREN:

A little less than half of the respondents desire additional children.

Table-31

	<u>W.A. (%)</u>	
	<u>Males</u>	<u>Females</u>
- Do not want more children	55	55
- Want more children	43	44
- No response	2	1

Q.24 Do you personally feel that you now have all the children you wanted, or are you planning to have additional children?



CHAPTER - 10
PROFILE OF RESPONDENTS



CHAPTER - 10

PROFILE OF RESPONDENTS

AGE:

The average age of the interviewed females was 31 years and of males 36-37 years. About half the females fell into the 25-34 year age group and about half the male respondents were in the 35-49 year age group.

Table-32

Base: Total respondents

<u>Average age</u>	<u>W.A. (%)</u>	
	<u>Male</u>	<u>Female</u>
Self	37	31
Spouse	31	36

READERSHIP:

Readership of newspapers is considerably higher among males as compared to females, while the proportions of male and female magazine readers are even.

About two-thirds of the males and less than one-third of the females who read newspapers are regular readers. Most of these read vernacular newspapers.

No more than 10% of respondents are regular readers of magazines. Vernacular magazines account for the bulk of magazine reading.



Readership of printed media is lower in the lower income groups and in the smaller cities. It is higher among lapsed Oral Contraceptive Pill users and among husbands of current users of Oral Contraceptive Pills.

Base: Total respondents

	W.A. (%)	
	Male	Female
<u>NEWSPAPERS</u>	<u>55</u>	<u>33</u>
<u>English</u>	<u>5</u>	<u>2</u>
Regular	4	1
Occasionally	2	1
<u>Vernacular</u>	<u>54</u>	<u>31</u>
Regular	31	9
Occasionally	23	22
<u>MAGAZINES</u>	<u>30</u>	<u>30</u>
<u>English</u>	<u>2</u>	<u>1</u>
Regular	1	1
Occasionally	1	0
<u>Vernacular</u>	<u>29</u>	<u>30</u>
Regular	9	7
Occasionally	20	23
NON-READERS	<u>43</u>	<u>66</u>

LANGUAGE:

Punjabi and Urdu are the most frequently used languages of the respondents.

	W.A. (%)	
	Male	Female
Urdu	31	31
Punjabi	48	48
Others	21	21



OCCUPATION:

Less than half the males/husbands are workers in trade/industry or in offices, while about one-third have businesses of their own.

The majority of the females are housewives.

	W.A. (%)	
	<u>Male</u>	<u>Female</u>
<u>Occupation of:</u>		
<u>Male:</u>		
- Workers in trade/industry/offices	40	45
- Business owners	37	34
- Others	23	21
<u>Female:</u>		
- Housewife	95	94
- Others	5	6

RADIO LISTENERSHIP:

Radio listenership appears to be higher among the interviewed males than among females. On an average, the radio is listened to 5 days a week. Listenership declines with income and increases with education level. Current Oral Contraceptive Pill users are more likely to listen to the radio compared with lapsed and never users.

<u>Radio</u>	W.A. (%)	
	<u>Male</u>	<u>Female</u>
Listeners	65	53
Non-listeners	35	47
Average frequency/week	5	5



T.V. VIEWERSHIP:

T.V. viewing is also higher among male (93%) than among female respondents (78%). Those who do view T.V. tend to do so on a daily basis.

<u>T.V.</u>	<u>W.A. (%)</u>	
	<u>Male</u>	<u>Female</u>
Viewers	93	78
Non-viewers	17	22
Average frequency/week	6	7

OWNERSHIP OF DURABLES:

About three-fourths of the households own a T.V. set as against two-thirds owning a Radio. Cassette Player and VCR ownership is low.

Generally, the level of ownership of durables claimed by males is somewhat higher than that among females.

Ownership of durables declines with income, city size, education and is lower among the younger couples. The current and lapsed Oral Contraceptive Pills user households appear to be more affluent than the never users.

<u>Ownership</u>	<u>W.A. (%)</u>	
	<u>Male</u>	<u>Female</u>
T.V.	78	72
Radio	67	60
Others	18	11

AVERAGE LENGTH OF MARRIAGE/STATUS OF RESPONDENT:

Respondents, on an average, have been married for 12-13 years. Most of those interviewed were heads of households and wives of heads of households.

EDUCATION LEVEL:

About half of the females/wives are illiterate, as against about one-third of the males.

<u>Years of schooling</u>	<u>W.A. (%)</u>			
	<u>Male</u>		<u>Female</u>	
	<u>Self</u>	<u>Spouse</u>	<u>Self</u>	<u>Spouse</u>
0 years	29	46	52	33
1 - 9 years	26	29	26	24
10+ years	45	24	22	43

AVERAGE FAMILY SIZE/NUMBER OF EARNING MEMBERS:

The average family size of the sample consists of 7 members. Families tend to be larger among the more affluent and older age groups. On an average, there is one earning member in a family.

	<u>W.A.</u> <u>(%)</u>	<u>Income (%)</u>				<u>Age of wife (Yrs. %)</u>		
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>15-24</u>	<u>25-34</u>	<u>35-49</u>
- Average family size	7	9	8	7	6	6	7	8
- Average number of earning members	1	2	2	1	1	2	1	1



APPENDIX



Questionnaire: English

DOMESTIC RESEARCH BUREAU
AIR ROAD HOUSE
SHAHRAH-E-FAISAL, KARACHI

Town Code Interviewer Code

Locality: _____

Income Group A,B,C,D

M	F
---	---

Date _____

SMC - ORAL CONTRACEPTIVES**SURVEY - I****C O N S U M E R**

This survey is to be conducted:

- in St.I-V cities
- among married females between 15-49 years with living husbands
- among selected spouses of above married females.
- where neither male/female have been sterilized
- belonging to all income households.

INTERVIEWER:

Introduce yourself by saying:

" I am conducting this survey on behalf of Domestic Research Bureau and would request you to answer questions on the subject of Family Planning. Your participation in this survey would be of immense value in working towards better health for people of Pakistan."

Respondent Selection

Q-1 Ascertain total income of household by asking:

Income of Head of household	:	
Contribution by other members	:	
Income from other sources	:	
House rent (self-owned)	:	

Q-2 a) How many married women live in this household along with their husbands?

IF NO MARRIED WOMEN, LIST & CLOSE INTERVIEW, OTHERWISE CONTINUE.

b) What is/are their ages?

Q-3 ONWARDS TO BE ASKED FROM RESPONDENT (FEMALE/HUSBAND):

Q-3 a) As you know, there are various ways a couple can delay pregnancy or avoid having children if they do not want them. What Family Planning methods do you know of?

DO NOT PROMPT. PROBE FOR MAXIMUM ANSWERS. IF ORAL CONTRACEPTIVE PILLS/CONDOMS NOT MENTIONED ASK Q-3(b), OTHERWISE GO TO Q-4.

b) i) Have you heard of Oral Contraceptive Pills which are used for the purpose of Family Planning?

Yes	= 1
No	= 2
Don't know	= 3

ii) Have you heard of Condoms?

Yes	= 1
No	= 2
Don't know	= 3

Abstinence	= 1
Cycle Rhythm	= 2
Breast feeding	= 3
Withdrawal	= 4
Pills	= 5
Condoms	= 6
IUD/Loops	= 7
Foams, Jellies, Creams	= 8
Injections	= 9
Sterilization/tubal ligation/vasectomy	= A
Others (sp.)	= B

<u>Spont - aneous</u>	<u>Prompted Pills</u>
□	□
□	□
□	<u>Condoms</u>
□	□
□	□

FEMALES: - IF AWARE OF PILLS (CODE 5) CONTINUE.
 - IF UNAWARE OF PILLS LIST & CLOSE INTERVIEW.

MALES: - IF AWARE OF PILLS & CONDOMS (CODE 5 & 6) CONTINUE.
 - IF AWARE OF PILLS BUT UNAWARE OF CONDOMS, CONTINUE.
 - IF UNAWARE OF PILLS BUT AWARE OF CONDOMS, SKIP TO Q-25.
 - IF UNAWARE OF PILLS & CONDOMS LIST & CLOSE INTERVIEW.

FOR EACH METHOD MENTIONED IN Q-3 ASK Q-4.

Q-4 Have you or your spouse ever used _____ (method)?

		Ever Used	
		Wife	Husband
Abstinence	= 1	<input type="checkbox"/>	<input type="checkbox"/>
Cycle Rhythm	= 2	<input type="checkbox"/>	<input type="checkbox"/>
Breast feeding	= 3	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal	= 4	<input type="checkbox"/>	<input type="checkbox"/>
Pills	= 5	<input type="checkbox"/>	<input type="checkbox"/>
Condoms	= 6	<input type="checkbox"/>	<input type="checkbox"/>
IUD/Loops	= 7	<input type="checkbox"/>	<input type="checkbox"/>
Foams, Jellies, Creams	= 8	<input type="checkbox"/>	<input type="checkbox"/>
Injections	= 9	<input type="checkbox"/>	<input type="checkbox"/>
Sterilization/tubal ligation/vasectomy	= A	<input type="checkbox"/>	<input type="checkbox"/>
Others (sp.)	= B	<input type="checkbox"/>	<input type="checkbox"/>

Q-5 a) Are you or your spouse currently using some Family Planning method or doing something to avoid pregnancy?

Yes	= 1	Wife	Husband
No	= 2	<input type="checkbox"/>	<input type="checkbox"/>

b) Have you or your spouse used any method during the last month?

Yes	= 1	Wife	Husband
No	= 2	<input type="checkbox"/>	<input type="checkbox"/>

IF 'YES' CONTINUE, OTHERWISE GO TO Q-6.

c) What was the method?

DO NOT PROMPT.

Abstinence	= 1		
Cycle Rhythm	= 2		
Breast feeding	= 3		
Withdrawal	= 4		
Pills	= 5		
Condoms	= 6	<input type="checkbox"/>	<input type="checkbox"/>
IUD/Loops	= 7		
Foams, Jellies, Creams	= 8		
Injections	= 9		
Sterilization/tubal ligation/vasectomy	= A		
Others (sp.)	= B		

Q-6 a) What do you understand by the phrase "Family Planning"?

DO NOT PROMPT. PROBE FOR MAXIMUM ANSWERS.

Small family	= 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Birth spacing	= 2	
Prevention of pregnancy	= 3	
Having no more children	= 4	
Others (sp.)	= 5	

IF 'SPACING' NOT MENTIONED ASK Q-6(b),
OTHERWISE GO TO Q-7.

b) Have you heard of birth spacing?

Yes	= 1	<input type="checkbox"/>
No	= 2	

IF 'YES' ASK Q-7, OTHERWISE GO TO Q-9(a).

Q-7 What is birth spacing?

Gap between children	= 1	<input type="checkbox"/>
Others (sp.)	= 2	

Q-8 a) What, in your opinion, should be the ideal gap/spacing between children?

Number of years: _____

b) Why do you say so?

DO NOT PROMPT. PROBE FOR MAXIMUM ANSWERS.

The first child would be brought up better	= 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mother's health would be good	= 2	
No bad effect on current child's health	= 3	
Its difficult to take care of children with less gap	= 4	
Easier to bring up children	= 5	
In this gap/space the older child has grown up/can take care of himself.	= 6	
Happy family	= 7	
Mother would be able to take better care of children as she is both mentally and physically healthy.	= 8	
Others (sp.)	= 9	

Q-9 a) Are you aware of the various brands of Oral Contraceptive Pills available in the market?

Yes	= 1	<input type="checkbox"/>
No	= 2	

IF 'YES' ASK Q-9(b), OTHERWISE GO TO Q-9(d).

b) What brands of Oral Contraceptive Pills have you heard of?

FOR EACH BRAND MENTIONED IN Q-9(b) ASK Q-9(c).

c) What is the price of one package of _____ pills?

d) Are you aware of the number of pills in a package?

Yes	= 1	<input type="checkbox"/>
No	= 2	

IF 'NO' GO TO Q-10, OTHERWISE CONTINUE.

e) How many pills are there in a package?

<u>Brands</u>		<u>Prices</u>		<u>(b)</u> <u>Brands</u>	<u>(c)</u> <u>Price</u>	<u>(e)</u> <u>Number</u>																		
Ovral	= 1	Rs.1.00	= 1	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																		
Nordette	= 2	Rs.1.50	= 2	<input type="checkbox"/>	<input type="checkbox"/>																			
Postinor	= 3	Rs.2.00	= 3	<input type="checkbox"/>	<input type="checkbox"/>																			
Lyndiol	= 4	Rs.2.50	= 4	<input type="checkbox"/>	<input type="checkbox"/>																			
Anovlar	= 5	Rs.3.00	= 5	<input type="checkbox"/>	<input type="checkbox"/>																			
Minovlar	= 6	Rs.3.50	= 6	<input type="checkbox"/>	<input type="checkbox"/>																			
Marvelon	= 7	Rs.4.00	= 7	<input type="checkbox"/>	<input type="checkbox"/>																			
Lo-Femenal	= 8	Rs.4.50	= 8	<input type="checkbox"/>	<input type="checkbox"/>																			
Gynossid	= 9	Rs.5.00	= 9	<input type="checkbox"/>	<input type="checkbox"/>																			
Others (sp.) _____	= A	Above Rs.5.00	= A																					
Don't know	= B	Don't know	= B																					

Q-10 a) How or from whom did you first learn about Oral Contraceptive Pills?

Doctor	= 1
Nurse	= 2
Midwife	= 3
Went to Family Welfare Centre	= 4
Hospital/Maternity Home	= 5
Chemist	= 6
Lady Health Visitor/Family Welfare Worker/Social Worker came to house	= 7
Mother	= 8
Husband	= 9
Mother-in-law	= A
Friends/Relatives/Neighbours	= B
Others	= C

IF CODE 1-7 ASK Q-10(b), OTHERWISE GO TO Q-11.

b) Was this person working for the government or a government organisation?

Yes	= 1
No	= 2
Don't know	= 3

Q-11 a) How effective do you think Oral Contraceptive Pills are in preventing pregnancy/obtaining desired birth spacing?

Not at all effective	= 1
Not effective	= 2
Not sure	= 3
Effective	= 4
Very effective	= 5

IF CODE 1, 2, 4 OR 5 ASK Q-11(b), OTHERWISE GO TO INSTRUCTIONS.

b) What are your reasons for saying so?

PROBE FOR MAXIMUM ANSWERS.

Q-12 a) How safe for a woman's health do you think Oral Contraceptive Pills are?

Not at all safe	= 1
Not safe	= 2
Not sure	= 3
Safe	= 4
Very safe	= 5

IF CODE 1 OR 2, ASK Q-12(b), OTHERWISE GO TO INSTRUCTIONS.

b) What are your reasons for saying so?

PROBE FOR MAXIMUM ANSWERS.

Obesity/weight gain	= 1
Internal organic problems	= 2
Heavy bleeding	= 3
Irregular periods	= 4
Irritability	= 5
Difficulties in child birth	= 6
Heartburn/Acidity	= 7
Stomach upset	= 8
Cramps	= 9
Spotting	= A
Headache	= B
Weakness	= C
Nausea/Vomitting	= D
Dizziness	= E
Body pains	= F
No/scant menstrual bleeding	= G
Acne/Pimples	= H
Cancer	= I
Is of high risk in case of forgetting the sequence	= J
Is a prolonged procedure	= K
Don't know/not much knowledge just heard that they are harmful	= L
Others (sp.)	= M

CHECK Q-4 & 5 - IF PILLS NEVER USED, ASK Q-13 AND GO TO Q-21.
 - IF PILLS PREVIOUSLY USED, BUT NOT CURRENTLY USED ASK Q-14.
 - IF PILLS USED LAST MONTH (CURRENT USER) GO TO Q-15.

FROM NEVER USERS OF ORAL CONTRACEPTIVE PILLS:

Q-13 What are the reasons for which you have never/your spouse has never used Oral Contraceptive Pills?

DO NOT PROMPT. PROBE FOR MAXIMUM ANSWERS.

Causes:

Obesity/weight gain	= 1
Internal organic problems	= 2
Heavy bleeding	= 3
Irregular periods	= 4
Irritability	= 5
Difficulties in child birth	= 6
Heartburn/Acidity	= 7
Stomach upset	= 8
Cramps	= 9
Spotting	= A
Headache	= B
Weakness	= C
Nausea/Vomitting	= D
Dizziness	= E
Body pains	= F
No/scant menstrual bleeding	= G
Acne/Pimples	= H
Cancer	= I
Is of high risk in case of forgetting the sequence	= J
Is a prolonged procedure	= K
Don't know/not much knowledge just heard that they are harmful	= L
Others (sp.)	= M

GO TO Q-21.

FROM LAPSED USERS OF ORAL CONTRACEPTIVE PILLS:

Q-14 a) You had said that you have/your spouse has used pills, but are/is not using them now. For what period of time or how long were Oral Contraceptive Pills used?

_____ or _____
(Months) (Years)

Don't remember

- b) What were the reasons for discontinuing use of Oral Contraceptive Pills?

DO NOT PROMPT. PROBE FOR MAXIMUM ANSWERS.

Caused:

Obesity/weight gain	= 1
Internal organic problems	= 2
Heavy bleeding	= 3
Irregular periods	= 4
Irritability	= 5
Difficulties in child birth	= 6
Heartburn/Acidity	= 7
Stomach upset	= 8
Cramps	= 9
Spotting	= A
Headache	= B
Weakness	= C
Nausea/Vomitting	= D
Dizziness	= E
Body pains	= F
No/scant menstrual bleeding	= G
Acne/Pimples	= H
Cancer	= I
Resulted in pregnancy because of forgetting sequence	= J
Is a prolonged procedure	= K
Don't know/not much knowledge just heard that they are harmful	= L
Others (sp.)	= M

ASK Q-15 FROM BOTH LAPSED AND CURRENT USERS:

- Q-15 What are/were the reasons for you/your spouse starting use of Oral Contraceptive Pills?

PROBE FOR MAXIMUM ANSWERS.

100% successful	= 1
Effective/low risk	= 2
Regulates periods	= 3
Women stay healthy	= 4
Easy method	= 5
Use of pills has no effect on satisfaction as in condom use	= 6
Temporary method/can be stopped when required	= 7
Oral Contraceptive Pills can be used by women who have had Caeserian/internal operations and cannot use IUD	= 8
Those women can use Oral Contraceptive Pills who are afraid of/do not like to use IUD	= 9
Oral Contraceptive Pills are safer than other contraceptive methods	= A
Others (sp.) _____	= B
Don't remember	= C

Q-16 a) How long ago did you/your spouse start using Oral Contraceptive Pills?

_____ or _____
(Months) (Years)

Don't remember

b) Have you/your spouse been taking pills every month since that time, or did you/your spouse stop taking them for one month or longer?

Yes, took them every month since starting time	= 1	<input type="checkbox"/>
Stopped taking them for one month or more	= 2	
Don't remember/Don't know	= 3	

IF CODE 2 ASK Q-16(c) ONWARDS, OTHERWISE GO TO Q-17.

c) What were the reasons for stopping use of pills for one month or more?

DO NOT PROMPT. PROBE FOR MAXIMUM ANSWERS.

Obesity/weight gain	= 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Internal organic problems	= 2	
Heavy bleeding	= 3	
Irregular periods	= 4	
Irritability	= 5	
Difficulties in child birth	= 6	
Heartburn/Acidity	= 7	
Stomach upset	= 8	
Cramps	= 9	
Spotting	= A	
Headache	= B	
Weakness	= C	
Nausea/Vomitting	= D	
Dizziness	= E	
Body pains	= F	
No/scant menstrual bleeding	= G	
Acne/Pimples	= H	
Cancer	= I	
Is of high risk in case of forgetting the sequence	= J	
Is a prolonged procedure	= K	
Don't know/not much knowledge just heard that they are harmful	= L	
Others (sp.)	= M	

ASK Q-17 ONWARDS FROM BOTH LAPSED AND CURRENT USERS:

Q-17 What was the last brand of Oral Contraceptive Pills you/your spouse used?

Brands:

Oral	= 1		
Nordette	= 2	<u>Ever used</u>	<u>Currently using</u>
Postinor	= 3		
Lyndiol	= 4		
Anovlar	= 5	<input type="checkbox"/>	<input type="checkbox"/>
Minovlar	= 6		
Marvelon	= 7		
Lo-Femenal	= 8		
Gynossid	= 9		
Others (sp.) _____	= A		
Don't know	= B		

- Q-18 a) Who first advised you/your spouse to use Oral Contraceptive Pills?
 b) Who first advised you/your spouse to use a particular brand?
 c) Were you/your spouse advised as to how these pills were to be used?

Yes	= 1
No	= 2
Don't remember	= 3

IF 'YES' ASK Q-18(d) & (e), OTHERWISE GO TO Q-19.

	<u>Q-18a)</u>	<u>Q-18b)</u>	<u>Q-18c)</u>	<u>Q-18d)</u>
	<u>Oral</u>	<u>Advised</u>	<u>Advised</u>	<u>Advised</u>
	<u>Cont.</u>	<u>on</u>	<u>Method</u>	<u>on use</u>
	<u>Pills</u>	<u>Brand</u>		
Doctor	= 1			
Nurse	= 2			
Midwife	= 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Went to Family Welfare Centre	= 4			
Hospital/Maternity Home	= 5			
Chemist	= 6			
Lady Health Visitor/Family Welfare Worker/Social Worker came to house	= 7	18e <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	= 8			
Husband	= 9			
Mother-in-law	= A			
Friends/Relatives/Neighbours	= B			
No one/decided by myself	= C			
Don't know	= D			
Others (sp.)	= E			

d) Who advised you/your spouse how these pills were to be used?

CHECK Q-18 a, b, d. IF CODE 1-7 ASK Q-18(e)
 FOR ALL THREE ABOVE, OTHERWISE GO TO Q-19.

e) Was this person working for/this organisation of the government?

NOTE RESPONSE ABOVE.

Yes	= 1
No	= 2
Don't know	= 3

Q-19 a) Who actually purchased or obtained the pills used last?
Was it yourself, your spouse or another person?

Self	= 1	<input type="checkbox"/>
Spouse	= 2	
Other person	= 3	

b) Where or from whom were the pills purchased/obtained?

Chemist	= 1	
Doctor	= 2	
Family Welfare Centre	= 3	
Hospital	= 4	<input type="checkbox"/>
Clinic	= 5	
Lady Health Visitor/Family Planning Worker	= 6	
Others (sp.)	= 7	

c) Was this person working for/this organisation of the government?

Yes	= 1	<input type="checkbox"/>
No	= 2	
Don't know	= 3	

d) How much did the package of pills cost?

Rs. _____

Did not cost anything

Q-20 a) To what extent are/were you/your spouse satisfied or dissatisfied with Oral Contraceptive Pills?

Completely dissatisfied	= 1
Dissatisfied	= 2
Neither dissatisfied nor satisfied	= 3
Satisfied	= 4
Very satisfied	= 5
Can't say	= 6

IF CODE 1 OR 2 ASK Q-20(b), OTHERWISE GO TO Q-21.

b) What are you/your spouse's reasons for dissatisfaction with Oral Contraceptive Pills?

DO NOT PROMPT. PROBE FOR MAXIMUM ANSWERS.

Obesity/weight gain	= 1
Internal organic problems	= 2
Heavy bleeding	= 3
Irregular periods	= 4
Irritability	= 5
Difficulties in child birth	= 6
Heartburn/Acidity	= 7
Stomach upset	= 8
Cramps	= 9
Spotting	= A
Headache	= B
Weakness	= C
Nausea/Vomitting	= D
Dizziness	= E
Body pains	= F
No/scant menstrual bleeding	= G
Acne/Pimples	= H
Cancer	= I
Is of high risk in case of forgetting the sequence	= J
Is a prolonged procedure	= K
Don't know/not much knowledge just heard that they are harmful	= L
Others (sp.)	= M

ASK ALL:

Q-21 If a new brand of Oral Contraceptive Pills manufactured by a reputable company were available in the market, how likely is it that you would try/buy this brand?

Definitely would not try it	= 1
Would not try it	= 2
Can't say	= 3
Would try it	= 4
Would definitely try it	= 5

Q-22 If you/your wife were to try pills, what price would you be willing to pay for a package of a brand of pills manufactured by a reputable company? (READ OUT PRICES IN THE RANDOM ORDER). IF NOT WILLING TO PURCHASE AT THAT PRICE ASK: Is it because the pills are too expensive or too cheap so that you would suspect their quality?

	<u>Would Buy</u>	<u>Too Cheap</u>	<u>Too Expensive</u>
Rs. 6/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rs. 10/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rs. 4/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rs. 9/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rs. 14/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rs. 11/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rs. 8/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rs. 15/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rs. 12/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rs. 5/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rs. 13/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rs. 7/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rs. 3/-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At no price	<input type="checkbox"/>		

CHECK P.IDEN. (DEPENDANT CHILDREN) AND ASK Q-23 ONLY IF RESPONDENT HAS AT LEAST ONE CHILD, OTHERWISE GO TO Q-24.

Q-23 a) Has anyone advised you/your spouse not to use the pill?

Yes	= 1	<input type="checkbox"/>
No	= 2	<input type="checkbox"/>

IF 'YES' ASK Q-23(b), OTHERWISE GO TO Q-24.

b) Who advised you/your spouse not to use the pill?

DO NOT PROMPT. PROBE FOR MAXIMUM ANSWERS.

Doctor	= 1
Nurse	= 2
Midwife	= 3
Went to Family Welfare Centre	= 4
Hospital/Maternity Home	= 5
Chemist	= 6
Lady Health Visitor/Family Welfare Worker/Social Worker came to house	= 7,
Mother	= 8
Husband	= 9
Mother-in-law	= A
Friends/Relatives/Neighbours	= B
Decided on our own	= C
Do not remember	= D
Others	= E

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Q-24 Do you personally feel that you now have all the children you want, or are you planning to have additional children?

Have all the children I want	= 1	
Want more children	= 2	<input type="checkbox"/>

CHECK Q-3 - ASK Q-25 FROM THOSE AWARE OF CONDOMS, OTHERWISE CLOSE INTERVIEW.

Q-25 a) What brand names of condoms have you heard of?

Sathi	= 1	<input type="checkbox"/>
Sultan	= 2	<input type="checkbox"/>
Rough Rider	= 3	<input type="checkbox"/>
Durex	= 4	<input type="checkbox"/>
Others (sp.) _____	= 5	<input type="checkbox"/>
Don't remember	= 6	<input type="checkbox"/>

IF 'SATHI' NOT MENTIONED ASK Q-25(b), OTHERWISE FOR MALES GO TO Q-26 & FOR FEMALES TERMINATE INTERVIEW.

b) Have you heard of 'Sathi'?

Yes	= 1	
No	= 2	<input type="checkbox"/>

IF RESPONDENT IS MALE GO TO Q-26.
IF RESPONDENT IS FEMALE TERMINATE INTERVIEW.

ASK Q-26 ONWARDS FROM MALES ONLY:

Q-26 a) Have you seen or heard any information or advertising for any brand of contraceptives?

Yes	= 1	
No	= 2	<input type="checkbox"/>

IF 'NO' GO TO Q-27, OTHERWISE CONTINUE.

b) For which brands of contraceptives have you seen or heard this information or advertising?

FOR EACH BRAND OF PILL/CONDOM MENTIONED ASK Q-26(c).

c) Where have you seen or heard it?

<u>Pills</u> <u>Brands</u>	<u>Brands seen</u> <u>/heard of</u>	<u>Where seen</u>			
		Radio = 1	TV = 2	Cin. = 3	Press = 4
Ovral	= 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nordette	= 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postinor	= 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lyndiol	= 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anovlar	= 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minovlar	= 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marvelon	= 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lo-Femenal	= 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynossid	= 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (sp.)	= A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	= B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Condoms</u> <u>Brands</u>		<u>Where seen</u>			
Sathi	= 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sultan	= 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rough Rider	= 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Durex	= 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (sp.)	= 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q-27 If you wanted a condom, where would you go to obtain it?

Chemist	= 1	<input type="checkbox"/>
General Store, Pan Shop, Other Shop	= 2	
Family Welfare Centre	= 3	
LHV or FWW	= 4	
Others (sp.)	= 5	

CHECK Q-4 AND ASK Q-28 FROM THOSE WHO HAVE EVER USED CONDOM.

Q-28 a) What was the last brand of condom that you used?

<u>Brands:</u>		<input type="checkbox"/>
Sathi	= 1	
Sultan	= 2	
Rough Rider	= 3	
Durex	= 4	
Others (sp.) _____	= 5	
Don't remember	= 6	

b) Where or from whom did you obtain it?

Chemist	= 1	<input type="checkbox"/>
General Store, Pan Shop, Other Shop	= 2	
Family Welfare Centre	= 3	
LHV or FWW	= 4	
Others (sp.)	= 5	

1942
A. V.
1942

Questionnaire: Urdu

DOMESTIC RESEARCH BUREAU
AIR ROAD HOUSE
SHAHRAH-E-FAISAL, KARACHI

Town Code

Locality

Interviewer Code

Sex of Respondent

M	F		
A	B	C	D

Income Group

Date of Interview _____

SURVEY-I
SMC-CONSUMER SURVEY

- یہ سروے I-5 تک کے گھروں میں 15-49 سال کی شادی شدہ اُن
خواتین میں کیا جائے گا جو اپنے شوہروں کے ساتھ رہتی ہیں۔
اور

- ان مرد حضرات میں کیا جائیگا جن کی بیویوں کا انٹرویو ہوا ہو۔
- ایسے مردوں اور خواتین میں جنہوں نے نس بندی نہ کرائی ہو۔
- اور جن کا تعلق کسی بھی صحافتی کلاس سے ہو۔

انٹرویوز

آپ اپنا تعاون ریپونڈنٹ سے اسطرح کریں۔

میں یہ سروے ایک ریسرچ ادارے ڈومیسٹک ریسرچ بیورو کے لیے کر رہا/ کر رہی ہوں
میں آپ سے درخواست کرونگی کہ آپ خانگانی منصوبہ بندی کے بارے میں میرے کچھ سوالات
کے جواب دیے آپ کا اس سلسلے میں تعاون، پاکستان کے عوام کی محنت بہتر بنانے کی کوششوں میں
بہت موثر اور معاون ہوگا۔

RESPONDENT SELECTION

1-Q خانہ کی مجموعی آمدنی کا اندازہ مندرجہ ذیل سوال پوچھ کر لگائیے۔

سربراہ خانہ کی آمدنی

دوسرے افراد کی

دوسرے ذرائع سے آمدنی

خود ذاتی گھر میں دیتے ہیں

اس کا اندازہ کرایہ 10% of total income

2-Q (ہ) اس گھر میں لٹی شادی شدہ خواتین اپنے شوہروں کے ساتھ رہتی ہیں۔

تعداد نوٹ کریں

اگر گھر میں لٹی ہیں شادی شدہ خاتون اپنے شوہر کے ساتھ رہتی تو نوٹ کر کے انٹرویو ختم کر دیں۔

ورنہ انٹرویو جاری رکھیں۔

(ب) ان کی عمر / عمریں کیا ہیں۔

تمام خواتین کی عمریں نوٹ کریں۔ عمر میں سب سے بڑی خاتون کی عمر سب سے پہلے نوٹ کر کے

سب سے چھوٹی عمر کی خاتون کا نام آخر میں لیں۔

سوال 3 ادد آگے عرف ریپونڈنٹس (خاندان/مخلوق) سے پوچھیں۔

34-35) جیسا کہ آپ کو معلوم ہے ایسے مختلف طریقے ہیں جن کے ذریعے ایک سٹادی شدہ مرد
عمل کو ملتوی کر سکتا/دوبک سکتا ہے یا اثر بچے نہ چاہتے ہوں تو ان کی پیدائش روک
سکتا ہے۔؟ آپ خانوانی منصوبہ بندی کے ایسے کون کون سے طریقوں سے واقف ہیں۔

موند کچھ نہ کہیں۔ زیادہ سے زیادہ جواب حاصل کرنے کی کوشش کریں اگر کمان
وائی گوبیاں/کنڈوم بین بنانی/بتانی بن تو (ط) 3 پوچھیں۔ ورنہ 4 پر چلے جائیں

ط کیا آپ نے ملاحظہ عمل کے لیے کمان وائی گوبیاں کے بارے میں سنا ہے۔

ہاں: 1، ہین: 2، معلوم ہین: 3

قی کیا آپ نے کنڈوم کے بارے میں سنا ہے؟

ہاں: 1، ہین: 2، معلوم ہین: 3

بتاؤ (ط)	بچہ کچھ لہے (ا)
گوبیاں	
<input type="checkbox"/>	<input type="checkbox"/>
ط	
وائی کنڈوم	
<input type="checkbox"/>	<input type="checkbox"/>

1:	سٹو پر/بیوی سے دوری
2:	Cycle/Rythm
3:	دودھ پلانا
4:	Withdrawal
5:	گوبیاں
6:	کنڈوم
7:	لوپ / IUD
8:	نوم / جیلی / کریم
9:	انجکشن
A:	نسی بندی
B:	کوئی اور وضاحت

مخانی

- اگر ٹویں سے واقفیت ہے تو انٹرویو جاری رکھیں ورنہ ٹسٹ کر کے انٹرویو ختم کر دیں۔

مرد

- 1- اگر گولیوں اور کنڈوم دونوں سے واقفیت ہے تو انٹرویو جاری رکھیں۔
- 2- اگر گولیوں سے واقف نہیں مگر کنڈوم سے واقف نہیں تو Q 4 پر چلے جائیں۔
- 3- اگر گولیوں سے واقف نہیں مگر کنڈوم سے واقف ہیں تو Q 25 پر چلے جائیں۔
- 4- اگر گولیوں اور کنڈوم سے واقف ہیں تو ٹسٹ کر کے انٹرویو ختم کر دیں۔

ہر اس فریجے کے لیے جو Q 3 میں بتایا گیا ہے Q 4 پوچھیں۔

4Q - کیا آپ کے شوہر/بیوی نے کبھی _____ طریقہ استعمال کیا ہے؟

ہاں = 1 نہیں = 2

Q 4

کبھی ہی استعمال کیا ہے؟

شوہر

بیوی

1:	Abstinence	ہمیشہ ادوی
2:	Cycle/Rythm	
3:	دودھ پلونا	
4:	Withdrawal	
5:	گولیاں	
6:	کنڈوم	
7:	لوپ / IUD	
8:	نوم / بیبی / کریم	
9:	انجکشن	
10:	نن بندی	
11:	کوئی اور حفاظت	
12:		

5Q (ہاں) کیا آپ یا آپ کے شوہر/بیوی انجکشن خاندانی منصوبہ بندی کا کوئی طریقہ استعمال کر چکے ہیں؟

شوہر

بیوی

ہاں = 1 نہیں = 2

اگر ماں بچے تو 5c پر صبحی ورنہ 5b پر صبحی -

5d کیا آپ یا آپ کے شوہر / بیوی نے پچھلے مہینے کوئی طریقہ استعمال کیا تھا - ؟

شوہر

بیوی

ہاں : 1، نہیں : 2

اگر ماں تو انٹریلیو جاری رکھیں ورنہ سوال 6 پر چلی جائی

پچھلے مہینے
شوہر بیوی

ج وہ کیا طریقہ تھا - ؟
فرد کبھی نہ کبھی

1,	Abstinence	پرین / دوری
2,	Cycle/Rythm	
3,	دودھ پلینا	
4,	Withdrawal	
5,	گڑیاں	
6,	کنڈوم	
7,	IUD / لوپ	
8,	فوم / بیلی / کریم	
9,	انجکشن	
4,	نس بندی	
8,	کوئی اور وضاحت	

Q 66 آپ خازانی مضمونہ بیزی سے کیا سمجھتے ہیں۔؟

خود کچھ نہ ہیں۔ زیادہ سے زیادہ جواب حاصل کریں

1.	چھوٹا خازان
2.	بچوں کی پیرائش میں وقفہ
3.	محل کی روک تھام
4.	اور بچے نہ پیدا کرتا
5.	کوئی آمد (وفات)

اگر بچوں کی پیرائش میں وقفہ نہیں بنایا ہوتو Q 66 پوچھیں ورنہ Q 67 پر چلے جائیں۔

ط) کیا آپ نے کبھی بچے کی پیرائش میں وقفہ کے بارے میں سنا ہے؟

ہاں 1، نہیں 2.

اگر ہاں تو Q 67 پوچھیں ورنہ Q 68 پر چلے جائیں۔

Q 67 پیرائش میں وقفہ کیا ہے۔؟

1.	بچوں کے درمیان وقفہ
2.	کچھ آمد (وفات)

Q 8 (b) آپ کے خیال میں بچوں کے درمیان سوزوں وقفہ کتنا ہونا چاہئے؟

سال _____

(b) آپ ایسا کیوں کہتے ہیں؟

فرد لکھ نہ ہیں زیادہ سے زیادہ جواب حاصل کریں

1.	پہلے بچے کی تربیت صحیح ہو سکے گی
2.	ماں کی محبت اچھی دہیے گی
3.	موجودہ بچے کی محبت پر برا اثر نہیں ہوگا
4.	بچوں میں کم وقفہ سے ان کی دیکھ بھال مشکل ہوجاتی ہے
5.	بچوں کی پرورش آسان ہو جاتی ہے۔
6.	اس وقفہ کے دوران موجودہ بچہ بڑا ہو جاتا ہے/ اپنی دیکھ بھال خود کر سکتا ہے۔
7.	فوشال گورنہ
	ماں زہن و جسمانی طور سے محبت مند رہنے کی وجہ سے بچے
8.	کی بہتر تربیت کر سکتا ہے۔
	کوئی امد (وفادگی)
9.	_____

Q 9 - کیا آپ بازار میں دستیاب مانع عمل کی گولیوں کے مختلف

برانڈ سے واقف ہیں؟

ہاں تو 10 ہیں 2.

ہاں تو Q 96 پوچھیں۔ ورنہ Q 94 پر چلے جائیں۔

Q9 - (ط) آپ نے مانع حمل کی گولیوں کے کن برانڈز کے نام سنے ہیں - ؟

برائے برانڈز کے لیے جو ربط Q9 میں بتایا گیا ہے Q9 پر چلیے

c - گولیوں کے ایک پیکیٹ کی کیا قیمت ہے - ؟

d - کیا آپ ایک پیکیٹ میں ملنے والی گولیوں کی تعداد سے واقف ہیں - ؟

ہاں 1، نہیں 2

اگر نہیں تو 10 Q پر چلے جائیں ورنہ جاری رکھیں -

e - ایک پیکیٹ میں کتنی گولیاں ہیں - ؟

(ع) تعداد	(د) قیمت	(ط) برانڈز
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ovral	= 1
Nordette	= 2
Postinor	= 3
Lyndiol	= 4
Anovlar	= 5
Minovlar	= 6
Marvelon	= 7
Lo-Femenal	= 8
Gynossid	= 9
Others (sp.)	= A
Don't know	= B

Rs. 1/=	= 1
Rs. 1.50	= 2
Rs. 2/=	= 3
Rs. 2.50	= 4
Rs. 3/=	= 5
Rs. 3.50	= 6
Rs. 4/=	= 7
Rs. 4.50	= 8
Rs. 5/=	= 9
Above Rs. 5/=	= A
معلوم نہی	= B

Q 10 - آپ کو پہلی مرتبہ کس طرح اور کس سے جانے نکل / نکل روکنے والی گولیوں کے بارے میں پتہ چلا - ؟

خود کوئی نہ کہے زیادہ سے زیادہ جواب حاصل کریں -

1:	ڈاکٹر
2:	نرس
3:	دائی
4:	فیملی ویلفیئر سوسائٹی
5:	ہسپتال / میٹرنٹی ہوم
6:	کمٹیٹ
7:	لیڈی ہیلف و ز ہڈا سوشل ورکر فیملی ویلفیئر ورکر گورنمنٹ
8:	ماں
9:	خاوند / شوہر
A:	ساس
B:	دوست / ارشواد / پڑوسی
C:	کوئی اور (وضاحت)

انٹرویو 7-1 تک یہ تو 6 Q 10 اور 11 Q پر چلے جائیں

16 کیا یہ صاحبہ صاحبہ سرکاری ملازم تھے / اداہ سرکاری تھا ؟

--

1:	ہاں
2:	نہیں
3:	معلوم نہیں

Q-11 - آپ کے خیال میں عمل کی دھک تمام ایجنوں کی ہدایتی میں
وقفہ کے لیے مانع عمل کی گویاں کس حد تک موثر ہیں -

1:	بالکل موثر نہیں
2:	موثر نہیں
3:	کہہ نہیں سکتے
4:	موثر ہیں -
5:	بہت زیادہ موثر ہیں -

اگر کوڈ 5 یا 4، 2، 1 ہے تو Q 11 ب پوچھیں ورنہ ہدایت پر چلے جائیں

b. ایسا کرنے کی کیا وجوہات ہیں؟ -
زیادہ سے زیادہ جواب حاصل کریں -

Q-12 آپ کے خیال میں ایک عورت کی محنت کے لیے مانع عمل کی گویاں کس حد تک
محفوظ ہیں؟ -

1:	بالکل محفوظ ہیں
2:	محفوظ نہیں -
3:	کہہ نہیں سکتے
4:	محفوظ ہیں
5:	مکمل طور پر محفوظ ہیں

اگر کوڈ 1 یا 2 ہے تو Q 12 ب پوچھیں ورنہ ہدایات پر چلے جائیں

Q 12 - طبعاً ایسا کہنے کی کیا وجوہات ہیں؟

{ زیادہ سے زیادہ جواب حاصل کریں }

1.	مثلاً پاؤں اور وزن کا بڑھنا
2.	اندرونی شکایات
3.	ماہواری میں بہت زیادہ خون آنا
4.	ماہواری میں تپہ قارچی
5.	بڑا بڑا ہڈ / جھنجھلا ہڈ
6.	بچے کی پیدائش میں مشکلات
7.	صدمہ کی حالت / تیز بہت
8.	بہت سی خرابی
9.	جوڑوں میں درد
A.	ماہواری کی طرح خون سے دھبے آنا
B.	سر درد
C.	کمزوری
D.	مغلی / الٹی
E.	چکر
F.	جسم میں درد
G.	ماہواری رکنا / بہت کم خون آنا
H.	چھانٹیاں / دانے
I.	کینسر (Cancer)
	گولیاں کم، ترقیب بھول جانے کی صورت
J.	میں عمل کا بہت زیادہ خطرہ
K.	بھولیں غرضہ مک چلنے کا طریقہ
L.	معلوم نہیں ہیں / زیادہ معلوم نہیں سنا ہے کہ نقصان دے ہیں
M.	کوئی اور (وضاحت) -

Q 4 اور 5 چیک کریں۔

- اگر گویاں کہیں ہیں استعمال نہ ہوئی ہوتی تو Q 13 پوچھکر رہے جاویں۔
 - اگر گویاں پہلے استعمال ہوئی تھیں مگر آجکل استعمال نہیں ہو رہی ہیں۔
 تو Q 14 پوچھیں۔

- اگر گویاں پچھلے مہینہ استعمال ہوئی تھیں تو Q 15 پر چلے جاویں۔

جینوں نے صالح عمل گویاں کہیں ہیں استعمال ہیں کی۔

Q 13 - کیا وہ بچہ کہ آپ نے / آپ کی بیوی نے کہیں صالح عمل کی گویاں استعمال ہیں کسی؟

{ خود کو نہ کہیں زیادہ سے زیادہ جواب حاصل کریں }

گویوں کے استعمال سے

1.	مٹا ہوا وزن کا بڑھنا
2.	اندرونی شفایت
3.	ماہواری میں بہت زیادہ خون آتا
4.	ماہواری میں بے قاعدگی
5.	چڑچڑاہٹ / جھنجھلاہٹ
6.	بچے کی پیدائش میں مشکلات
7.	صعدے کی جین / نزا بہت
8.	پیٹ کی فراہمی
9.	جھڑوں میں درد
A.	ماہواری کی طرح خون کے دھبے آنا
B.	گردد
C.	طنواری
D.	مقلی / اٹھ
E.	چکر
F.	جسم میں درد
G.	ماہواری رکنا / بہت کم خون آنا
H.	چھانٹیاں / دانے
I.	کینسر (Cancer)
J.	گویوں کی ترتیب قبول جانے کی صورت میں عمل کا بہت زیادہ خلو
K.	طویل عرصہ تک چلنے کا طریقہ
	معلوم نہیں ہے / زیادہ معلوم نہیں سنا ہے کہ نقصان دے ہیں تا
M.	کوئی اور وفات

اب سوال 2 پر چلے جائیں

بچپنوں نے گولیاں استعمال کر کے چھوڑ دیں۔

Q-14 (a) آپ نے بتایا کہ آپ نے / آپ کی بیوی نے گولیاں استعمال کی تھیں مگر آجکل اشغال ہیں کر رہے۔ یہ گولیاں کتنے عرصہ کے لیے اشغال کی۔

مہینہ یا سال یاد ہیں۔

طی گولیوں کا استعمال چھوڑ دینے کی کیا وجوہات ہیں۔ (جو کچھ نہ کہیں زیادہ سے زیادہ جواب حاصل کریں گے گولیوں کے اشغال سے)

1.	مشا پنا اور زن کا بڑھنا
2.	اندرونی شغایت
3.	ماہواری میں بہت زیادہ فون آنا
4.	ماہواری میں بہت تھوڑی
5.	چڑچڑاہٹ / جھنجھلاہٹ
6.	بچے کی پیدائش میں مشکلات
7.	صحت کی بہن / نراہت
8.	پیش کی فراہی
9.	جوڑوں میں درد
A.	ماہواری کی فرقے فون کے دھبے آنا
B.	سر درد
C.	کمزوری
D.	متلی / الٹی
E.	کچل
F.	جھیم میں درد
G.	ماہواری کتنا بہت کم فون آتا
H.	چھانٹیاں / دانے
I.	کینسر
J.	گولیوں کی ترتیب لیول جاننا کی صورت میں عمل کا بہت زیادہ خطرہ
K.	خوبی عرصہ تک چلنے کا طریقہ
L.	معلوم ہیں پھر زیادہ معلوم ہیں سنا ہے کہ نقصان دے ہیں
M.	کوئی اور وضاحت

Q15 ان تمام لوگوں سے پوچھیں جن کو ماں گویاں استعمال کر کے چھوڑ دی گئیں ہوں یا
آجکل استعمال کر رہے ہوں

Q15 آپ/آپ کی بیوی نے جاننے والی گویوں کا استعمال کن وجوہات کی بنا پر شروع کیا

خود لچھہ نہ ہیں زیادہ سے زیادہ جواب حاصل کریں۔

1.	سوفیہ کا سیلاب طریقہ
2.	موثر ہے۔ حمل کا خطرہ بہت کم ہے
3.	صاحبزادی یا فائڈی سے ہوتی ہے۔ بے فائدگی اور تباہی پر نہیں ہونے کا علاج کرتی ہے۔
4.	عورتوں کی صحت اچھی رہتی ہے
5.	آسان طریقہ ہے۔
6.	گویوں کے استعمال سے تسلیں کے حصول میں کوئی فرق ہیں آتا جس طرح کنڈوم کے استعمال میں ہوتا ہے۔
7.	جاننے والی کا عارضی طریقہ ہے استعمال آسانی سے ترک کیا جاسکتا ہے
8.	خواتین جن کے <u>Cesarian</u> یا انڈورونی آپریشن ہوئے ہیں اور جو 100 استعمال نہیں کر سکتے وہ گویاں کر سکتی ہیں
9.	وہ خواتین آسانی سے گویاں استعمال کر سکتی ہیں جو 140 کے استعمال سے ڈرتی ہیں یا پسند نہیں۔
A.	گویاں جاننے والی کے دوسرے طریقوں سے زیادہ محفوظ ہیں۔
B.	کوئی اور (وضاحت)
C.	پتہ نہیں۔

جن کے ماں گویوں کا استعمال چھوڑ دیا گیا ہو ان کے لیے Q17 پر پلے جائیں

Q16 آپ/آپ کی بیوی نے کتنا عرصہ پہلے گویوں کا استعمال شروع کیا۔ 9۔

یاد نہیں۔

مہینہ یا سال پہلے

Q16 ب، جب سے آپ نے / آپ کی بیوی نے ٹولیاں کمانی شروع کی کیا یہ ٹولیاں اس وقت سے ہر مہینے کمانی جاتی ہیں یا کہ ان کا استعمال ایک مہینہ یا اس سے زیادہ عرصہ کے لیے چھوڑ دیا گیا تھا۔

1:	ہاں، شروع کرنے کے بعد ہر مہینہ ہی ہیں
2:	نہیں مہینہ یا اس سے زیادہ عرصہ کے لیے چھوڑ دی گئیں۔
3:	یاد نہیں / معلوم نہیں



اگر کوئی 2 سے نو 16 Q اور آگے پوچھیں ورنہ 17 Q پر چلے جائیں۔

ج، گولیوں کا استعمال ایک مہینہ یا اس سے زیادہ عرصہ کے لیے کیوں چھوڑ دیا گیا تھا؟

خود کچھ نہیں ہے زیادہ سے زیادہ جواب حاصل کریں۔

1:	مثلاً پاروین کا بڑھنا
2:	اندرونی شکایت
3:	ماہواری میں بہت زیادہ خون آنا
4:	ماہواری میں بے فائدگی
5:	چڑچڑاہٹ / جھنجھلاہٹ
6:	پچے کی پیدائش میں مشکلات
7:	صورت کی جین / تڑپ
8:	پیٹ کی فراہمی
9:	جوڑوں میں درد
A:	ماہواری کی طرح خون سے دھبے آنا
B:	سر درد
C:	کمزوری
D:	متھن / اٹھ
E:	چکر
F:	جسم میں درد
G:	ماہواری رکنا / بہت کم خون آنا
H:	چھٹیاں / دانے
I:	کینسر
J:	گولیوں کی تریب قبول کرنا کی صورت میں عمل کا بہت زیادہ ختم ہونا
K:	طویل عرصہ تک چھینے کا طریقہ
L:	معلوم نہیں ہے / زیادہ معلوم نہیں ہے کہ نقصان دہ ہیں۔
M:	کوئی اور وضاحت

17 Q اور آئے آجکل گویاں استعمال کرنے والوں استعمال کرنا
چھوڑنے والے دونوں سے پوچھیں -

Q-17 - آپ نے / آجکل ہیوی نے آفری مرتبہ گویوں کا کونسا برانڈ استعمال کیا؟

برانڈ

استعمال کر چھوڑ دینے والے

Ever Users

آجکل استعمال

Current Users

Ovral	= 1
Nordette	= 2
Postinor	= 3
Lyndiol	= 4
Anovlar	= 5
Minovlar	= 6
Marvelon	= 7
Lo-Femenal	= 8
Gynossid	= 9
Others (sp.)	= A
Don't know/remember	= B

- 18 Q. a - آپ کو آپ کی بیوی کو سب سے پہلے کس نے گولیوں کے استعمال کا مشورہ دیا - ؟
 ب - سب سے پہلے کسی خاص برانڈ کے استعمال کا مشورہ کس نے دیا - ؟
 c - کیا آپ کو آپ کی بیوی کو کس نے مانع حمل کے گولیوں کے استعمال کا طریقہ بتایا تھا - ؟

ہاں 1، نہیں 2، یاد نہیں 3

اگر ہاں تو Q18d، یو ویس اور Q19 پر چلے جائیں

19 اگر آپ کو ان کے استعمال کا طریقہ کس نے بتایا تھا - ؟

مشورہ دیا

گولیوں کا 186 بلزوما 18c بتایا 18d کس نے

18a

18e

1.	ڈاکٹر
2.	نرس
3.	دائی
4.	فیملی ویلفیئر میٹرنیٹی ٹیم
5.	میڈیسنل ہیوم / ہسپتال
6.	کمیٹی
7.	لیڈی ہیلتھ وزیٹرز / فیملی ویلفیئر ورکر / سوشل ورکر گھر پس آتے تھے
8.	ماں
9.	سواہر
10.	ساس
11.	خدمت ارشدہ دار / پڑوسی
12.	گوٹھ میں / فور فیلو کیا
13.	معلوم نہیں -
14.	گوٹھ اور (وفات)

d, b, c, 18 Q. چیک کریں - اگر کوڈ 1-7 ہے تو 18e اور بتائے کہ تینوں کے لیے یو ویس - ورنہ Q19 پر چلے جائیں -

19 کیا یہ صائب / صائبہ سرکاری ملازم تھے / ادادہ سرکاری تھا ؟

ہاں 1، نہیں 2، معلوم نہیں 3

مواہبات اور 18e میں نوٹ کریں

کٹیں

19 Q. 19) آزمی بار جو گویاں استعمال کی وہ کون لایا تھا۔
آپ خود / آپ کی بیوی نے یا کس دوسرے شخص نے۔ ؟ -

1.	خود
2.	بیوی
3.	کوئی اور (وظائف)

ط) یہ گویاں کہاں سے / کس سے خریدی تھی / حاصل کی تھی ؟ -

1.	کیٹ
2.	ڈاکٹر
3.	فیملی ویلفیئر سنٹر
4.	ہسپتال
5.	کلیینک
6.	بیڈی ہیلتھ وز یئر / فیملی
7.	کوئی اور (وظائف)

ملدزم تھے / ارادہ سرکاری تھا؟

ع) کیا یہ سرکاری

1.	ہاں
2.	نہیں
3.	معلوم نہیں

د) گویوں کا یہ پیکٹ لےنے والوں کا تھا۔ ۹۔

صفت / بلوغت

20 Q. 20) آپ / آپ کی بیوی کس حد تک مانع عمل کی گویوں سے متعین ہیں / تھے۔ ؟ -

1.	مکمل طور پر غیر متعین
2.	غیر متعین
3.	نہ متعین نہ غیر متعین
4.	متعین
5.	بہت متعین
6.	کہ نہیں سکتے

اگر کوڈ ایام 2 ہے تو Q205 پلو ہیں ورنہ Q 21 پر چلے جائیں

Q-20. ب. آپ / آپ کی بیوی مانع حمل کی گولیوں سے تیز کیوں غیر مطمئن ہیں؟

فرد کو یہ نہ کہیں زیادہ سے زیادہ جواب حاصل کریں

1.	مثلاً باا وزن کا بڑھنا
2.	اندرونی شکایت
3.	ماہواری میں بہت زیادہ خون آتا
4.	ماہواری میں بہت تیزی
5.	چڑچڑاہٹ / جھنجھلاہٹ
6.	بچے کی پیرائش میں مشکلات
7.	صدرے کی جین / تنزاہت
8.	ہیٹ کی فراہمی
9.	جوڑوں میں درد
A.	ماہواری کی طرح خون نہ دے آنا
B.	سر درد
C.	کمزوری
D.	منفی / اثنی
E.	چکر
F.	جسم میں درد
G.	ماہواری دکتا / بہت کم خون آنا
H.	چھانٹیاں / دان
I.	کینسر
J.	گولیوں کی ترتیب بول جانا کی صورت میں حمل کا بہت زیادہ خطرہ
K.	لوہی عمر صوبہ تک چیلنے کا طریقہ
L.	معلوم نہیں ہے / زیادہ معلوم نہیں سنا ہے کہ نقصان دہ ہیں۔
M.	کوئی اور وضاحت

P. Identification پیک کریں - اور اگر دیسوزڈنٹ کا کیم از کم ایک پیمہ ہو تو Q 23 پوچھیں
ورنہ Q 24 پر چلے جائیں -

Q-23 (a) کیا کس نہ آچکے بیوی کی مبالغہ عملی کی گویاں استعمال کرنے سے منع کیا۔؟

ہاں = 1، نہیں = 2

اگر ہاں تو اظہار Q 23 پوچھیں ورنہ Q 24 پر چلے جائیں -

1.	ڈاکٹر
2.	نرس
3.	دائی
4.	فیملی ویلنٹس مشنری تھے
5.	میرٹل ہوم / ہینال
6.	کیمرٹ
	لیڈی ہیلتھ وز مشن / فیملی ویلنٹس ورکر / سوشل ورکر
7.	گورنمنٹ تھے
8.	ماں
9.	شوہر
A.	ساس
B.	دوست / رشتہ دار / پڑوسی
C.	کوئی نہیں / فور فینڈ کیا
D.	- یا - نہیں -
E.	کوئی اور (وعدت)

Q 24 کیا آپ سمجھتے / سمجھتی ہیں کہ آپ کو جتنے بچے چاہتے تھے وہ پورے ہو سکے ہیں یا
آپ کو آمد بچوں کی خواہش ہے۔؟

1. جنہوں کی خواہش تھی وہ ہو گئے
2. آمد بچے چاہیں۔

Q3 چیک کریں۔ جو کنڈوم سے واقف ہیں ان سے 25 Q پوچھیں ورنہ انٹرویو ختم کر دیں

Q-25 (a) آپ نے کنڈوم کے کون سے برانڈز کے نام سنے ہیں۔ ؟ -

1.	Sathi	ساتھی
2.	Sultan	سلطان
3.	Rough Rider	رف رائڈر
4.	Durex	ڈیوریکس
5.	Others	کوئی اور (وضاحت)
6.		یاد نہیں آتے ہیں۔

اگر ساتھی نہیں بنایا ہے تو 25 Q پوچھیں ورنہ مرد حضرات کے لیے سوال 26 پر چلا جائیں
اعد فوائض کے لیے انٹرویو ختم کر دیں۔

Q-25 ب. کیا آپ نے ساتھی کا نام سنا ہے۔ ؟ -

ہاں : 1، نہیں : 2

Q-26 اعد آگے صرف مرد بیسوزنٹ سے پوچھیں اور فوائض کے لیے انٹرویو ختم کر دیں

Q-26 ب. کیا آپ نے کبھی مانع عمل کے طریقوں کے بارے میں سنا/کوئی استہزات دیکھی یا سنا؟

ہاں : 1، نہیں : 2

اگر نہیں تو 27 Q پر جائیں۔ ورنہ انٹرویو جاری رکھیں

Q-26 ب، آپ نے کون کون سے برانڈز کے متعلق سنایا کوئی استہارات دیکھنے / سنے - ؟
ہر گولی / کنڈوم کے بنائے جانے والے برانڈز کے بارے میں Q26 C پوچھیں

ج. آپ نے یہ کہاں سنا اور دیکھا -

ویڈیو 1 - ٹی وی 2 - سلٹا 3 - Press 4:

دکان سے استہاری سامان 5: کوٹا اور (دماغ) 6:

گولیوں کے برانڈز

کہاں پر دیکھے / سنے

(ا)

برانڈز دیکھے / سنے

(ب)

Ovral	= 1
Nordette	= 2
Postinor	= 3
Lyndiol	= 4
Anovlar	= 5
Minovlar	= 6
Marvelon	= 7
Lo-Femal	= 8
Gynossid	= 9
Others (sp.)	= A
Don't know	= B

کنڈوم برانڈز

(ا)

(ب)

1, Sathi	ساتھی
2, Sultan	سلطان
3, Rough Rider	رف رائڈر
4, Durex	ڈیوریکس
5, Others	کوئی اور (دماغ)

Q-27 اگر آپ کو کنڈوم کی ضرورت ہو تو آپ اسے کہاں سے حاصل کریں گے؟ -

1,	کیٹ
2,	جنرل اسٹور یا پان کی دکان / کوئی اور دکان
3,	فیملی ویلفیئر سینٹر
4,	FNW یا LHP
5,	کوئی اور (وفات)

Q-4 چیک کریں اور Q 28 ان سے پوچھیں جنہوں نے کہا کہ کوئی استعمال کیا ہے

Q-28 a - آپ نے آخری بار کون سے برانڈ کا کنڈوم استعمال کیا؟ -

1,	Sathi	ساتھی
2,	Sultan	سلطان
3,	Rough Rider	رف رائڈر
4,	Durex	ڈیوریکس
5,	Others	کوئی اور (وفات)
6,		یاد نہیں۔

b - آپ نے اس کو کہاں سے حاصل کیا؟ -

1,	Chemist	کیٹ
2,		جنرل اسٹور یا پان کی دکان / کوئی اور دکان
3,	Family Welfare Centre	فیملی ویلفیئر سینٹر
4,	Others	کوئی اور (وفات)



PERSONAL IDENTIFICATION
SMC - ORAL CONTRACEPTIVES

NAME & ADDRESS: _____

Interviewer Code _____
Form No. _____
Income Class _____
Town Code _____

A	B	C	D

TEL. NO. (RES) _____

TOWNS

- Karachi 1
- Lahore 2
- Faisalabad 3
- Pindi/Isl. 4
- Peshawar 5
- Sukkur 6
- Nawabshah 7
- Sargodha 8
- Bahawalpur 9
- Khanewal 10
- Muzaffargarh 11
- Mardan 12
- Quetta 13
- Tando Adam 14
- Muridke 15
- Wazirabad 16
- Charsadda 17
- Dadu/Subst. Town 18
- Hala/Subst. Town 19
- Lodhran 20
- Rajanpur 21
- Pasroor 22
- Haripur 23
- Sibbi 24

INCOME OF RESPONDENT/SPOUSE

Income of Husband _____
Income of Wife _____
Contribution by other members _____
Income from other sources _____
House rent (self owned) _____
Total _____
No. of earning members _____

EDUCATION

	<u>RESP.</u>	<u>SPOUSE</u>
Illiterate/No formal	1	1
Below Matric	2	2
Matric	3	3
Above Matric	4	4
	<input type="text"/>	<input type="text"/>

FAMILY COMPOSITION

Nuclear	<input type="text"/>	<input type="text"/>
Husband	1	
Wife	1	

STATUS OF RESPONDENT

Head of Household	1	<input type="text"/>
Other member	2	<input type="text"/>
Wife of Head of Household	3	<input type="text"/>
Wife of other member	4	<input type="text"/>

Dependant Children

	<input type="text"/>	<input type="text"/>	M	F
Over 15 yrs)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6-15 yrs.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2-5 yrs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Below 2 yrs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Extended

Adults	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
--------	----------------------	----------------------	----------------------	----------------------

OWNERSHIP OF DURABLES

Television	<input type="text"/>	1
Radio/with cassette player	<input type="text"/>	2
Only cassette player	<input type="text"/>	3
V.C.R.	<input type="text"/>	4

Children

	<input type="text"/>	<input type="text"/>	M	F
Over 15 yrs)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6-15 yrs.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2-5 yrs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Below 2 yrs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AGE	RESP.	SPOUSE
16 - 24	1	1
25 - 29	2	2
30 - 34	3	3
35 - 39	4	4
40 - 44	5	5
45 - 49	6	6
50 & above	7	7
Actual Age	<input type="text"/>	<input type="text"/>

READERSHIP Reg. = 1 Occ. = 2

Newspapers

English

Vernacular

Magazines

English

Vernacular

LANGUAGE MORE OFTEN USED

Urdu	1	
Punjabi	2	
Sindhi	3	<input type="checkbox"/>
Balochi	4	
Pushto	5	
Others	6	

OCCUPATION	RESP.	SPOUSE
Admin/Exec./Managerial	1	1
Prof./Tech & related	2	2
Skilled/semi-skilled/unskilled workers in trade & industry & office service workers	3	3
Forces below Officers grade	4	4
Business owners	5	5
Farmers/agricultural/mining/fishing workers	6	6
Housewives	7	7
Unemployed	8	8
Others (sp.)	9	9
	<input type="text"/>	<input type="text"/>

T.V. VIEWERSHIP/RADIO LISTENERSHIP

	View T.V.	Listen to Radio
Daily	1	
4-5 times/week	2	<input type="checkbox"/>
2-3 times/week	3	<input type="checkbox"/>
Once a week	4	
Less often	5	
Not fixed	6	
Non-viewer/listener	7	

Length of marriage to current spouse: _____ years.

INTERVIEWER: _____

SUPERVISOR: _____

F.M. Checked

H.O. Checked



G R A P H S



S. M. C.

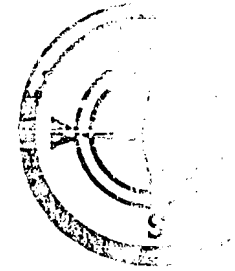
C O N S U M E R S

L I S T O F G R A P H S

<u>FIG. NO.</u>	<u>T I T L E</u>	<u>PAGE NO.</u>
1	Map of Pakistan	97
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4	Source of purchase of Oral Contraceptive Pills	100
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پاکستان

PAKISTAN

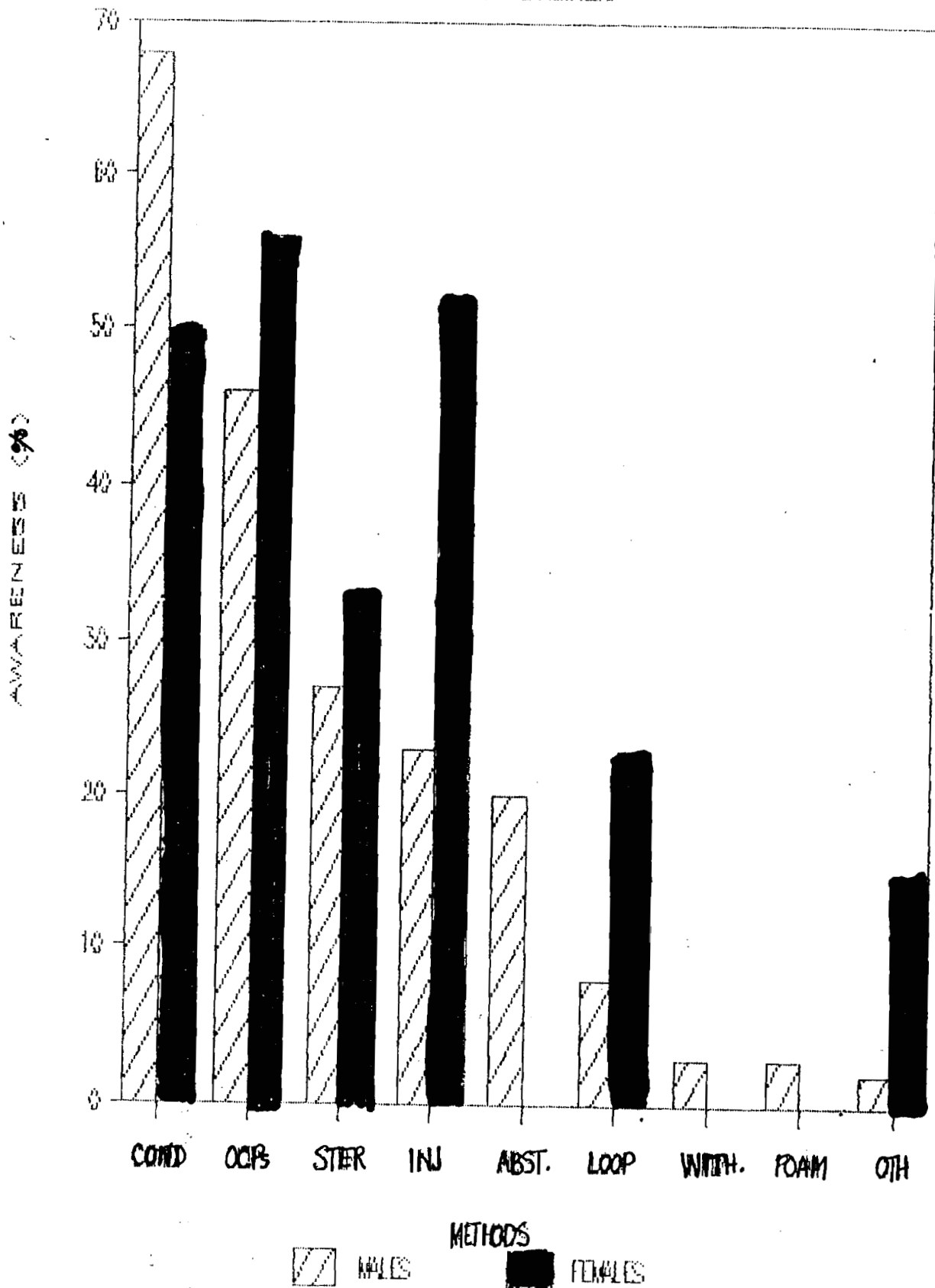


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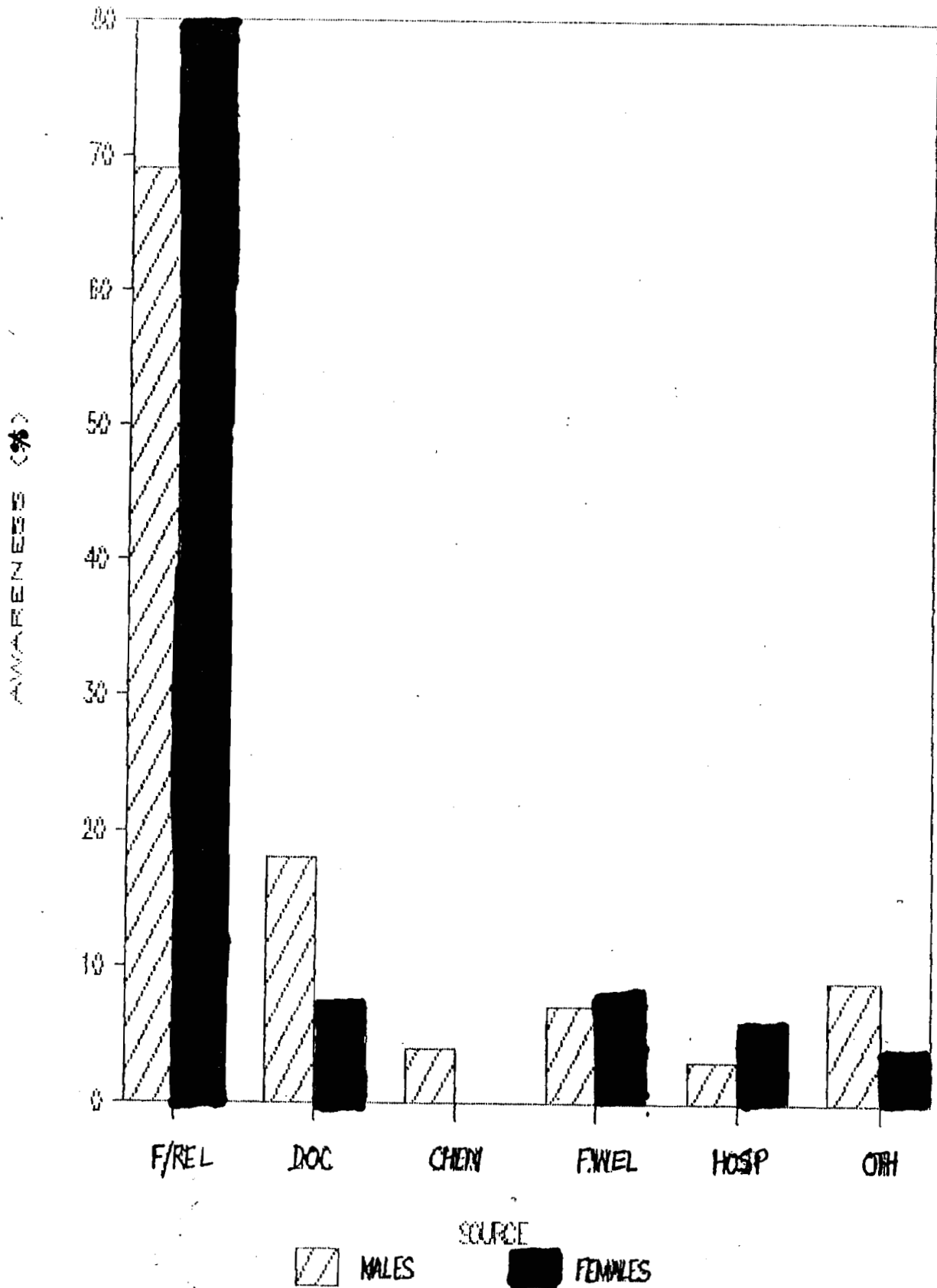
Al-Ansari ...
Urdu Bazar Karachi ...

11/7/71

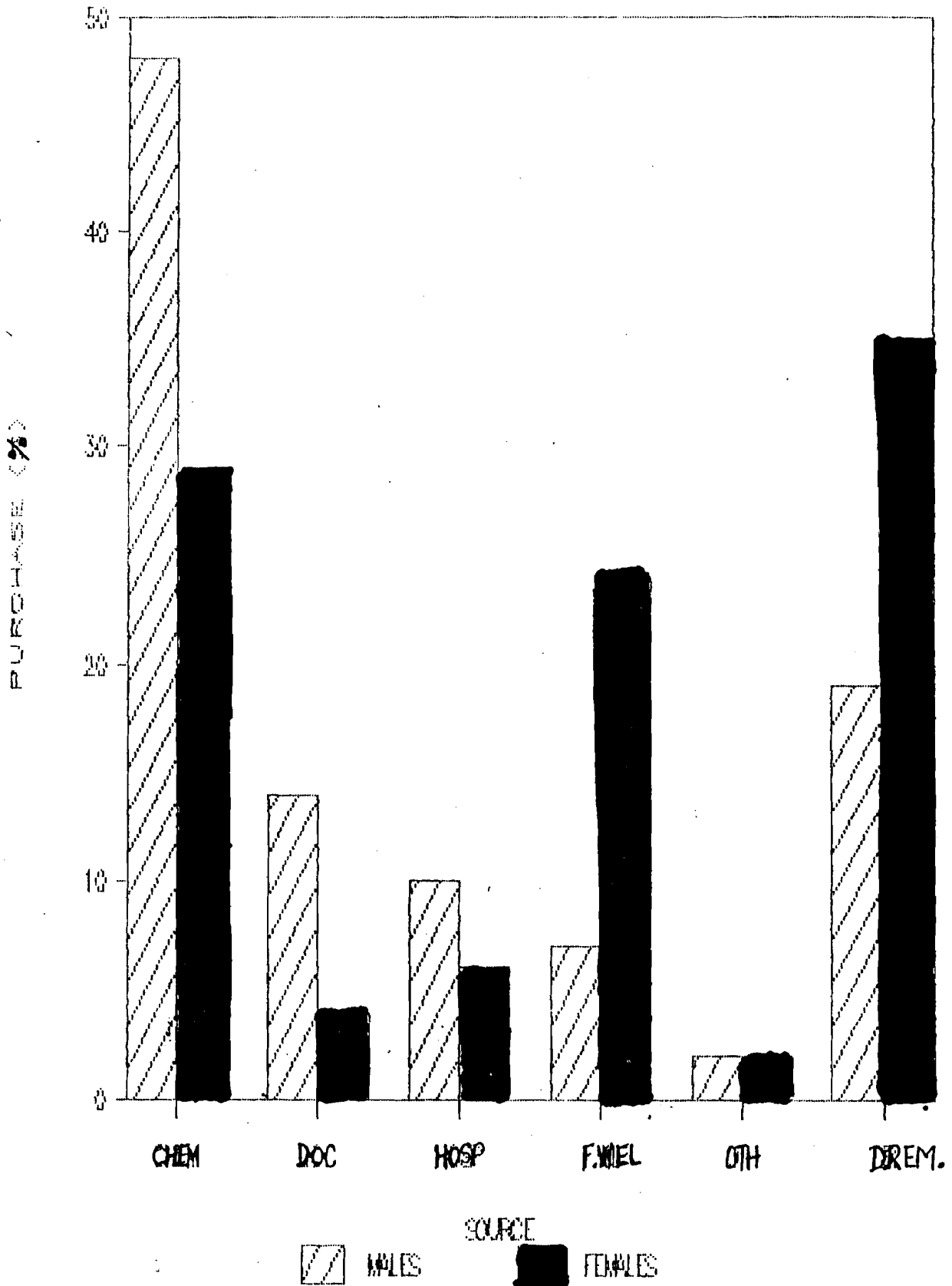
SPONTANEOUS AWARENESS OF CONTRACEPTIVE METHODS



SOURCE OF AWARENESS OF OCPs

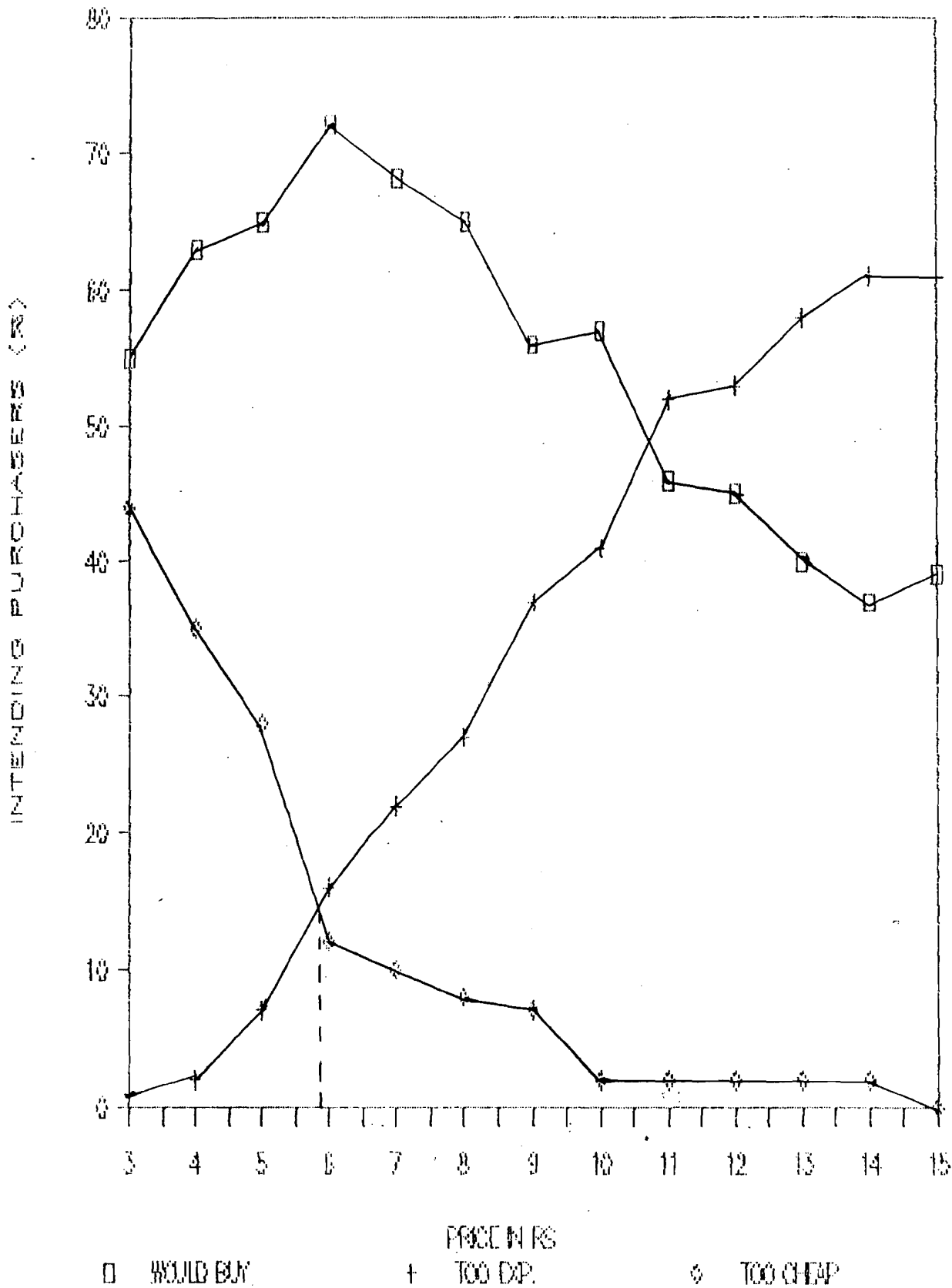


SOURCE OF PURCHASE OF OCPs



PURCHASE INTENTIONS AT VARIOUS PRICES

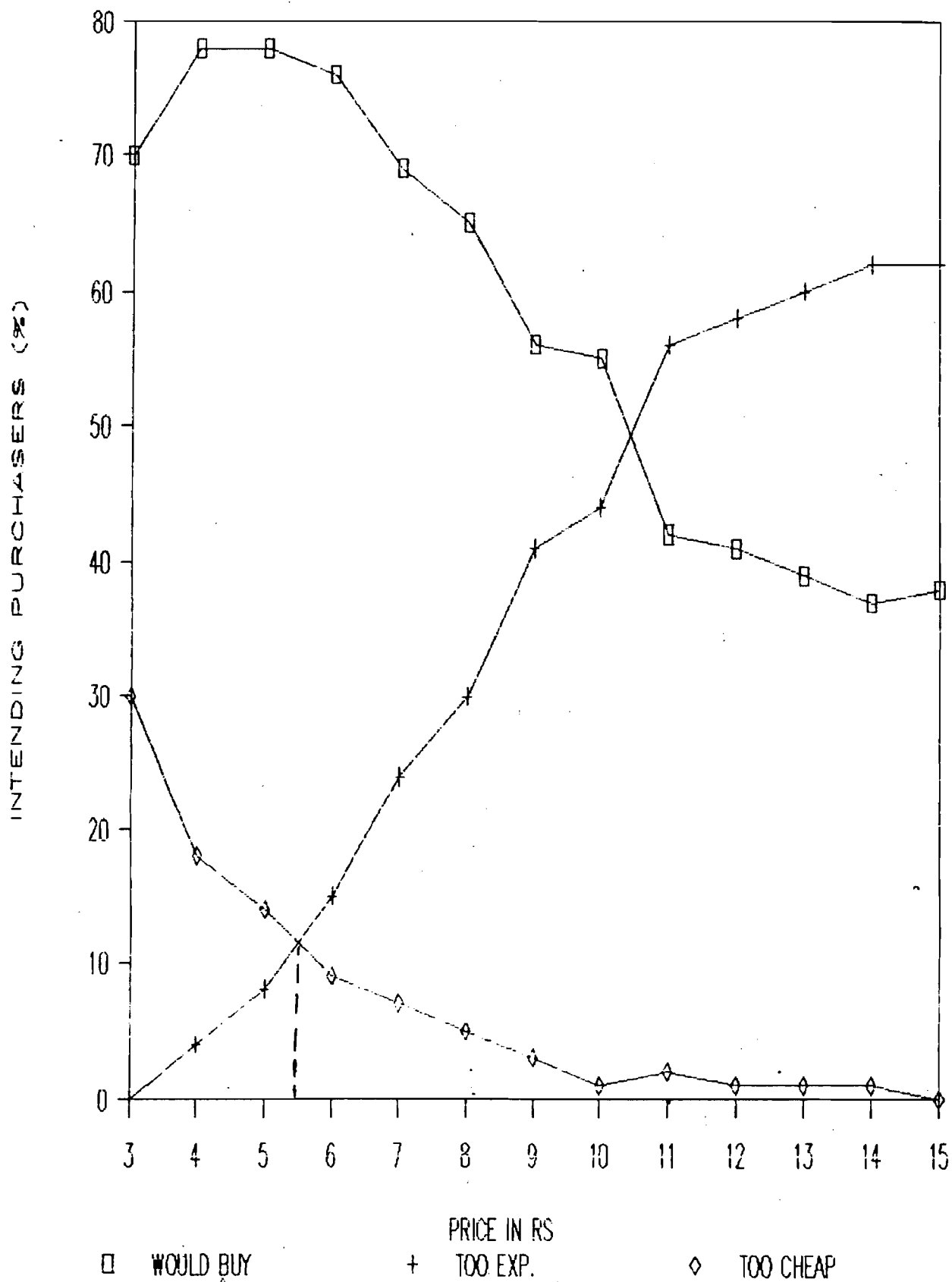
MALES



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PURCHASE INTENTIONS AT VARIOUS PRICES

FEMALES



DOMESTIC RESEARCH BUREAU

OF LEVER BROTHERS PAKISTAN LIMITED

VOLUME V (1990)

STUDY ON ORAL

CONTRACEPTIVE PILLS

MEDICAL PRACTITIONERS



DOMESTIC RESEARCH BUREAU

of Lever Brothers Pakistan Limited

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STUDY ON ORAL CONTRACEPTIVE PILLS MEDICAL PRACTITIONERS

Date of Report: May 1991

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1. INTRODUCTION



1.1 RATIONALE FOR THE RESEARCH

Medical Practitioners are a principal source of advice on matters relating to Family Planning in general and on the use of Oral Contraceptive Pills in particular.

The role of this target group will be important in promoting the use of Oral Contraceptive Pills. In order to understand the role played by doctors in recommending specific contraceptive methods, it was necessary to assess their level of knowledge of, attitudes towards, and prescribing practices for Oral Contraceptive Pills and other modern contraceptive methods.

1.2 STATEMENT OF OBJECTIVES

The survey aimed to ascertain the current practices of doctors with reference to:

- Recommending specific contraceptive methods and reasons therefore.
- Initiating discussions of Family Planning with patients.
- Prescribing/recommending Oral Contraceptive Pills/ brands and reasons therefore.
- Recommending treatment for major complaints/side effects of Oral Contraceptive Pills mentioned by women.
- Current attitudes and practices related to IUDs and Injectables.

1.3 SAMPLING PROCEDURE

The sample was drawn from a universe consisting of:

- General Practitioners
- Gynaecologists

According to the latest statistics available to DRB, the estimated number of Medical Practitioners in the country is approximately 20-21 thousand. Doctors tend to be concentrated in the larger cities, and General Practitioners far outnumber Gynaecologists.



Details are as follows:

	<u>G.Ps/OTHERS</u>			<u>GYNAE./PED.*</u>		
	<u>Univ.</u>	<u>Selec.</u>	<u>%</u>	<u>Univ.</u>	<u>Selec.</u>	<u>%</u>
City Size I/II (100 thousand & above population towns)	14000	74	0.5	813	93	11
City Size III/IV (50-100 thousand population towns)	6000	26	0.5	209	20	10
<u>Overall:</u>	20000	100	0.5	1022	113	11

* To investigate the family planning role of Paediatricians, 13 interviews were conducted in their group. Responses indicate that the role of Paediatricians in influencing use of contraceptive methods is negligible.

1.4 METHODOLOGY

The sample was selected from both the large and small cities in proportion to the total number of doctors in the two groups. Only doctors from private hospitals/clinics and private maternity homes were interviewed.

Doctors were selected on a random basis from lists available to DRB, which was developed over time through surveys conducted for pharmaceutical clients.

FIELD SCHEDULE

Field work was conducted from April 11, 1990 to May 30, 1990.



2. EXECUTIVE SUMMARY



2. EXECUTIVE SUMMARY

INITIATION OF DISCUSSION ON CONTRACEPTION

In urban towns with a population of 25 thousand and above, the majority (89-93%) of the Medical Practitioners initiate discussions on contraception with their patients. This practice is more common among female doctors (98%) than males (81%). Gynaccologists are more likely to discuss contraception with the wife and the General Practitioner with the couple or the wife. Discussions are initiated with patients having more than 5 children or with those families having financial or health problems.

A high proportion (67-73%) of Medical Practitioners claimed that their patients sought advice from them on which contraceptive method to use. Medical Practitioners see 27-31 women patients in a day, of which 4-6 are advised on use of contraceptives. On an average, doctors who recommend use of Oral Contraceptive Pills, prescribe this method to 3 women per day.

About three-fourth of the doctors were unable to estimate the number of their patients who were currently using contraceptive methods. Those who could, reported use by about 15-19 women of Oral Contraceptive Pills and Injectables and of IUD by 22-26 women patients.



RECOMMENDATION OF CONTRACEPTIVE METHODS

Among contraceptive methods, Gynaecologists more often recommend the IUD/Loop (35%), followed by Condoms (22%) and Oral Contraceptive Pills (19%). Recommendation of the IUD (17%) by General Practitioners is lower than for Condoms and Oral Contraceptive Pills (25-28%). Only 4-6% of the Medical Practitioners recommend Injectables.

OCPs

Doctors not recommending Oral Contraceptive Pills range between 22-37%. Reasons for not prescribing this method mainly relate to concern over side-effects and this method not being considered as fully effective due to the fact that women forget to take the pill. Doctors who recommend Oral Contraceptive Pills do so to women between 20-35 years of age, to women with more than 2 children and to those who have been married for over 2 years or irrespective of number of years of marriage.

Oral Contraceptive Pills are universally prescribed for family planning. This method is also recommended/prescribed to women with cycle disturbances and to those going on pilgrimage. Very few doctors who prescribe Oral Contraceptive Pills also supply the product.

Brands of Oral Contraceptive Pills more often recommended are Ovral and Nordette and the 21/22 pills cycle is generally preferred.

Almost all the doctors claim to explain the use of Oral Contraceptive Pills to their patients, with a majority demonstrating proper use through the package.

The instruction on use given by a majority of the doctors is "start on 5th day of menses and continue for 21/28 days without break". Some General Practitioners advise their patients to initiate use of Oral Contraceptive Pills on 1st/6th/7th day of the cycle or when menstruation stops.



ADVICE TO PATIENTS ABOUT SIDE-EFFECTS

The vast majority (90-94%) of doctors who recommend/prescribe Oral Contraceptive Pills to their patients inform them about the possible side-effects of using this method.

The side-effects most frequently cited relate to menstrual problems, obesity and various health problems (nausea, headache, dizziness, etc.). Most of the doctors who inform their patients of side-effects also counsel them on ways of dealing with these side-effects. Most of these doctors ask their patients to consult a doctor for treatment of these side-effects. A sizeable proportion (34-38%) advise discontinuing use of Oral Contraceptive Pills.

Under 20% of the patients prescribed Oral Contraceptive Pills were said to return with complaints of problems to two-thirds of the General Practitioners and 88% of the Gynaecologists. Major complaints are related to side-effects.

ATTITUDE TOWARDS ORAL CONTRACEPTIVE PILLS

Over 80% of the doctors are of the view that some women should not use Oral Contraceptive Pills. Leading reasons for contra-indications for Oral Contraceptive Pills were existing health problems like hypertension, diabetes, jaundice, cardiac and uterus problems and current breast feeding.

In relation to other methods, Oral Contraceptive Pills are considered to be a successful, easy to use and to discontinue method, useful for curing menstrual cycle disturbances and one which does not interfere with physical pleasure as Condoms do.



Disadvantages of Oral Contraceptive Pills were cited by all the doctors recommending/prescribing Oral Contraceptive Pills. Those mainly mentioned were menstrual problems, obesity and other side-effects. High risk of pregnancy due to forgetting to take pills was cited by about one-fourth the Gynaecologists. Thus Oral Contraceptive Pills are not prescribed to women with health problems like hypertension, heart problems and diabetes, to women who are breast feeding and those who are obese.

SUGGESTIONS BY DOCTORS TO MOTIVATE MORE WOMEN TO USE ORAL CONTRACEPTIVE PILLS

Ways of motivating more women to use Oral Contraceptive Pills were suggested by 59-64% of the Medical Practitioners. The suggestions relate to development of a 'close rapport' between Lady Health Visitors and social workers with women they come in contact with and motivational programmes on mass media.

IUDs

Practice of recommending use of IUDs is significantly higher among Gynaecologists (83%) than GPs (51%). Most of these doctors recommended this method "more often" to women between 20-35 years of age, with more than 2 children, married for over 2 years or irrespective of age. Majority of the doctors recommending use of IUD explain to their patients how this method works and also about the side effects likely to occur and their treatment. Information on side effects provided to patients mainly relates to menstrual and health problems and other discomforts like cramps, nausea, etc. In case of complaints due to use of IUD, patients are advised to consult their doctor or to take vitamins/pain killers.

Reasons for not recommending IUDs relates to reluctance among women to use this method and to unavailability of proper facilities for insertion. GPs (mainly males) were of the view that lady doctors are better able to explain use of this method to their female patients.

Doctors who recommend IUDs would not do so to women with cervical, menstrual or health problems, as well as to those with internal bleeding or infections.



Advantages of IUDs relate to it being effective for 3-4 years and lesser complications/irregularity than OCPs. Disadvantages of this method are seen mainly as menstrual cycle disturbances, heavy bleeding and abdominal pain.

INJECTABLES

Half the Gynaecologists and two-thirds of the GPs prescribe injectables. Brands mainly prescribed are Noristerat (61-70%) and Depo-Provera (53-54%). Doctors prescribing this method consider it to be better (50-65%) than other contraceptives as it provides temporary pregnancy prevention, longer effective period and lesser side effects than OCPs.

GENERAL

Majority of the doctors claim to follow developments on Oral Contraceptive Pills and IUDs by 'updates' through medical journals, pharmaceutical salesmen and conferences/symposia and workshops.

CONCLUSIONS

Though the majority of the Medical Practitioners recommend contraceptive methods to their patients, there appears to be a resistance against prescribing Oral Contraceptive Pills - more so among General Practitioners. This may be due to concerns relating to perceived side-effects of Oral Contraceptive Pills.

To promote Oral Contraceptive Pills use, the doctors could play a key role. There is a need to instill among doctors a commitment to slow population growth. Ways of motivating doctors could be by providing them information on contraceptive methods through symposia/workshops/conferences and also through sales representatives - specifically for the new Oral Contraceptive Pill brand.



3. CURRENT CONTRACEPTIVE PRACTICES



3.1 Knowledge/discussion on contraception



3.1.1 Initiation of discussion on contraception

The majority (89-93%) of the Medical Practitioners initiate discussions on contraception with their patients. Female doctors (98%) are more likely to initiate discussion than are male doctors (81%).

(Table-1)

SNC - MEDICAL PRACTITIONERS

TABLE - 1

INITIATION OF DISCUSSION ON CONTRACEPTION

Q3 A: DO YOU EVER INITIATE DISCUSSION ON
FAMILY PLANNING / CONTRACEPTION
WITH YOUR PATIENTS ?

BASE : TOTAL DOCTORS

INITIATE DISCUSSIONS

DO NOT INITIATE

GP's	GYN /PP	MALE FEMALE		FULL TIME PVT. PRAC.	WITH GOVT INST.
100	113	68	129	147	51
2	2	2	2	2	2
89	93	81	98	90	92
11	7	19	2	10	9

BEST AVAILABLE DOCUMENT



3.1.2 Person with whom contraception is discussed:

Most of the GPs discuss contraception with the couple or the wife. Gynaecologists, who are mainly females, are much more likely to discuss contraception with the wife only.

(Table-2)

SMC - MEDICAL PRACTITIONERS

TABLE - 2

PERSON WITH WHOM CONTRACEPTION IS DISCUSSED

Q3 9: DO YOU MOSTLY TALK ABOUT
 FAMILY PLANNING / CONTRACEPTION
 WITH THE HUSBAND , WIFE , COUPLE ,
 OR WITH SOMEONE ELSE ?

	SPs	GYN /FP	MALE	FEMALE
BASE : DOCTORS WHO INITIATE DISCUSSIONS.	89	105	71	122
	%	%	%	%
DISCUSSION IS INITIATED WITH :				
HUSBAND	20	0	25	0
WIFE	34	81	20	83
COUPLE	46	19	55	17



3.1.3 Circumstances in which discussion is initiated:

Most of the doctors who initiate discussions on contraception do so with families having many children (more than 5) and with families having financial or health problems.

(Table-3)

SMC - MEDICAL PRACTITIONERS

TABLE - 3

=====

CIRCUMSTANCES IN WHICH DISCUSSION IS INITIATED

=====

Q 4 : UNDER WHAT CIRCUMSTANCES WOULD YOU
NORMALLY INITIATE DISCUSSIONS ON
CONTRACEPTION ?

	GP's	GN /FP
BASE : DOCTORS WHO INITIATE DISCUSSIONS .	89	105
	1	1
WITH FAMILIES HAVING LARGER NUMBER OF CHILDREN (MORE THAN 5)	89	95
WITH FAMILIES HAVING FINANCIAL PROBLEMS	60	37
WITH FAMILIES HAVING HEALTH PROBLEMS E.G		
DIABETES	35	34
CARDIAC PROBLEM/ANEMIA	27	37
T.B.	18	17
ASTHMA	11	17
GENETIC PROBLEMS	5	10
GENERAL WEAKNESS/MALNOURISHMENT	10	10
COMPLICATED PREGNANCY/DELIVERY	4	10
OTHERS	5	4



3.1.4 Whether people know what method they
want to use or seek doctor's advice:

The majority (67-73%) of the Medical Practitioners indicated that their patients seek the doctor's advice on which method to use.

(Table-4)

SMC - MEDICAL PRACTITIONERS

TABLE - 4

=====

WHETHER PEOPLE KNOW WHAT METHOD THEY WANT TO USE
OR SEEK DOCTORS' ADVICE.

D.5: IN YOUR EXPERIENCE DO MOST PEOPLE WHO WANT TO BEGIN PRACTICING FAMILY PLANNING KNOW WHAT METHOD THEY WISH TO USE BEFORE THEY COME TO YOU OR DO THEY USUALLY ASK FOR YOU ADVICE ?	GPs	SYN /PP
BASE : TOTAL DOCTORS	100	113
	%	%
KNOW METHOD TO USE	33	27
ASK ADVICE ON METHOD TO USE	67	73



3.1.5 Average number of women per day coming for any type of consultation:

GPs see a larger number of patients (31) in a day than Gynaecologists (27).

(Table-5)

3.1.6 Average number of women per day being advised on use of contraception:

Per day, on an average, about 4-6 women are advised on the use of contraceptives.

(Table-6)

SMC - MEDICAL PRACTITIONERS

TABLE - 5

Q.6 A: ON AN AVERAGE, HOW MANY WOMEN
COME TO YOU FOR CONSULTATION
FOR ANY REASON PER DAY ?

AVERAGE NO. OF WOMEN PER DAY COMING FOR ANY TYPE OF CONSULTATION
=====

	GPs	GYN /PP	MALE	FEMALE
BASE : TOTAL DOCTORS.	100	113	88	125
AVERAGE NO. OF WOMEN COMING TO THE DOCTOR FOR ANY TYPE OF CONSULTATION PER DAY.	31	27	35	28

TABLE - 6

Q.6 A: HOW MANY WOMEN OF THESE PER DAY
ARE ADVISED ON CONTRACEPTION?

AVERAGE NO. OF WOMEN PER DAY BEING ADVISED ON USE OF CONTRACEPTIV
=====

	GPs	GYN /PP	MALE	FEMALE
BASE : TOTAL DOCTORS	100	113	88	125
AVERAGE NO. OF WOMEN ADVISED ON CONTRACEPTION PER DAY	4	6	4	5



3.2 Current use/recommendation of contraception



3.2.1 Average number of women patients currently using contraceptives:

From half to about three-fourths of the doctors, more particularly the GPs, could not estimate the number of their women patients who were currently using selected contraceptive methods.

Among those who could estimate the number of current users of the various methods, reported that on the average, 15-19 of their patients were current users of Oral Contraceptive Pills, approximately equal numbers were using Injections, and an average of 22-26 were using IUDs.

(Table-7)

SNC - MEDICAL PRACTITIONERS

TABLE - 7

Q.6 C:HOW MANY OF YOUR WOMEN PATIENTS
ARE CURRENTLY USING :

AVERAGE NO.OF WOMEN PATIENTS CURRENTLY USING CONTRACEPTIVES.

	GP's	GYN /PP	MALE	FEMALE
BASE : TOTAL DOCTORS	100	113	88	125
D.C.P's				
=====				
COULD ESTIMATE %	40	47	35	50
=====	==	==	==	==
AVERAGE NO.USING	19	15	20	15
COULD NOT ESTIMATE %	60	53	65	50
=====	==	==	==	==
IUD's				
=====				
COULD ESTIMATE %	28	52	22	50
=====	==	==	==	==
AVERAGE NO.USING	22	26	22	26
COULD NOT ESTIMATE %	72	48	78	50
=====	==	==	==	==
INJECTABLES				
=====				
COULD ESTIMATE %	30	31	26	32
=====	==	==	==	==
AVERAGE NO.USING	15	15	15	15
COULD NOT ESTIMATE %	70	69	74	68
=====	==	==	==	==



3.2.2 Most frequently recommended methods of contraception:

Gynaecologists are most likely to recommend the IUD/Loop (35%), followed by Condoms (22%) and Oral Contraceptive Pills (19%).

Among the GPs, Condoms and Oral Contraceptive Pills are about equally recommended (25-28%). GPs are much less likely to recommend IUD/Loops (17%).

Sterilization was the first choice recommendation of 16% of the GPs and 10% of the Gynaecologists. Injections were mentioned by 4-6% of the doctors.

(Table-8a)

SNC - MEDICAL PRACTITIONERS

TABLE 8 A

Q.7 A :WHICH METHOD DO YOU MOST
FREQUENTLY SUGGEST ?
WHICH DO YOU SUGGEST NEXT
MOST FREQUENTLY ? WHICH NEXT ?

MOST RECOMMENDED METHOD
=====

	GP's	GN /PP	MALE	FEMALE
BASE : TOTAL DOCTORS .	100	113	88	125
METHOD WHICH IS DOCTORS' FIRST CHOICE. =====	%	%	%	%
CONDOMS	28	22	30	22
OCP's	25	19	27	21
IUD/ LOOP	17	35	11	38
STERILIZATION	16	10	19	10
INJECTIONS	6	4	7	4
FOAM / CREAM	1	1	0	2
OTHERS	2	2	1	2
NO RESPONSE	5	7	5	1



3.2.2 Most frequently recommended methods of contraception:

Gynaecologists are more likely to include Oral Contraceptive Pills among the three most recommended methods than are GPs (69% vs. 58%). GPs, on the other hand, are more likely to recommend Condoms than are Gynaecologists (70% vs. 55%).

(Table-8b)

SNC - MEDICAL PRACTITIONERS

TABLE - 8 8

Q.7 A : WHICH METHOD DO YOU MOST
FREQUENTLY SUGGEST ?
WHICH DO YOU SUGGEST NEXT
MOST FREQUENTLY ? WHICH NEXT ?

METHODS MORE FREQUENTLY RECOMMENDED .
=====

	BPs	GN /PP	MALE	FEMALE
BASE : TOTAL DOCTORS .	100	113	68	125
MOST FREQUENTLY SUGGESTED METHOD: =====	%	%	%	%
(1ST , 2ND , 3RD CHOICE)				
CONDOMS	70	85	69	57
=====	==	==	==	==
1ST	29	22	30	22
2ND	26	20	26	21
3RD	16	12	14	14
MEAN	1.8	1.8	1.8	1.9
====	===	===	===	===
DCPs	58	69	58	71
=====	==	==	==	==
1ST	25	19	27	21
2ND	22	27	18	28
3RD	11	23	13	22
MEAN	1.8	2.1	2.0	2.0
====	===	===	===	===
IUD/LOOP	39	72	28	76
=====	==	==	==	==
1ST	17	35	11	38
2ND	11	21	11	20
3RD	11	16	6	18
MEAN	1.8	1.7	1.8	1.7
====	===	===	===	===
STERILIZATION	50	44	47	47
=====	==	==	==	==
1ST	16	10	17	10
2ND	15	13	11	16
3RD	19	21	18	22
MEAN	2.1	2.3	2.0	2.3
====	===	===	===	===

NOTE : MEAN IS ARRIVED AT BY MULTIPLYING THE RAGE RANKED 1ST , 2ND
RESPECTIVELY BY 1 , 2 , 3 AND DIVIDING BY THOSE WHO RECOM

SNC - MEDICAL PRACTITIONERS

TABLE - 89

METHODS MORE FREQUENTLY RECOMMENDED .

(CONTD)

	6Ps	BYN /PP	MALE	FEMALE
BASE : TOTAL DOCTORS .	190	113	89	125
	%	%	%	%
INJECTIONS	45	22	40	28
=====	==	==	==	==
1ST	6	4	6	4
2ND	16	7	14	10
3RD	23	12	20	14
MEAN	2.4	2.5	2.4	2.4
====	===	===	===	===
FOAM /CREAM	11	9	11	9
=====	==	==	==	==
1ST	1	1	0	2
2ND	3	4	3	3
3RD	7	4	8	4
MEAN	2.5	2.3	2.7	2.2
====	===	===	===	===
OTHERS	8	4	8	4
=====	==	==	==	==
1ST	2	2	2	2
2ND	3	0	1	0
3RD	3	2	5	2
MEAN	2.1	2.0	2.4	2.0
====	===	===	===	===

NOTE : MEAN IS ARRIVED AT BY MULTIPLYING THE BASE RANKED 1ST , 2ND
RESPECTIVELY BY 1 , 2 , 3 AND DIVIDING BY THOSE WHO RECOMM
LOWER MEAN SCORES DENOTES HIGHER VALUE TO RESPECTIVE METHOD



4. RECOMMENDING PRACTICES FOR ORAL CONTRACEPTIVE PILLS



4.1 Recommendation/Prescription of Oral Contraceptive Pills:

Approximately one-third of the GPs (37%) do not prescribe Oral Contraceptive Pills for their patients; the comparable figure for Gynaecologists is 22%.

(Table-9)

SNC - MEDICAL PRACTITIONERS

TABLE 9

PRESCRIPTION / RECOMMENDATION OF OCPs

Q7 A : WHICH METHOD DO YOU MOST
 FREQUENTLY SUGGEST ?-----
 B : DO YOU EVER PRESCRIBE OCPs ?

	GP's	GYN /PP	MALE	FEMALE
BASE : TOTAL DOCTORS.	100	113	88	125
	%	%	%	%
PRESCRIBE OCPs =====	63	78	64	75
	==	==	==	==
SPONTANEOUS PROMPTED	58 5	69 9	58 6	67 8
DO NOT PRESCRIBE =====	37	22	36	25
	==	==	==	==



4.1.1 Average number of women who are recommended/
prescribed Oral Contraceptive Pills:

Of the 4-6 female patients advised about contraception each day
(Tables 5 & 6), about 3 are prescribed Oral Contraceptive Pills.

(Table-10)

SMC - MEDICAL PRACTITIONERS

TABLE - 10

Q8 A : TO HOW MANY WOMEN PER DAY
DO YOU USUALLY PRESCRIBE OCPs ?

AVERAGE NUMBER OF WOMEN WHO ARE PRESCRIBED/RECOMMENDED

	GP's	GYN /PP	MALE	FEMALE
BASE : THOSE DOCTORS WHO PRESCRIBE OCPs .	53	68	56	94
AVERAGE NO. OF WOMEN TO WHOM OCPs ARE PRESCRIBED IN A DAY .	3	3	3	3



4.1.2 Age of women to whom Oral Contraceptive Pills are recommended/prescribed:

Among doctors recommending/prescribing Oral Contraceptive Pills, the majority recommend/prescribe them to women between 20-35 years of age. Only about 1 out of 5 prescriptions are written for women over 35.

(Table-11)

SMC - MEDICAL PRACTITIONERS

TABLE - 11

Q8 B : TO WOMEN OF WHAT AGE DO YOU
USUALLY PRESCRIBE OCPs ?

AGE OF WOMEN TO WHOM OCPs ARE PRESCRIBED / RECOMMENDED.

	GPs	SYN /PP	MALE	FEMALE
BASE : THOSE DOCTORS WHO PRESCRIBE/RECOMMEND OCPs .	63	89	56	94
	%	%	%	%
OCPs ARE USUALLY PRESCRIBED TO WOMEN :				
UNDER 20 YRS.	4	4	9	2
20 TO 35 YRS.	66	84	64	83
OVER 35 YRS.	22	21	29	19
ALL AGES	8	9	9	10



4.1.3 Recommendation/prescription of Oral Contraceptive Pills
in relation to number of children:

The majority (65-68%) of the doctors recommend/prescribe use of Oral Contraceptive Pills to women who have had more than two children.

(Table-12)

SMC - MEDICAL PRACTITIONERS

TABLE - 12

QUESTION C : DO YOU PRESCRIBE/RECOMMEND OCPs
TO WOMEN WHO HAVE HAD :

PRESCRIPTION /RECOMMENDATION OF OCPs IN RELATION TO NUMBER OF CHILDREN
=====

	GP's	GYN /PP	MALE	FEMALE
BASE : THOSE DOCTORS WHO PRESCRIBE/RECOMMEND OCPs .	63	88	56	94
	%	%	%	%
OCPs ARE USUALLY PRESCRIBED TO WOMEN WITH :				
=====				
NO CHILDREN	0	0	0	0
1 OR 2 CHILDREN	13	13	16	15
MORE THAN 2 CHILDREN	68	65	62	67
IRRESPECTIVE OF NO. OF CHILDREN	19	22	16	19



4.1.4 Recommendation/prescription of Oral Contraceptive Pills
in relation to number of years of marriage:

Doctors are of the view that Oral Contraceptive Pills can be prescribed irrespective of the number of years of marriage or to women who have been married for over 2 years.

(Table-13)

SMC - MEDICAL PRACTITIONERS

TABLE - 13

 =====
 PRESCRIPTION/RECOMMENDATION OF DCP IN RELATION TO YEARS OF MARRIAGE .
 =====

 Q8 D: DO YOU PRESCRIBE/RECOMMEND DCPs
 TO WOMEN WHO ARE :

	GPs	SYN /FP	MALE	FEMALE
BASE : THOSE DOCTORS WHO PRESCRIBE/RECOMMEND DCPs .	63	68	56	94
	%	%	%	%

 DCPs ARE USUALLY PRESCRIBED/RECOMMENDED TO WOMEN WHO ARE :
 =====

NEWLY MARRIED	3	5	2	6
MARRIED LESS THAN 2 YRS.	17	13	18	12
MARRIED OVER 2 YRS	41	53	46	48
IRRESPECTIVE OF NO. OF YRS. OF MARRIAGE	44	45	39	48



4.1.5 Brand of Oral Contraceptive Pills most often recommended:

Among the doctors recommending the use of Oral Contraceptive Pills, Ovrall and Nordette are the more popularly recommended brands, with GPs showing a decided preference for Ovrall and Gynaecologists, for Nordette. Minovlar (among GPs) and Anovlar are less frequently recommended brands of Oral Contraceptive Pills.

(Table-14)

SNC - MEDICAL PRACTITIONERS

TABLE - 14

Q.9 C: WHICH BRAND OF OCPs
DO YOU MOST OFTEN RECOMMEND?

BRAND OF OCPs - MOST OFTEN RECOMMENDED

	GP's	GYN /PP
BASE : THOSE DOCTORS WHO PRESCRIBE/RECOMMEND OCPs .	63	88
	%	%
BRAND MOST OFTEN RECOMMENDED:		
OVRAL	48	30
NORDETTE	27	52
MINGVLAR	14	3
ANDVLAR	8	8
POSTINOR	2	3
LYNDIOL	2	3
MARVELON	0	1



4.1.6 Preference for number of pills in a package:

Preference for the 21/22 pack of Oral Contraceptive Pills over the 28 pills pack was indicated by about three-fourths of the doctors recommending/prescribing Oral Contraceptive Pills.

Reasons for preferring either type of cycle relate to the pill-taking regimen as being simple to remember and to its easy availability.

Other reasons for preferring the 21/22 pack is the lower number of pills, and of the 28 pack for its Estrogen/Progesteron content.

(Table-15 a, b)

SMC - MEDICAL PRACTITIONERS

TABLE - 15 A

Q9 A :DO YOU PREFER TO PRESCRIBE
21/22 PILL CYCLES , 28 PILL
CYCLE OR BOTH ?

PREFERENCE FOR NUMBER OF PILLS IN A CYCLE
=====

	GP's	SYN /PP
BASE : THOSE DOCTORS WHO PRESCRIBE/RECOMMEND OCPs .	63	88
	%	%
PREFERENCE INDICATED FOR:		
21/22 PILLS CYCLES	73	74
28 - PILLS	27	26

SMC - MEDICAL PRACTITIONERS

TABLE - 15 B

Q9 B : WHY DO YOU PREFER TO PRESCRIBE /RECOMMEND
THIS TYPE OF CYCLE ?

REASONS FOR PREFERENCE FOR NUMBER OF PILLS IN A CY
=====

	GP's	GYN /PP
BASE : THOSE DOCTORS WHO PREFER 21/22 PILL CYCLE .	46	65
=====	==	==
REASONS FOR PREFERENCE FOR 21/22 PILL =====	%	%
EASY TO REMEMBER/CAN NOT FORGET TO TAKE	54	47
EASILY AVAILABLE	45	51
LESSER NO. OF PILLS	30	26
OTHERS	17	17
REASONS FOR PREFERENCE FOR 28 PILL CYCLE =====	17	23
=====	==	==
=====	%	%
CONTAINS ESTROGEN/PROGESTERON	23	30
EASY TO REMEMBER/CAN NOT FORGET TO TAKE	65	75
EASILY AVAILABLE	29	60
OTHERS	18	15



4.2 Instructions for use of Oral Contraceptive Pills



4.2.1 Instructing patients in the use of Oral Contraceptive Pills:

Almost all the doctors stated that they explained the use of Oral Contraceptive Pills to their patients.

"Start from the 5th day of menses and continue for 21/28 days without break" is the instruction given to patients by the majority of the doctors. A small minority of GPs advise their patients to start using Oral Contraceptive Pills on the 1st/6th/7th day of the cycle, or when menstruation stops.

The majority of doctors demonstrate proper use of Oral Contraceptive Pills by showing the package.

(Table-16 a, b, c)

TABLE 16 A

SMC - MEDICAL PRACTITIONERS

Q.10 A: DO YOU USUALLY EXPLAIN TO YOUR
PATIENTS HOW TO USE OCPs ?

BASE : THOSE DOCTORS WHO PRESCRIBE/RECOMMEND OCPs.

DOCTORS WHO EXPLAIN USE OF OCPs

DOCTORS WHO DO NOT EXPLAIN USE OF OCPs

INSTRUCTING PATIENTS ON THE USE OF OCPs.

	SPs	GYN /PP
	53	88
	%	%
	95	99
	5	1

TABLE 16 B

EXPLANATION OF WHEN TO TAKE THE FIRST OCP.

Q.10 B: EXACTLY WHAT DO YOU TELL THEM ABOUT

WHEN TO TAKE THE FIRST PILL?

BASE : THOSE DOCTORS WHO EXPLAIN THE USE OF OCPs.

METHOD OF EXPLAINING:

START FROM 5TH DAY OF MENSES, CONTINUE FOR 21/28
DAYS WITHOUT BREAK

START FROM 1ST PILL, TAKE ONE PILL EVERYDAY,
DO NOT MISS

START ON 7TH DAY OF CYCLE

START WHEN MENSTRUATION STOPS

START 1ST DAY OF MENSES

START ON 6TH DAY OF MENSES

	SPs	GYN /PP
	60	87
	%	%
	71	90
	13	7
	5	2
	4	0
	4	1
	3	0

SMC - MEDICAL PRACTITIONERS

TABLE 16 C

=====

MODE OF EXPLAINING USAGE.

=====

Q.10 C: DO YOU TELL THEM VERBALLY, OR DEMONSTRATE
BY SHOWING THE PACKAGE, WHICH PILL TO BE
TAKEN FIRST ?

BASE : THOSE DOCTORS WHO EXPLAIN THE USE OF OCPs.

	GP's	GYN /FP
	60	97
	%	%
TELL VERBALLY	45	34
DEMONSTRATE THROUGH PACKAGE	55	66



4.3 Advice to patients about side-effects



4.3.1 Incidence of informing patients about side-effects of Oral Contraceptive Pills:

The vast majority of the doctors who recommend/prescribe Oral Contraceptive Pills inform their patients about the possible side effects of using this method.

(Table-17a)

SMC - MEDICAL PRACTITIONERS

TABLE 17 A

INCIDENCE OF INFORMING PATIENTS ABOUT SIDE EFFECTS OF OCPs

Q.11 A: AT THE TIME OF PRESCRIBING OCPs
DO YOU TELL THE WOMAN ABOUT
ITS POSSIBLE SIDE EFFECTS ?

BASE : THOSE DOCTORS WHO PRESCRIBE OCPs.

	BP5	SYN
	63	88
	%	%
INFORM ABOUT POSSIBLE SIDE EFFECTS	90	94
DO NOT INFORM ABOUT SIDE EFFECTS	10	6



4.3.2 Side effects being informed about:

The side-effects likely to occur due to use of Oral Contraceptive Pills most frequently cited by doctors relate to menstrual problems, obesity/weight gain and various health problems (nausea/vomitting, headache, stomach upset, dizziness, etc.)

(Table-17b)

SMC - MEDICAL PRACTITIONERS

TABLE 17 B

SIDE EFFECTS BEING INFORMED ABOUT OCPs

Q.11 B: WHAT ARE THE SIDE EFFECTS

YOU TELL THEM ABOUT ?	BP's	SYN
BASE : THOSE DOCTORS WHO INFORM ABOUT SIDE EFFECTS OF OCPs.	57 %	83 %
SIDE EFFECTS: =====		
HEALTH PROBLEMS	100	100
=====	===	===
NAUSEA/VOMITTING	33	57
HEADACHE	33	36
WEAKNESS - DUE TO EXCESSIVE BLEEDING	25	17
STOMACH UPSET	16	10
HEARTBURN/ACIDITY	12	8
DIZZINESS	12	14
BODY PAIN	12	7
CRAMPS	7	7
ACNE/PIMPLES	4	4
CANCER	4	10
MENSTRUAL PROBLEMS	90	94
=====	==	==
IRREGULAR PERIODS	54	29
HEAVY BLEEDING	39	33
SPOTTING	23	24
NO/SCANT MENSTRUAL BLEEDING	9	17
OBESITY/WEIGHT GAIN	68	69
INTERNAL ORGANIC PROBLEMS	18	6
IRRITABILITY	12	5
DIFFICULTIES IN CHILD BIRTH	4	2
OTHERS	9	8



4.3.3 Incidence of explaining how to deal with side effects:

The majority of the doctors, particularly the Gynaecologists, who inform their patients about the likely side effects of Oral Contraceptive Pills also counsel them on ways of dealing with these side-effects.

(Table-17c)

Recommendation on how to deal with side effects:

Most of the Gynaecologists and slightly less than half the GPs who instruct their patients on ways of dealing with side effects of Oral Contraceptive Pills, advise them to consult a doctor for treatment of these side-effects. A sizeable proportion (34-38%) of the doctors advise discontinuing the use of pills.

(Table-17d)

SMC - MEDICAL PRACTITIONERS

TABLE 17 C

=====

INCIDENCE OF EXPLAINING HOW TO DEAL WITH SIDE EFFECTS

=====

Q.11 C: DO YOU TELL THEM HOW TO DEAL WITH THESE SIDE EFFECTS ?	GPs	GYN /PP
BASE :THOSE DOCTORS WHO INFORM ABOUT POSSIBLE SIDE EFFECTS .	57 %	83 %
TELL THEM HOW TO DEAL WITH SIDE EFFECTS	84	96
DO NOT TELL HOW TO DEAL WITH SIDE EFFECTS.	16	4

SMC - MEDICAL PRACTITIONERS

TABLE 17 D

=====

Q.11 D: WHAT DO YOU TELL THEM TO DO ?

RECOMMENDATION ON HOW TO DEAL WITH SIDE EFFECTS

=====

	GPs	GYN /PP
BASE :THOSE DOCTORS WHO INSTRUCT ON DEALING WITH POSSIBLE SIDE EFFECTS .	48 %	60 %
RECOMMENDATION ON COPING WITH SIDE EFFECTS =====		
CONSULT DOCTOR, TAKE TREATMENT FOR SIDE EFFECTS	44	70
DISCONTINUE PILLS. .	38	34
CONTROL /IMPROVE DIET	21	8
DO NOT BE CONCERNED ,CONTINUE TAKING PILLS	10	0
ADJUST DOSAGE	8	1
TAKE ANTI-NAUSEA PILLS	6	5
TAKE LESS SALT	4	0
OTHERS	7	4



4.3.4 Proportion of women complaining of problems:

63% of GPs and 88% of Gynaecologists reported that patients who had been prescribed Oral Contraceptive Pills returned with complaints of problems due to use of this method. However, most of these doctors indicated that under 20% of their patients using Oral Contraceptive Pills returned complaining of various problems.

(Table-18a)

Major complaints of returning patients and doctor's recommendation of dealing with complaints:

The pattern of responses to these questions was similar to those related to side-effects. (Tables-17b & 17d).

(Table-18b, c)

SMC - MEDICAL PRACTITIONERS

TABLE 19 A

Q.12 A: WHAT PERCENT OF WOMEN WHO HAVE BEEN

PROPORTION OF WOMEN COMPLAINING OF PROBLEMS

PRESCRIBED OCPs BY YOU, COME BACK WITH COMPLAINTS AFTER USE OF OCPs?	SPs	GN JFP
BASE : THOSE DOCTORS WHO PRESCRIBE/RECOMMEND OCPs .	63 %	68 %
PROPORTION OF DOCTORS REPORTING WOMEN COMING BACK WITH COMPLAINTS.	65 ==	83 ==
1- 20 %	51	65
21- 40 %	6	5
41- 60 %	8	5
61- 80 %	0	5
81-100 %	0	3
NONE	35	17

SMC - MEDICAL PRACTITIONERS

TABLE 18 B

MAJOR COMPLAINTS OF FEMALES AGAINST GPs.

	GPs	GYN /PP
Q.12 B: WHAT ARE THE MAJOR COMPLAINTS ?		
BASE : THOSE DOCTORS WHO SAY THAT WOMEN COME BACK WITH COMPLAINTS.	41 %	73 %
MAJOR COMPLAINTS:		
HEALTH PROBLEMS	100	100
NAUSEA/VOMITTING	37	56
HEADACHE	37	30
STOMACH UPSET	17	3
DIZZINESS	17	16
WEAKNESS - BECAUSE OF HEAVY BLEEDING	15	9
CRAMPS	10	3
HEARTBURN/ACIDITY	5	6
BODY PAIN	5	6
ACNE/PIMPLES	5	5
CANCER	0	3
MENSTRUAL PROBLEMS	80	80
IRREGULAR PERIODS	46	30
HEAVY BLEEDING	32	27
SPOTTING	20	23
NO/SCANT MENSTRUAL BLEEDING	7	16
OBESITY/WEIGHT GAIN	71	63
IRRITABILITY	12	8
INTERNAL ORGANIC PROBLEMS	12	13
PREGNANCY BECAUSE OF FORGETTING TO TAKE PILLS .	2	14
OTHERS	5	9

SMC - MEDICAL PRACTITIONERS

TABLE 18 C

RECOMMENDATIONS ON HOW TO DEAL WITH COMPLAINTS.

		6Ps	6YM /PP
Q.13 : WHAT DO YOU RECOMMEND THAT THEY DO ABOUT _____?			
BASE : DOCTORS REPORTING EACH COMPLAIN.			
MENSTRUAL PROBLEMS	BASE (N)	33	58
=====		==	==
		%	%
STOP TAKING PILLS		54	41
VITAMIN SUPPLEMENT TO BE TAKEN		57	55
DOCTOR IS TO BE CONSULTED		57	60
BLOOD TEST TO BE TAKEN		10	14
OTHER		5	10
OBESITY/WEIGHT	BASE (N)	29	40
=====		==	==
		%	%
STOP TAKING PILLS		50	55
VITAMIN SUPPLEMENT TO BE TAKEN		24	10
DOCTOR IS TO BE CONSULTED		21	38
BLOOD TEST TO BE TAKEN		21	10
CONTINUE PILLS, DONT BE CONCERNED		7	5
OTHER		5	5
NAUSEA/VOMITTING	BASE (N)	15	36
=====		==	==
		%	%
ANTI-VOMITTING PILLS TO BE TAKEN		27	72
VITAMIN SUPPLEMENT TO BE TAKEN		7	28
CONTINUE PILLS		7	11
STOP TAKING PILLS		0	25
DOCTOR IS TO BE CONSULTED		0	28
OTHERS		0	3

TABLE 18 C

SMD - MEDICAL PRACTITIONERS

RECOMMENDATION ON HOW TO DEAL WITH COMPLAINTS .

(CONT)

Q.13 : WHAT DO YOU RECOMMEND THAT THEY DO ABOUT _____?		SPs	GN /PP
BASE : DOCTORS REPORTING EACH COMPLAIN.			
HEADACHE	BASE (N)	15	19
=====		==	==
		%	%
PAIN KILLERS TO BE TAKEN		60	74
DOCTOR IS TO BE CONSULTED		27	16
VITAMIN SUPPLEMENT TO BE TAKEN		13	16
CONTINUE PILLS		13	5
TRANQUILIZERS TO BE TAKEN		7	0
STOP TAKING PILLS		7	16
OTHERS		0	5
STOMACH UPSET	BASE (N)	7	2
=====		==	==
		%	%
DOCTOR IS TO BE CONSULTED		29	100
CONTINUE PILLS		29	50
STOP TAKING PILLS		14	100
OTHERS		14	0
DIZZINESS	BASE (N)	7	7
=====		==	==
		%	%
STOP TAKING PILLS		40	50
DOCTOR IS TO BE CONSULTED		40	50
PAIN KILLERS TO BE TAKEN		20	0
BLOOD TEST TO BE TAKEN		20	13
OTHER		0	13

SNC - MEDICAL PRACTITIONERS

TABLE 18 C

=====

RECOMMENDATION ABOUT HOW TO DEAL WITH COMPLAINTS .

=====

(CONT)

		GPs	SYN /PP
Q.13 : WHAT DO YOU RECOMMEND THAT THEY GO ABOUT _____?			
BASE : DOCTORS REPORTING EACH COMPLAIN.			
WEAKNESS - DUE TO EXCESSIVE BLEEDING =====	BASE (N)	6 == %	6 == %
VITAMIN SUPPLEMENT TO BE TAKEN		100	100
STOP TAKING PILLS		17	50
DOCTOR IS TO BE CONSULTED		17	33
BLOOD TEST TO BE TAKEN		33	0
OTHERS * =====	BASE (N)	10 == %	12 == %
DOCTOR IS TO BE CONSULTED		50	17
STOP TAKING PILLS		0	83
OTHERS		50	17

* OTHERS INCLUDE THE FOLLOWING:

INTERNAL ORGANIC PROBLEMS , CRAMPS , HEARTBURN/ ACIDITY
 BODY PAIN , ACNE /PIMPLES , PREGNANCY BECAUSE OF FORGETTING
 TO TAKE PILLS AND CANCER. THESE WERE REPORTED BY 5 OR LESS
 RESPONDENTS.



5. ATTITUDES TOWARDS ORAL CONTRACEPTIVE PILLS



5.1 Opinion on use of Oral Contraceptive Pills by all women:

Doctors who recommend/prescribe Oral Contraceptive Pills were asked if in their opinion, all women could use Oral Contraceptive Pills. Over 80% of the doctors felt that some women should not use Oral Contraceptive Pills.

(Table-19a)

SMC - MEDICAL PRACTITIONERS

TABLE 19 A

Q.14 A: IN YOUR OPINION, CAN ALL WOMEN USE OCPs OR SHOULD SOME WOMEN NOT USE OCPs?	SPINION ON USE OF OCPs.	
	===== GPs	===== GYN
BASE : THOSE DOCTORS WHO PRESCRIBE OCPs.	63 %	88 %
ALL WOMEN CAN USE OCPs.	11	8
SOME WOMEN SHOULD NOT USE OCPs.	81	87
CANT SAY/NOT SURE	8	5



5.1.1 Reasons why some women should not use Oral Contraceptive Pills:

The leading reasons for contra-indications for Oral Contraceptive Pills were existing health problems, such as hypertension, diabetes, jaundice, cardiac problems and uterus disorders, and current breast feeding. A minority (11-20%) of doctors felt that Oral Contraceptive Pills should not be used by women with 4 or more children, who should instead opt for sterilization.

(Table-19b)

SMC - MEDICAL PRACTITIONERS

TABLE 19 B

=====

REASONS WHY SOME WOMEN SHOULD NOT USE OCPs.

=====

Q.14 D: WHAT ARE YOUR REASONS FOR SAYING SO ?

	GP's	GYN/ PP
BASE : THOSE DOCTORS WHO SAY SOME WOMEN SHOULD NOT USE OCPs.	51 %	77 %
WOMEN SHOULD NOT USE OCPs:		
=====		
THOSE WHO :		
HAVE HEALTH PROBLEMS	100	100
=====		
HYPERTENSION	54	50
DIABETES	27	15
JAUNDICE (PRESENT/PAST HISTORY)	22	28
HEART TROUBLE	22	29
UTERUS DISORDERS/MALFUNCTIONING	21	9
STOMACH PROBLEMS	20	3
WEAKNESS/ANEMIA	12	10
KIDNEY TROUBLE	6	5
ASTHMA	0	5
BREAST FEED	32	30
HAVE 4-5 CHILDREN (STERILIZATION IS RECOMMENDED)	11	20
ARE OF CERTAIN AGE GROUPS	3	5
OTHERS	8	5



5.2 Benefits/advantages of Oral Contraceptive Pills:

Doctors who recommend/prescribe Oral Contraceptive Pills consider this method, in relation to other methods, to be successful, easy to use, easy to discontinue, useful for curing menstrual cycle disturbances, and one which does not interfere with physical pleasure as Condoms do. Other benefits cited for Oral Contraceptive Pills include their use in Caeserian cases, and for women reluctant to use IUDs.

(Table-20)

SMC - MEDICAL PRACTITIONERS

TABLE 20

BENEFITS / ADVANTAGES OF OCPs .

	BP5	SYN
Q.15 : COMPARED TO OTHER CONTRACEPTIVE METHODS WHAT IN YOUR OPINION ARE THE BENEFITS OF USING OCPs ?		
BASE : THOSE DOCTORS WHO PRESCRIBE OCPs.	63	88
	%	%
PROPORTION OF DOCTORS WHO INDICATED BENEFITS.	95	96
=====	==	==
OCPs ARE:		
=====		
100 % SUCCESSFUL	67	69
EASIER METHOD	59	56
REGULATES PERIODS/CURES CYCLE DISTURBANCES	35	32
SHORT TERM METHOD , CAN BE DISCONTINUED EASILY	32	43
USE OF PILLS DOES NOT INTERFERE WITH PHYSICAL SATISFACTION AS IN CONDOMS	29	25
PILLS ARE SAFER THAN OTHER METHODS	16	5
CAN BE USED IN CASES LIKE CEASERIAN WHERE IUDs CAN NOT BE USED	16	26
CAN BE USED IN CASES WHERE THERE IS MENTAL BARRIER AGAINST IUD	16	21
ENSURES FEMALE'S HEALTH	10	13
OTHERS	6	4
PROPORTION OF DOCTORS WHO DID NOT INDICATE BENEFITS.	5	4
=====	==	==



5.3 Disadvantages of Oral Contraceptive Pills:

All the doctors recommending use of Oral Contraceptive Pills also mentioned various disadvantages of this method. While about one-third of these doctors considered the use of Oral Contraceptive Pills useful in regulating menstruation, almost 80% associate this method with a cause of irregular periods. Obesity/weight gain was cited as a problem by high proportions of the doctors, as were the various side-effects. The high risk incurred in forgetting to take pills was mentioned by 1 out of 5 Gynaecologists.

(Table-21)

SMC - MEDICAL PRACTITIONERS

TABLE 21

=====

DISADVANTAGES OF OCPs.

=====

Q.16 : WHAT DO YOU THINK ARE THE DISADVANTAGES ?	GP's	GYN /PP
BASE : THOSE DOCTORS WHO PRESCRIBE/RECOMMEND OCPs.	63	98
	2	2
PROPORTION OF DOCTORS WHO INDICATED DISADVANTAGES.	100	100
=====	===	===
OCPs CAUSE :		
=====		
MENSTRUAL PROBLEMS	80	78
=====	==	==
HEAVY BLEEDING	35	25
IRREGULAR PERIODS	33	31
SPOTTING	17	13
NO/SCANT MENSTRUAL BLEEDING	3	14
OBESITY/WEIGHT GAIN	78	65
=====		
HEALTH PROBLEMS	48	65
=====	==	==
NAUSEA/VOMITTING	38	44
HEADACHE	32	29
WEAKNESS	19	16
BODY PAIN	11	8
ACNE/PIMPLES	10	4
IRRITABILITY	8	8
STOMACH UPSET	8	5
DIZZINESS	8	14
CRAMPS	8	5
CANCER	3	6
HEARTBURN / ACIDITY	2	3
IS OF HIGH RISK IN CASE OF FORGETTING TO TAKE PILLS	11	23
DIFFICULTIES IN CHILD BIRTH	2	1
IS A PROLONGED PROCEDURE	2	5
OTHERS	8	11



5.4 Reasons for recommending/prescribing Oral Contraceptive Pills:

Oral Contraceptive Pills are universally recommended/prescribed for family planning. A high proportion of doctors also recommend this method to women with cycle disturbances and to those going on pilgrimage to control/stop periods.

(Table-22)

SMC - MEDICAL PRACTITIONERS

TABLE - 22

Q8 E : WHAT ARE YOUR USUAL REASONS FOR
PRESCRIBING USE OF OCPs ?

REASONS FOR PRESCRIBING/RECOMMENDING OCPs.

	GP's	GYN /PP	MALE	FEMALE
BASE : THOSE DOCTORS WHO PRESCRIBE/RECOMMEND OCPs .	63	98	56	94
	%	%	%	%
REASONS FOR PRESCRIBING/RECOMMENDING USE OF OCPs :				
FAMILY PLANNING	97	99	98	98
=====	==	==	==	==
SPONTANEOUS	86	94	89	91
PROMPTED	11	5	9	7
CYCLE DISTURBANCES	79	82	73	84
=====	==	==	==	==
SPONTANEOUS	40	39	36	41
PROMPTED	39	43	37	43
WOMEN GOING ON PILGRIMAGE	67	64	63	65
=====	==	==	==	==
SPONTANEOUS	11	6	5	10
PROMPTED	55	58	32	55
OTHERS	8	8	5	9
=====	==	==	==	==



5.5 Reasons for not recommending/prescribing
Oral Contraceptive Pills:

Reasons for not recommending/prescribing Oral Contraceptive Pills given by doctors who do not prescribe this method mainly relate to concern over side-effects. About a third of the GPs do not consider Oral Contraceptive Pills to be 100% effective, while the concern of one-fourth of the Gynaecologists is that women find it difficult to remember to take pills regularly.

(Table-23)

SMC - MEDICAL PRACTITIONERS

TABLE - 23

Q.20: WHAT ARE THE REASONS FOR NOT
PRESCRIBING/RECOMMENDING OCPs ?

REASONS FOR NOT PRESCRIBING/RECOMMENDING OCPs
=====

	GP's	GYN /PP
BASE : THOSE DOCTORS WHO DO NOT PRESCRIBE/RECOMMEND OCPs.	37	25
	%	%
REASONS FOR NOT PRESCRIBING/RECOMMENDING OCPs . =====		
OCPs CAUSE SIDE EFFECTS .	49	48
OCPs ARE NOT 100% EFFECTIVE .	35	9
UNEDUCATED CLASS DO NOT FOLLOW INSTRUCTIONS FOR TAKING PILLS .	19	9
WOMEN FIND IT DIFFICULT TO REMEMBER DOSAGE .	16	26
WE DO NOT BELIEVE IN CONTRACEPTION THEREFORE DO NOT PRESCRIBE .	11	4
OTHERS	8	4
GAVE NO REASONS .	3	5



5.6 Circumstances under which Oral Contraceptive Pills are not recommended/prescribed:

Doctors would not prescribe Oral Contraceptive Pills to women with health problems (mainly those suffering from hypertension, heart problems and diabetes), women who are breast feeding and those who are obese.

(Table-24)

SMC - MEDICAL PRACTITIONERS

TABLE 24

=====

CIRCUMSTANCES IN WHICH OCPs ARE NOT PRESCRIBED /RECOMMENDED

=====

Q.17 A: UNDER WHAT CIRCUMSTANCES WOULD YOU NOT PRESCRIBE OCPs ?	GPs	GYN /PP
BASE : THOSE DOCTORS WHO PRESCRIBE/RECOMMEND OCPs.	63	89
	%	%
CIRCUMSTANCES =====		
WOMEN WHO :		
HAVE HEALTH PROBLEMS =====	100	100
	===	===
HYPERTENSION	59	62
DIABETESE	44	51
HEART TROUBLE	43	61
JAUNDICE	22	9
CANCER	19	18
ASTHMA	8	23
STOMACH AILMENT/UPSET	6	4
GENERAL HEALTH IS NOT GOOD	3	5
VOMITTING/NAUSEA	2	0
OTHERS	6	6
HAVE INTERNAL ORGANIC PROBLEMS	24	22
BREAST FEED	27	61
ARE OBESE	27	27
ARE PREGNANT	10	1
SMOKE CIGS.	5	3
REACT TO OCP	5	1
WANT 100% SURETY	2	1
HAVE HAD CEASERIAN DELIVERY	2	2
ARE UNDER 20 YEARS OF AGE	5	5
OTHERS	5	5



6. GENERAL - ORAL CONTRACEPTIVE PILLS



6.1 Sources of information on new developments
in Oral Contraceptive Pills:

The majority (96-97%) of the doctors say that they follow developments on Oral Contraceptive Pills.

Their main sources of information are medical journals, pharmaceutical salesmen and conferences/symposia/workshops.

Between 16% and 20% rely on the mass media to keep them informed.

(Table-25)

SNC - MEDICAL PRACTITIONERS

TABLE 25

=====

SOURCES OF INFORMATION ON NEW DEVELOPMENT IN OCPs.

Q.18 :WHAT SOURCES OF INFORMATION DO YOU RELY ON TO KEEP YOU INFORMED ABOUT NEW DEVELOPMENTS ON OCPs ?	GP's	SYN /PP
BASE : TOTAL DOCTORS.	100	113
	%	%
FOLLOW DEVELOPMENTS =====	97	96
	==	==
MEDICAL JOURNAL	74	70
PHARMACEUTICAL SALESMEN OR DETAIL MEN'S LITERATURE	59	59
CONFERENCE/SYMPOSIA/WORKSHOPS	29	33
COLLEAGUES	26	17
MASS MEDIA	21	16
POST GRADUATE COURSES	12	17
OTHERS	9	15
DO NOT FOLLOW DEVELOPMENT ON OCPs =====	3	4
	==	==



6.2 Ways of motivating women to use Oral Contraceptive Pills:

Two-thirds (64%) of the Gynaecologists and more than half (59%) of the GPs suggested ways of motivating more women to use Oral Contraceptive Pills.

In their view, a close rapport between the Lady Health Visitor and social workers with the women they come in contact with, and motivational programs in the mass media would be effective ways to motivate increased use of Oral Contraceptive Pills.

(Table-26)

SMC - MEDICAL PRACTITIONERS

TABLE 26

=====

WAYS OF MOTIVATING WOMEN TO USE OCPs.

=====

Q.19: CAN YOU THINK OF ANY WAYS IN WHICH MORE WOMEN CAN BE MOTIVATED TO USE OCPs ?	GPs	GYN /FP
BASE :TOTAL DOCTORS.	100	113
	%	%
PROPORTION OF DOCTORS WHO CAN THINK OF WAYS TO MOTIVATE WOMEN :	59	64
=====	==	==
CLOSE RAPPORT OF LHV & SOCIAL WORKERS WITH WOMEN	32	24
MOTIVATIONAL PROGRAMS/WRITE-UP ON:		
TV	22	22
RADIO	17	9
NEWSPAPERS	6	4
DOCTORS SHOULD BE TRAINED IN THE FIELD OF CONTRACEPTION	12	20
EDUCATION IN INSTITUTIONS	11	16
NO CANNOT THINK OF ANY WAYS	41	36
=====	==	==



6.3 Incidence of supply of Oral Contraceptive Pills:

Very few (8-17%) doctors who recommend/prescribe Oral Contraceptive Pills also supply the product.

(Table-27)

SMC - MEDICAL PRACTITIONERS

TABLE - 27

=====

INCIDENCE OF SUPPLY OF OCPs.

=====

Q.36 A: DO YOU ONLY PRESCRIBE
OR DO YOU ALSO SUPPLY
CONTRACEPTIVE METHODS?

GPs	GYN /PP
-----	------------

BASE : THOSE DOCTORS WHO PRESCRIBE OCPs.

63	88
%	%

OCP

===

ONLY PRESCRIBE
PRESCRIBE & SUPPLY
NO RESPONSE

87	81
8	17
5	2



6.4 Consultation Fee of those prescribing Oral Contraceptive Pills:

The average consultation fee of a Gynaecologist is Rs.65, while that of a GP is Rs.31.

(Table-28)

SMC - MEDICAL PRACTITIONERS

TABLE - 2B

Q33 B: WHAT ARE YOUR FEES FOR CONSULTATION /

=====

PRESCRIPTION OF OCPs?

CONSULTATION FEES OF DOCTORS PRESCRIBING OCPs.

=====

BASE : THOSE DOCTORS WHO PRESCRIBE OCPs.

AVERAGE CONSULTATION FEES

GFs	BYN /PP
63	88
RS.31.0	RS.65.0



6.5 Charge for supplying Oral Contraceptive Pills:

On an average, both GPs and Gynaecologists charge their patients Rs.2.00 for a pack of Oral Contraceptive Pills.

(Table-29)

SMC - MEDICAL PRACTITIONERS

Q38 C: WHAT COST DO YOU CHARGE
FOR SUPPLYING OCPs?

BASE : THOSE DOCTORS WHO SUPPLY OCPs.

AVERAGE COST OF OCPs.

TABLE - 29

=====

COST OF SUPPLYING OCPs

=====

GP's	GN /PP
4	13
RS.2.0	RS.2.0



7. RECOMMENDING PRACTICES FOR IUD



7.1 Recommendation of IUD:

83% of the Gynaecologists as against about half the GPs recommend IUDs. Most of them recommend it 'more often' than other contraceptive methods.

(Table-30a)

SMC - MEDICAL PRACTITIONERS

TABLE - 30 A

Q. 7: WHICH METHOD DO YOU MOSTLY RECOMMEND ?
 Q. 21: DO YOU EVER RECOMMEND USE OF IUD?

RECOMMENDATION OF IUD

	GP's	GYN /PP
BASE : TOTAL DOCTORS.	100	113
	%	%
THOSE DOCTORS WHO RECOMMEND IUD. =====	51	83
	==	==
MORE OFTEN RECOMMENDED	39	72
RECOMMEND SOME TIMES	12	11
THOSE DOCTORS WHO NEVER RECOMMEND IUD. =====	49	17
	==	==



7.1.1 Per day recommendation of IUD:

Doctors recommending the use of IUDs, do so, on an average, to 3 women per day.

(Table-30b)

SMC - MEDICAL PRACTITIONERS

TABLE - 30 B

=====

RECOMMENDATION OF IUD PER DAY

=====

Q.22 A: TO HOW MANY WOMEN PER DAY
DO YOU USUALLY RECOMMEND USE OF IUD?

BASE : THOSE DOCTORS WHO RECOMMEND IUD

GPs GYN

/PP

51 94

% %

AVERAGE NO. OF WOMEN RECOMMENDED IUD PER DAY:

3 3

=====



7.1.2 Recommendation of IUD in relation to age:

This method is most often recommended to women between 20-35 years of age and to a lesser extent to women over 35.

(Table-31)

SMC - MEDICAL PRACTITIONERS

TABLE - 31

Q.22 B: TO WOMEN OF WHAT AGE DO YOU USUALLY
RECOMMEND USE OF IUD?

RECOMMENDATION OF IUD IN RELATION TO AGE

	GPs	GNH /PP
BASE : THOSE DOCTORS WHO RECOMMEND IUD	51	94
	%	%
IUD CAN BE RECOMMENDED TO WOMEN :		
UNDER 20 YEARS OF AGE	6	5
20 - 35 YEARS	78	73
OVER 35 YEARS	24	24
ALL AGES	6	6



7.1.3 Recommendation of IUD in relation to number of children:

Most (65-74%) of the doctors recommending use of IUDs are of the opinion that this method should be recommended to women with more than two children.

(Table-32)

SMC - MEDICAL PRACTITIONERS

TABLE -32

Q.22 C:DO YOU RECOMMEND IUD TO WOMEN
WHO HAVE HAD:

RECOMMENDATION OF IUD IN RELATION TO NUMBER OF CHILD
=====

	GPs	GYN /PP
BASE : THOSE DOCTORS WHO RECOMMEND IUD	51	94
IUD CAN BE RECOMMENDED TO WOMEN WHO HAVE :	%	%
=====		
NO CHILDREN	2	0
1 OR 2 CHILDREN	20	25
MORE THAN 2 CHILDREN	65	74
IRRESPECTIVE OF NO.OF CHILDREN	13	23



7.1.4 Recommendation of IUD in relation to number of years of marriage:

Among the doctors recommending the use of IUDs, about half recommend use of this method for women who have been married for over 2 years; the other half recommend it irrespective of the number of years of marriage.

(Table-33)

SMC - MEDICAL PRACTITIONERS

TABLE -33

		RECOMMENDATION OF IUD IN RELATION TO NUMBER OF YEARS OF M.	
Q.22 C: DO YOU RECOMMEND IUD TO WOMEN WHO ARE :			
		SPs	BYN
BASE : THOSE DOCTORS WHO RECOMMEND IUD		51	94
		%	%
IUD CAN BE RECOMMENDED TO WOMEN WHO ARE :			
=====			
NEWLY MARRIED		2	0
MARRIED LESS THAN 2 YRS		8	11
MARRIED OVER 2 YRS		43	49
IRRESPECTIVE OF NO. OF YRS. OF MARRIAGE		57	48



7.1.5 Explanation of IUD functions to patients:

Nine out of ten doctors who recommend use of the IUD explain to their patients how this method works.

(Table-34)

SMC - MEDICAL PRACTITIONERS

TABLE - 34

 =====
 EXPLANATION OF IUD FUNCTIONS TO PATIENTS
 =====

 D.23 : DO YOU USUALLY EXPLAIN TO YOUR
 PATIENTS HOW THE IUD WORKS ?

	GPs	GYN /PP
BASE : THOSE DOCTORS WHO RECOMMEND IUD	51 %	94 %
YES , EXPLAIN HOW IUD WORKS	90	93
NO , DO NOT EXPLAIN	10	7



7.2 Side-Effects of IUD



7.2.1 Incidence of informing patients about possible side-effects:

The majority (94-95%) of the doctors recommending IUDs inform their patients about the various side-effects of this method.

(Table-35)

SMC - MEDICAL PRACTITIONERS

TABLE - 35

=====

=====

INFORMATION BY DOCTORS ABOUT POSSIBLE SIDE EFFECTS OF IUDs.

=====

Q.24 A: AT THE TIME OF RECOMMENDING IUD
DO YOU TELL THE WOMAN ABOUT
POSSIBLE SIDE EFFECTS?

	GPs	GYN /FP
BASE : THOSE DOCTORS WHO RECOMMEND IUD	51	94
	%	%
EXPLAIN SIDE EFFECTS OF IUD	94	95
DO NOT EXPLAIN	6	5



7.2.2 Side effects of IUD:

All the doctors who explain side-effects of IUDs to their patients claim to tell them about menstrual problems that are likely to occur - specifically about heavy bleeding and irregular periods. Other frequently mentioned side-effects are cramps, nausea/vomitting, body pain, etc.

Use of IUDs is also said to cause irritability and internal organic problems.

(Table-36)

SMC - MEDICAL PRACTITIONERS

TABLE - 36

SIDE EFFECTS OF IUD

Q.24 B: WHAT ARE THE SIDE EFFECTS
YOU TELL THEM ABOUT ?

BASE : THOSE DOCTORS WHO EXPLAIN SIDE EFFECTS OF IUD

GP's	GYN
48	39
%	%

SIDE EFFECTS INFORMED ABOUT:

MENSTRUAL PROBLEMS	100	100
=====	==	==
HEAVY BLEEDING	98	91
IRREGULAR PERIODS	64	49
SPOTTING	29	34
NO/SCANT MENSTRUAL BLEEDING	2	11
HEALTH PROBLEMS	28	36
=====	==	==
CRAMPS	21	9
NAUSEA/VOMITTING	15	15
IRRITABILITY	10	9
BODY PAIN	8	15
DIZZINESS	6	3
WEAKNESS - BECAUSE OF HEAVY BLEEDING	4	7
CANCER	2	2
INTERNAL ORGANIC PROBLEMS	15	15
OBESITY/WEIGHT GAIN	8	2
DIFFICULTIES IN CHILD BIRTH	4	5
OTHERS	5	5



7.2.3 Proportion of doctors who recommend ways to deal with side-effects:

The majority (96-99%) of the doctors who inform their patients about side-effects of IUDs also recommend ways to deal with them.

(Table-37)

SMC - MEDICAL PRACTITIONERS

TABLE - 37

=====

PROPORTION OF DOCTORS RECOMMENDING WAYS TO DEAL WITH SIDE EFFECT.

=====

Q.24 C: DO YOU TELL THEM HOW TO DEAL WITH SIDE EFFECTS ?	GP's	GYN
BASE : THOSE DOCTORS WHO EXPLAIN SIDE EFFECTS OF IUD	48	89
	%	%
RECOMMEND WAYS TO DEAL WITH SIDE EFFECTS	96	99
DO NOT RECOMMEND WAYS TO DEAL WITH SIDE EFFECTS	4	1



7.2.4 Recommended ways to deal with side effects:

Doctors who recommend ways to deal with side-effects of IUDs suggest that patients consult their doctor, take vitamin supplements and pain-killers/tranquilizers.

(Table-38)

SMC - MEDICAL PRACTITIONERS

TABLE - 38

RECOMMENDED WAYS TO DEAL WITH SIDE EFFECTS

Q.24 D: WHAT DO YOU RECOMMEND THAT THEY DO?		GPs	GN
BASE : THOSE DOCTORS WHO RECOMMEND WAYS TO DEAL WITH SIDE EFFECTS		46	88
MENSTRUAL PROBLEMS =====	BASE (NUMBER)	46	88
	==	==	
	%	%	
DOCTOR IS TO BE CONSULTED		61	61
VITAMIN SUPPLEMENT TO BE TAKEN		56	75
BLOOD TEST TO BE TAKEN		57	25
OTHERS		37	38
CRAMPS =====	BASE (NUMBER)	10	8
	==	==	
	%	%	
DOCTOR IS TO BE CONSULTED		60	63
PAIN KILLERS TO BE TAKEN		20	13
VITAMIN SUPPLEMENT TO BE TAKEN		10	0
TRANQUILIZERS TO BE TAKEN		10	25
OTHERS		20	25
OTHERS * =====	BASE (NUMBER)	20	20
	==	==	
	%	%	
VITAMIN SUPPLEMENT TO BE TAKEN		50	50
PAIN KILLERS TO BE TAKEN		20	15
DOCTOR IS TO BE CONSULTED		35	60
OTHERS		20	20

* OTHERS INCLUDE THOSE SIDE EFFECTS WHICH HAVE BEEN REPORTED BY 5 OR LESS RESPONDENTS. THESE INCLUDE IRRITABILITY, OBESITY/WEIGHT GAIN, BODY PAIN, DIZZINESS, WEAKNESS, DIFFICULTIES IN CHILD BIRTH, AND CANCER.



7.2.5 Percentage of women returning with complaints:

84% of the GPs and 73% of the Gynaecologists indicated that some patients who had been recommended the use of IUDs return with complaints. On an average, only 14-15% of these women come back to the doctor with complaints.

(Table-39)

SNC - MEDICAL PRACTITIONERS

TABLE - 39

PERCENTAGE OF WOMEN TO WHOM IUD IS RECOMMENDED
COMING BACK WITH COMPLAINTS

Q.25 A: WHAT PERCENT OF WOMEN WHO

HAVE BEEN RECOMMENDED IUD
BY YOU, COME BACK WITH COMPLAINTS ?

GPs GYN
/PP

BASE : THOSE DOCTORS WHO RECOMMEND IUD

51 94
% %

PROPORTION OF DOCTORS REPORTING THE
PERCENTAGE OF WOMEN RECOMMENDED USE OF
IUD COMING BACK WITH COMPLAINTS:

84 73
== ==

- 1 - 20 %
- 21 - 40 %
- 41 - 60 %
- 61 - 80 %
- 81 - 100 %

65 61
12 13
8 5
0 2
0 1

AVERAGE % OF WOMEN COMING BACK WITH COMPLAINTS.

14 15

WOMEN DO NOT COME BACK WITH COMPLAINTS

16 27
== ==



7.2.6 Major complaints:

The major complaints of women with IUDs returning to the doctor relate to menstrual and health problems. Less frequently mentioned problems include internal organic problems and expulsion/dislocation of the IUD.

(Table-40)

SNC - MEDICAL PRACTITIONERS

TABLE 40

=====

Q.25 A: WHAT ARE THE MAJOR COMPLAINTS OF WOMEN WHO
HAVE BEEN RECOMMENDED IUD ?

MAJOR COMPLAINTS OF WOMEN TO WHOM IUD IS RECOMMENDED
=====

	GFs	GYH /PP
BASE : THOSE DOCTORS WHO REPORT THAT WOMEN COME BACK WITH COMPLAINTS.	43 %	69 %
MAJOR COMPLAINTS REPORTED BY DOCTORS:		
=====		
MENSTRUAL PROBLEMS	100	100
=====	==	==
HEAVY BLEEDING	84	84
IRREGULAR PERIODS	47	38
SPOTTING	19	20
NO/SCANT MENSTRUAL BLEEDING	2	4
HEALTH PROBLEMS	37	18
=====	==	==
CRAMPS	16	3
BODY PAIN	16	14
NAUSEA/VOMITTING	14	6
WEAKNESS	9	6
CANCER OF UTERUS	5	6
DIZZINESS	2	2
IRRITABILITY	14	7
INTERNAL ORGANIC PROBLEMS	14	18
EXPULSION OF IUD.	16	8
OBESITY/WEIGHT GAIN	12	5
DISLOCATION OF IUD	14	20
DIFFICULTIES IN CHILD BIRTH	2	2
OTHERS	4	7



7.2.7 Recommended ways to deal with complaints:

Recommended ways to deal with complaints about the IUD are similar to those mentioned in relation to dealing with side-effects (Table-38).

(Table-41)

SMC - MEDICAL PRACTITIONERS

TABLE 41
=====Q.25 B: WHAT DO YOU RECOMMEND
THAT THEY DO ABOUT IT ?RECOMMENDED WAYS TO DEAL WITH COMPLAINTS.
=====BASE : THOSE DOCTORS WHO REPORT THAT WOMEN
COME BACK WITH COMPLAINTS.

	SPs	BYN /PP
	43	69
	%	%
DOCTOR IS TO BE CONSULTED	50	56
DISCONTINUE JUD	36	30
VITAMIN SUPPLEMENT TO BE TAKEN	18	24
PAIN KILLERS TO BE TAKEN	19	6
TRANQUILIZERS TO BE TAKEN	17	7
OTHERS	5	7



8. ATTITUDE TOWARDS IUD



8.1 Opinion on usage of IUD:

The majority of the doctors who recommend use of IUDs are of the opinion that not all women should/can use IUDs.

These doctors consider IUDs unsuitable for women with uterus/cervical problems, who have a Caeserian history, are diabetic, are mentally opposed to the idea, or whose husbands object to the use of this method.

(Table-42 a, b)

SMC - MEDICAL PRACTITIONERS

TABLE - 42 A

Q.27 A: IN YOUR OPINION, CAN ALL WOMEN USE IUD
OR SHOULD SOME WOMEN NOT USE IT ?

BASE : THOSE DOCTORS WHO RECOMMEND IUDs

OPINION ON USAGE OF IUD

	SPs	SYN /PP
	51	94
	3	3
ALL WOMEN CAN USE IUDs	10	5
SOME WOMEN SHOULD NOT USE IUDs	80	92
CAN NOT SAY/NOT SURE	10	4

SMC - MEDICAL PRACTITIONERS

TABLE - 42 B

Q.27 B:WHAT ARE YOUR REASONS FOR SAYING SO ?	WOMEN WHO SHOULD NOT USE IUDs.	
	GP's	GYN /PP
BASE :THOSE DOCTORS WHO SAY SOME WOMEN SHOULD NOT USE IUD	41	66
WOMEN WHO :	%	%
=====		
HAVE GROWTH OR INFECTION IN UTERUS	55	60
HAVE CERVICAL EROSION	63	41
HAVE UNWILLING HUSBANDS	44	30
HAVE MENTAL BARRIER AGAINST IUD.	38	36
ARE DIABETIC	32	42
HAVE MORE THAN 4 CHILDREN(STERLIZATION IS RECOMMENDED)	27	24
HAVE CEASERIAN HISTORY	27	57
HAVE THICKER CERVIX	25	18
ARE OBESE	17	19
OTHERS	8	10



8.1.1 Reasons for recommending use of IUD:

The main reason for recommending use of the IUD is family planning. The method is also suggested in case of cycle disturbances by a few doctors.

(Table-43)

SMC - MEDICAL PRACTITIONERS

TABLE -43

REASONS FOR RECOMMENDING USE OF IUD

Q.22 E: WHAT ARE YOUR USUAL REASONS
FOR RECOMMENDING IUD ?

BASE : THOSE DOCTORS WHO RECOMMEND IUD

REASONS FOR RECOMMENDING USE OF IUD:

FAMILY PLANNING

OTHERS

SPs	GYN /PP
51	94
%	%
96	100
14	5



8.1.2 Reasons for not recommending use of IUDs:

The primary reasons for Gynaecologists' not recommending the use of IUDs relate to the reluctance among women to use this method, and to the unavailability of proper facilities for insertion.

Non-recommending GPs (mainly males), on the other hand, cited the fact that lady doctors were better able to explain the functions of the IUD to their female patients.

(Table-44)

SMC - MEDICAL PRACTITIONERS

TABLE -44

=====

REASONS FOR NOT RECOMMENDING IUDs

=====

Q.34 :WHAT ARE THE REASONS FOR
NOT RECOMMENDING IUDs?

BASE : THOSE DOCTORS WHO DO NOT RECOMMEND IUDs

	GPs	GN /PP
	49	19
	%	%
LADY DOCTOR CAN EXPLAIN ITS USE TO FEMALES IN A BETTER WAY	47	0
WOMEN ARE RELUCTANT TO USE IUDs	6	40
WE DON'T BELIEVE IN CONTRACEPTION THEREFORE DO NOT ADVISE.	10	0
IUD HAS GREATER/MORE SEVERE SIDE EFFECTS	6	4
PREFERS OCP, BECAUSE IT IS A SIMPLER METHOD	4	0
DONOT HAVE SUFFICIENT KNOWLEDGE	7	8
DONOT HAVE PROPER FACILITIES	5	25
OTHERS	9	10
NO PARTICULAR REASON	5	10



8.2 Contra-indications to recommending the IUD:

Doctors who recommend the use of the IUD were asked about circumstances in which they would not recommend use of this method.

These doctors would not recommend IUDs to women with cervical, menstrual or health problems, as well as to those with internal bleeding or infections, and to women who have a mental resistance against the use of IUDs.

(Table-45)

SNC - MEDICAL PRACTITIONERS

TABLE - 45

=====

CONTRA INDICATIONS TO RECOMMENDING USE OF IUDs.

Q.30 A: UNDER WHAT CIRCUMSTANCES
 WOULD YOU NOT RECOMMEND IUD?
 B: ARE THERE ANY OTHER CONTRA INDICATIONS
 FOR NOT RECOMMENDING IUD?

	GFs	GYN /PP
BASE : THOSE DOCTORS WHO PRESCRIBE IUD.	51	94
	%	%

CIRCUMSTANCES IN WHICH IUD IS NOT TO BE RECOMMENDED:

=====

CERVIX PROBLEMS	59	53
INTERNAL BLEEDING/INFECTION	47	51
MENTAL RESISTANCE AGAINST USE OF IUD	24	28
MENSTRUAL PROBLEMS	24	27
=====	==	==
IRREGULAR CYCLE	20	16
HEAVY MENSTRUATION	4	11
HEALTH PROBLEMS	24	30
=====	==	==
HYPERTENSION	14	25
DIABETESE	14	24
CAUSES VERTIGO	20	5
HEADACHE	6	4
HEART PROBLEMS	4	19
NAUSEA/VOMITTING	2	2
CEASERIAN HISTORY	19	25
OBESITY	10	8
PREGNANCY	8	10
NEW MARRIAGES	6	2
AGE ABOVE 45	5	5
OTHERS	6	5



8.3 Advantages/benefits of using IUDs:

Doctors recommending use of IUDs were asked what advantages they saw in this method in comparison to other contraceptive methods.

The primary advantages mentioned for this method is that it is effective for 3-4 years, and that it does not cause complications common to the use of Oral Contraceptive Pills. It also has the advantage of being a temporary preventive measure, which can be removed in case a pregnancy is desired.

(Table-46)

SMC - MEDICAL PRACTITIONERS

TABLE - 46

=====

Q.28: COMPARED TO OTHER CONTRACEPTIVE METHODS WHAT IN YOUR OPINION ARE THE ADVANTAGES OF USING IUD ?	ADVANTAGES/BENEFITS OF USING IUD	
	GP's	GYN /PP
BASE : THOSE DOCTORS WHO RECOMMEND IUD	51	94
	7	7
ADVANTAGES: =====		
PROPER INSERTION IS GOOD FOR 3-4 YRS	71	78
NO FEAR OF COMPLICATIONS/IRREGULARITY AS CAN HAPPEN BY TAKING PILLS	69	51
TEMPORARY PREVENTION - PREGNANCY IS POSSIBLE AFTER REMOVAL	47	52
NO COMPLAINTS OF HYPERTENSION	31	33
NO COMPLAINTS OF HEADACHE	29	24
NO MENSTRUAL DISTURBANCES	25	17
NO FEAR OF VAGINAL DISCHARGE	22	20
OTHERS	6	5



8.4 Disadvantages of using IUD:

The primary disadvantages of the IUD are seen as menstrual cycle disturbances, heavy bleeding, abdominal pain and the possibility that an IUD may move up in the uterus/intestine, which may lead to surgery for its removal.

(Table-47)

SNC - MEDICAL PRACTITIONERS

TABLE - 47

DISADVANTAGES OF USING IUD .

	EPs	SYN /EP
Q.29: WHAT DO YOU THINK ARE THE DISADVANTAGES ?		
BASE : THOSE DOCTORS WHO RECOMMEND IUDs.	51	94
	%	%
DISADVANTAGES:		
=====		
HEAVY BLEEDING/PERIODS	35	37
CAN MOVE UP IN THE UTERUS/INTESTINE RESULTING IN NEED FOR SURGERY	35	53
ABDOMINAL PAIN	33	23
DISTURBS MENSTRUAL CYCLE	31	42
DISLOCATION	8	11
EXPULSION	6	6
OTHERS	8	6



9. GENERAL - IUDs



9.1 Sources of information on new developments in IUDs:

The majority of the doctors who recommend use of the IUD follow developments in this method.

In addition to the sources mentioned for Oral Contraceptive Pills, a significant minority also mentioned colleagues as a source of information.

(Table-48)

SMC - MEDICAL PRACTITIONERS

TABLE - 48

SOURCES OF INFORMATION FOR DEVELOPMENTS IN IUD TECHNOL

Q.32: WHAT SOURCES OF INFORMATION
DO YOU RELY ON TO KEEP YOU INFORMED
ABOUT NEW DEVELOPMENT IN IUD
TECHNOLOGY & RESEARCH ?

BASE : THOSE WHO RECOMMEND USE OF IUD

	SPs	GYN /PP
--	-----	------------

	51	94
--	----	----

	%	%
--	---	---

SOURCES OF INFORMATION:

MEDICAL JOURNAL

	82	66
--	----	----

PHARMACEUTICAL SALESMEN OR DETAIL MEN'S LITERATURE

	29	47
--	----	----

CONFERENCE/SYMPOSIUM/WORKSHOPS

	41	31
--	----	----

COLLEAGUES

	37	24
--	----	----

POST GRADUATE COURSES

	10	14
--	----	----

MASS MEDIA

	22	22
--	----	----

OTHERS

	14	12
--	----	----

DON'T FOLLOW DEVELOPMENTS ON IUD

	4	4
--	---	---



9.2 Ways of motivating women to use IUDs:

Suggestions to motivate more women to use IUDs were given by three-fourth (73%) of the Gynaecologists and half (53%) of the GPs recommending use of this method. Suggested ways to motivate new users relate mainly to education/persuasion through mass media and doctors.

(Table-49)

SMC - MEDICAL PRACTITIONERS

TABLE - 49

Q.33: CAN YOU THINK OF ANY WAYS IN WHICH MORE WOMEN COULD BE MOTIVATED TO USE IUD?	WAYS OF MOTIVATING WOMEN TO USE IUD.	
	OPs	BYN /PP
BASE : THOSE DOCTORS WHO RECOMMEND USE OF IUD	51	94
	%	%
WAYS TO MOTIVATE: =====		
DOCTORS CAN EDUCATE FEMALES/COUPLES	22	33
EDUCATE THROUGH MASS MEDIA	35	31
EXPLAIN/PLAN PERSUASION PROJECTS	14	10
EDUCATIONAL/MOTIVATIONAL LITERATURE SHOULD BE PROVIDED TO DOCTORS	18	17
LHVs SHOULD PROVIDE INFORMATION TO HOUSEWIVES	8	11
FAMILY PLANNING CLINIC SHOULD ADVISE	6	10
OTHERS	6	10
NO, CAN'T THINK OF ANY WAYS	47	27



9.3 Training in insertion of IUDs:

The majority (90%) of the Gynaecologists and less than half the GPs who recommend use of IUDs have received training in the insertion of this method.

(Table-50a)

9.3.1 Place of training/person imparting training in IUD insertion:

Most doctors received their training in IUD insertion in hospitals or clinics, and were trained by other doctors.

(Table-50b)

SMC - MEDICAL PRACTITIONERS

TABLE - 50 A

=====

Q.31 A: HAVE YOU BEEN TRAINED FOR

TRAINING IN INSERTION OF IUDs.

=====

IUD INSERTION ?	GPs	GYN /PP
BASE : THOSE DOCTORS WHO RECOMMEND USE OF IUD.	51	94
	%	%
YES , WE HAVE RECEIVED TRAINING	45	90
NO , WE DID NOT RECIEVE TRAINING	55	10

SMC - MEDICAL PRACTITIONERS

TABLE - 50 B

=====

Q.31 B: WHERE WERE YOU TRAINED ?

PLACE OF /PERSON IMPARTING TRAINING IN IUD INSERTION

=====

	GPs	GYN /PP
BASE : THOSE DOCTORS WHO RECEIVED TRAINING .	23	85
PLACE OF TRAINING:	%	%
=====		
HOSPITAL/CLINIC	87	81
FAMILY WELFARE CENTRE	9	16
OTHERS	4	3

TRAINED BY:

=====

DOCTOR	95	91
FAMILY PLANNING PERSONNEL	4	9
OTHERS	1	2



9.4 Incidence of supply of IUDs:

35% of the Gynaecologists and 12% of the GPs also supply the product.

(Table-51)

SNC - MEDICAL PRACTITIONERS

TABLE - 51

Q38 A: DO YOU ONLY PRESCRIBE OR DO
YOU ALSO SUPPLY CONTRACEPTIVE METHOD?

INCIDENCE OF SUPPLY OF IUDs

	GP's	GYN /PP
BASE : THOSE WHO PRESCRIBE IUD	51	94
	2	1
ONLY PRESCRIBE	88	65
PRESCRIBE & SUPPLY	12	35



9.5 Consultation Fee of those prescribing IUDs:

The average consultation fee of a Gynaecologist is Rs.100, while that of a GP is Rs.30.

(Table-52)

SMC - MEDICAL PRACTITIONERS

Q3B B: WHAT ARE YOUR FEES FOR CONSULTATION /
PRESCRIPTION OF IUDs?

TABLE - 52

=====

CONSULTATION FEES OF DOCTORS PRESCRIBING IUDs.

=====

	GP's	GYN /PP
BASE : THOSE DOCTORS WHO PRESCRIBE IUDs.	51	94
AVERAGE CONSULTATION FEES	RS. 30.0	RS. 100.0



9.6 Charge for supplying IUDs:

On an average, charges for an IUD to patients is Rs.200 by Gynaecologists and Rs.150 by GPs.

(Table-53)

SMC - MEDICAL PRACTITIONERS

Q38 C: WHAT COST DO YOU CHARGE
FOR SUPPLYING IUDs?

BASE : THOSE DOCTORS WHO SUPPLY IUDs.

AVERAGE COST OF IUDs.

TABLE - 53

=====

COST OF SUPPLYING IUDs.

=====

GFs	GYN /PP
6	29
RS.150.0	RS.200



10. RECOMMENDING PRACTICES FOR INJECTABLES



10.1 Incidence of prescribing contraceptive injections:

Half (50%) the Gynaecologists and two-thirds (66%) of the GPs prescribe Injectables, with 13-18% of them also administering the injections.

(Table-54)

SMC - MEDICAL PRACTITIONERS

TABLE - 54

=====

INCIDENCE OF PRESCRIBING CONTRACEPTIVE INJECTIONS

=====

Q 35 A: DO YOU EVER PRESCRIBE/ADMINISTER
CONTRACEPTIVE INJECTIONS?

	SPs	GNH /FP
BASE : TOTAL DOCTORS	100	113
	%	%
YES, PRESCRIBE ONLY	53	32
YES, PRESCRIBE AND ADMINISTER BOTH	13	18
NO, NEITHER.	34	50



10.2 Brand of contraceptive injections prescribed

Among the doctors who prescribe/administer contraceptive injections, Noristerat (61-70%) and Depo-Provera (53-54%) are the two most popular brands.

(Table-55)

SMC - MEDICAL PRACTITIONERS

TABLE - 55

 BRAND OF CONTRACEPTIVE INJECTIONS PRESCRIBED
 =====

 Q 36: WHAT BRAND OF INJECTABLE
 DO YOU PRESCRIBE OR ADMINISTER?

	GP's	GYN /PP
BASE : THOSE DOCTORS WHO PRESCRIBE AND OR ADMINISTER CONTRACEPTIVE INJECTIONS	66 %	57 %
BRANDS OF INJECTABLES =====		
DEPO-PROVERA (DMPA)	53	54
NDRISTERAT (NET-EM)	61	70
OTHERS	6	10



11. ATTITUDES TOWARDS INJECTABLES



11.1 Reasons for not prescribing injections:

Preference for other contraceptives because of fewer side-effects appears to be the main reason for not prescribing contraceptive injections.

(Table-56)

SMC - MEDICAL PRACTITIONERS

TABLE - 56

REASONS FOR NOT PRESCRIBING CONTRACEPTIVE INJECTIONS

Q 35 B: WHY IS IT THAT YOU DO NOT
PRESCRIBE OR ADMINISTER
CONTRACEPTIVE INJECTIONS ?

	GP's	GYN /FP
BASE : THOSE DOCTORS WHO NEITHER PRESCRIBE NOR ADMINISTER CONTRACEPTIVE INJECTIONS	34	57
	%	%
REASONS FOR NOT PRESCRIBING =====		
PREFER OTHER CONTRACEPTIVES BECAUSE OF LESSER SIDE EFFECTS	13	27
NO PARTICULAR REASON	12	19
DON'T HAVE MUCH KNOWLEDGE ABOUT IT	6	5
OTHERS	4	5



11.2 Comparison of injectables with other methods:

Two-thirds (65%) of the GPs and half (50%) of the Gynaecologists who prescribe/administer contraceptive injections consider them to be better than other methods.

(Table-56a)

SMC - MEDICAL PRACTITIONERS

TABLE - 56 A

=====

COMPARISON OF INJECTABLES WITH OTHER CONTRACEPTIVE METHODS

=====

Q.37 A: HOW WOULD YOU COMPARE INJECTABLES
WITH OTHER METHODS OF CONTRACEPTION?

	SPs	GYN /PP
BASE : THOSE WHO PRESCRIBE INJECTABLES	66	57
	%	%
INJECTABLES ARE:		
=====		
NOT AS GOOD	15	41
ABOUT THE SAME	20	9
SOMEWHAT BETTER	55	42
MUCH BETTER	10	8



11.2.1 Reasons for considering injections better/worse:

The main reason indicated by Gynaecologists for considering contraceptive injections better than other contraceptives is that this method provides temporary pregnancy prevention and that women can conceive if they so desire after the effect of the injection wears off. In addition to this reason, the preference of GPs for this method relates to the occurrence of fewer side-effects than with Oral Contraceptive Pills, and the longer effective period.

Doctors who do not consider contraceptive injections better than other methods are of the view that its side-effects are worse than those of Oral Contraceptive Pills.

(Table-56b)

SNC - MEDICAL PRACTITIONERS

TABLE - 56 B

REASONS FOR CONSIDERING INJECTABLES BETTER/WORSE THAN OTHER METHODS

D.37 B: WHY DO YOU SAY SO ?

	GPs	GYN /PP
a) BASE : THOSE DOCTORS WHO CONSIDER INJECTABLES BETTER THAN OTHER CONTRACEPTIVES	43 %	28 %
REASONS FOR CONSIDERING INJECTABLES BETTER		
=====		
LESSER SIDE EFFECTS THAN DCP	50	0
EFFECT OF INJECTION LONGER	40	0
TEMPORARY PREVENTION , CAN CONCEIVE WHEN DESIRED	40	75
CONVENIENT METHOD , NO FEAR OF FORGETTING TO TAKE PILL.	30	25
OTHERS	20	80
b) BASE : THOSE DOCTORS WHO CONSIDER INJECTABLES NOT AS GOOD AS OTHER CONTRACEPTIVES		
=====		
REASONS FOR CONSIDERING INJECTABLES NOT AS GOOD		
=====		
WORSE SIDE EFFECTS THAN DCP	80	100
CAUSES INTERNAL INFECTIONS	10	6
OTHERS	10	10



12. GENERAL - INJECTABLES



12.1 Incidence of supply of Injectables:

Only 15-27% of the doctors who prescribe Injectables also supply this method.

(Table-57)

SMC - MEDICAL PRACTITIONERS

Q38 A: DO YOU ONLY PRESCRIBE OR DO

YOU ALSO SUPPLY CONTRACEPTIVE METHOD?

TABLE - 57

=====

INCIDENCE OF SUPPLY OF INJECTABLES

=====

	GPs	GN /PP
BASE :THOSE WHO PRESCRIBE INJECTABLES	66	57
	%	%
ONLY PRESCRIBE	80	68
PRESCRIBE & SUPPLY	15	27
NO RESPONSE	5	5



12.2 Consultation Fee:

Average consultation fee of GPs prescribing Injectables is Rs.30, while that of Gynaecologists is Rs.100.

(Table-58)

SNC - MEDICAL PRACTITIONERS

Q38 B: WHAT ARE YOUR FEES FOR CONSULTATION /
PRESCRIPTION OF INJECTABLES ?

TABLE - 58

=====

CONSULTATION FEES OF DOCTORS PRESCRIBING INJECTABLES.

=====

	SPs	GYN /PF
BASE :THOSE DOCTORS WHO PRESCRIBE INJECTABLES.	66	57
AVERAGE CONSULTATION FEES	RS.30.0	RS.100.0



12.3 Charge for supplying Injectables:

Average charge to patient by both GPs and Gynaecologists is
Rs.50 per contraceptive injection.

(Table-59)

SMC - MEDICAL PRACTITIONERS

Q38 C: WHAT COST DO YOU CHARGE
FOR SUPPLYING INJECTABLES ?

HDOS
====

TABLE 59

COST OF SUPPLYING INJECTABLES .
=====

	EPs	GYN /PP
BASE :THOSE DOCTORS WHO PRESCRIBE INJECTABLES .	10	12
AVERAGE COST OF INJECTABLES .	RS.50.0	RS.50



13. PROFILE

TABLE 60

=====

PROFILE

=====

	GPs	GN /PP
BASE : TOTAL DOCTORS	100	113
	%	%
AVERAGE NO.OF YEARS AS DOCTOR	17	17
TYPE OF PRACTICE: =====		
FULL TIME PRIVATE PRACTICE	73	65
ALSO WITH GOVT.INSTITUTION	21	27
ALSO WITH PRIVATE INSTITUTIONS	11	19
OWNERSHIP =====		
T.V.	97	93
V.C.R.	71	61



14. APPENDIX



Questionnaire: English

DOMESTIC RESEARCH BUREAU
AIR ROAD HOUSE
SHAHRAH-E-FAISAL, KARACHI

Date _____

Town Code G.P GYNAE MALE FEMALESMC - ORAL CONTRACEPTIVESSURVEY - IIMEDICAL PRACTITIONERS - DOCTORS

This survey is to be conducted:

- in selected cities of St.I-IV
- among General Practitioners and Gynaecologists/Obstetricians

INTERVIEWER:

Introduce yourself by saying:

" I am conducting a survey on behalf of Domestic Research Bureau.
 This survey is being conducted among doctors all over Pakistan
 to discuss their opinion relating to use of contraception.
 We would highly appreciate your cooperation".

Q-1 Could you please tell me your full name and address?
 Your qualifications? Have you specialized in any
 medical field? How long have you been a doctor?

Name & address : _____

Tel. No.(ask for visiting card) : Off:_____ Res._____

Qualification : _____

Specialization : _____

No. of years as a doctor : _____

General Consultation Fee : _____

Q-2 Do you only have a full-time private practice, or are you also working for a government institution or a private institution?

Only full time private practice = 1
 Also with government institution = 2
 Also with private institution = 3
 Others (sp.) = 4

<u>OWNERSHIP/VIEWERSHIP</u>		<u>Ownership</u>	<u>Viewership</u>
T.V.	= 1	<input type="checkbox"/>	<input type="checkbox"/>
V.C.R.	= 2	<input type="checkbox"/>	<input type="checkbox"/>

NOW LET US TALK ABOUT CONTRACEPTION.

Q-3 a) Do you ever initiate discussions on Family Planning/Contraception with your patients?

Yes	= 1
No	= 2

IF 'YES' ASK Q-3(b) ONWARDS, OTHERWISE GO TO Q-5.

b) Do you mostly talk about Family Planning/Contraception with the husband, wife, with the couple together, or with someone else related to the couple?

Husband	= 1	<input type="checkbox"/>
Wife	= 2	
Couple	= 3	
Other (sp.)	= 4	

Q-4 Under what circumstances would you normally initiate discussion on contraceptives?

PROBE FOR MAXIMUM ANSWERS.

Families with many children (more than 5)	= 1	<input type="checkbox"/>
Patient with Diabetes	= 2	
T.B.	= 3	
Asthma	= 4	
Cardiac Problem/Anemia	= 5	
Families with financial problems	= 6	
Others	= 7	

Q-5 In your experience, do most people who want to begin practicing Family Planning know what method they wish to use before they come to you or do they usually ask your advice?

They know	= 1	<input type="checkbox"/>
Ask advice	= 2	

Q-6 a) On an average, how many women come to you for consultation for any reason per day?

Frequency Number
 Per day _____

b) How many of these per day are advised by you on contraception and use of contraceptives?

Frequency Number
 Per day _____

c) How many of your women patients do you estimate are currently using:

	<u>No.</u>	<u>Can't say</u>
Oral Contraceptive Pills	_____	<input type="checkbox"/>
IUD's	_____	<input type="checkbox"/>
Injectables	_____	<input type="checkbox"/>

SECTION A: ORAL CONTRACEPTIVE PILLS

Q-7 a) Which method do you most frequently suggest? Which do you suggest next most frequently? Which next?

ASK FOR THREE METHODS IN ORDER OF RANK.

	<u>Rank</u>
Pills	_____
Condoms	_____
Sterilization	_____
IUD/Loop	_____
Foam/Cream	_____
Injection	_____
Others (sp.)	_____

IF 'PILLS' NOT MENTIONED ASK Q-7(b) OTHERWISE GO TO Q-8.

b) Do you ever prescribe/recommend Oral Contraceptive Pills?

Yes	= 1	<input type="checkbox"/>
No	= 2	

IF 'YES' ASK Q-8 ONWARDS, OTHERWISE GO TO Q-18.

Q-8 a) To how many women per day do you usually prescribe/recommend use of Oral Contraceptive Pills?

Frequency Number
 Per day _____

b) To women of what age do you usually prescribe/recommend Oral Contraceptive Pills?

(MULTIPLE RESPONSE POSSIBLE).

AGES

Under 20 yrs.	= 1	<input type="checkbox"/>
20 - 35 yrs.	= 2	<input type="checkbox"/>
Over 35 yrs.	= 3	<input type="checkbox"/>
All ages	= 4	<input type="checkbox"/>

c) Do you prescribe Oral Contraceptive Pills to women who have had:

No children	= 1	<input type="checkbox"/>
1 or 2 children	= 2	<input type="checkbox"/>
More than 2 children	= 3	<input type="checkbox"/>
Irrespective of No. of children	= 4	<input type="checkbox"/>

(MULTIPLE RESPONSE POSSIBLE).

d) Do you prescribe Oral Contraceptive Pills to women who are:

(MULTIPLE RESPONSE POSSIBLE).

Newly married	= 1	<input type="checkbox"/>
Married less than 2 yrs.	= 2	<input type="checkbox"/>
Married over 2 yrs.	= 3	<input type="checkbox"/>
Irrespective of No. of yrs. of marriage	= 4	<input type="checkbox"/>

e) What are your usual reasons for prescribing/recommending use of Oral Contraceptive Pills?

FIRST ASK WITHOUT PROMPTING. THEN ASK FOR THOSE NOT MENTIONED.

		<u>Spontaneous</u>	<u>Prompted</u>
Family Planning	= 1	<input type="checkbox"/>	<input type="checkbox"/>
Cycle Disturbances	= 2	<input type="checkbox"/>	<input type="checkbox"/>
Women going on pilgrimage	= 3	<input type="checkbox"/>	<input type="checkbox"/>
Others (sp.)	= 4	<input type="checkbox"/>	<input type="checkbox"/>

Q-9 a) Do you prefer to prescribe 21/22 pill cycles, 28-pill cycles or you have no preference?

21/22 pill cycles	= 1	<input type="checkbox"/>
28-pill cycles	= 2	
No preference	= 3	

b) Why do you prescribe this type of cycle?

PROBE FOR MAXIMUM ANSWERS.

Contains Estrogen/Progesteron	= 1
Easy to remember/do not forget to take	= 2
Easily available	= 3
Lesser number of pills	= 4
Others (sp.)	= 5

c) Which brand of Oral Contraceptive Pills do you most often recommend?

Brands

Ovral	= 1	<input type="checkbox"/>
Nordette	= 2	
Postinor	= 3	
Lyndiol	= 4	
Anovlar	= 5	
Minovlar	= 6	
Marvelon	= 7	
Lo-Femmenal	= 8	
Others (sp.) _____	= 9	

Q-10 a) Do you usually explain to your patients how to use Oral Contraceptive Pills?

Yes	= 1	<input type="checkbox"/>
No	= 2	

IF 'YES' ASK Q-10(b) OTHERWISE GO TO Q-11.

b) Exactly what do you tell them about when to take the first pill?

NOTE VERBATIM.

c) Do you tell them verbally, or demonstrate by showing the package, pill to be taken first & usage pattern for taking the other pills?

Tell verbally	=	1
Demonstrate package	=	2
Neither tell nor demonstrate	=	3

Q-11 a) At the time of prescribing Oral Contraceptive Pills, do you tell the woman about possible side effects of the pill?

Yes	=	1
No	=	2

IF 'YES' ASK Q-11(b) OTHERWISE GO TO Q-12.

b) What are the side effects you tell them about?

DO NOT PROMPT. PROBE FOR MAXIMUM ANSWERS.

Obesity/weight gain	=	1
Internal organic problems	=	2
Heavy bleeding	=	3
Irregular periods	=	4
Irritability	=	5
Difficulties in child birth	=	6
Heartburn/Acidity	=	7
Stomach upset	=	8
Cramps	=	9
Spotting	=	A
Headache	=	B
Weakness	=	C
Nausea/Vomitting	=	D
Dizziness	=	E
Body pains	=	F
No/scant menstrual bleeding	=	G
Acne/Pimples	=	H
Cancer	=	I
Is of high risk in case of forgetting the sequence	=	J
Is a prolonged procedure	=	K
Don't know/not much knowledge just heard that they are harmful	=	L
Others (sp.)	=	M

c) Do you tell them how to deal with these side effects?

Yes	=	1	
No	=	2	<input type="checkbox"/>

IF 'YES' ASK Q-11(d), OTHERWISE GO TO Q-12.

d) What do you recommend that they do?

NOTE VERBATIM.

Q-12 a) What percent of women who have been prescribed Oral Contraceptive Pills by you, come back with complaints after use of these pills?

1 - 20%	=	1	
21 - 40%	=	2	
41 - 60%	=	3	
61 - 80%	=	4	<input type="checkbox"/>
81 - 100%	=	5	
None	=	6	

IF 'NONE' GO TO Q-14, OTHERWISE ASK Q-12(b) ONWARDS.

b) What are the major complaints of these women?

Obesity/weight gain	=	1	
Internal organic problems	=	2	
Heavy bleeding	=	3	
Irregular periods	=	4	
Irritability	=	5	
Difficulties in child birth	=	6	
Heartburn/acidity	=	7	
Stomach upset	=	8	<input type="checkbox"/>
Cramps	=	9	<input type="checkbox"/>
Spotting	=	A	<input type="checkbox"/>
Headache	=	B	<input type="checkbox"/>
Weakness	=	C	
Nausea/Vomitting	=	D	
Dizziness	=	E	
Body pains	=	F	
No/scant menstrual bleeding	=	G	
Acne/Pimples	=	H	
Cancer	=	I	
Is of high risk in case of forgetting the sequence	=	J	
Is a prolonged procedure	=	K	
Others (sp.)	=	L	

Q-13 What do you recommend that they do about _____ ?
side effect

ASK FOR EACH SIDE EFFECT MENTIONED IN Q-12(b).

Side Effects

Recommendation

Obesity/weight gain			
Internal organic problems			
Heavy bleeding			
Irregular periods			
Irritability			
Difficulties in child birth			
Heartburn/acidity			
Stomach upset			
Cramps			
Spotting			
Headache			
Weakness			
Nausea/Vomitting			
Dizziness			
Body pains			
No/scant menstrual bleeding			
Acne/Pimples			
Cancer			
Is of high risk in case of forgetting the sequence			
Is a prolonged procedure			
Others (sp.)			

Recommendation:

Blood test to be taken	=	1
Vitamin supplement to be taken	=	2
Pain killers to be taken	=	3
Tranquilizers to be taken	=	4
Anti-vomitting pills to be taken	=	5
Doctor is to be consulted	=	6
Continue pills	=	7
Stop taking pills	=	8
Others (sp.)	=	9

Q-14 a) In your opinion, can all women use Oral Contraceptive Pills or should some women not use these pills?

All women can use	= 1	} ASK } Q-14(b) <input type="checkbox"/>
Some women can use	= 2	
Can't say/not sure	= 3	

→ GO TO Q-15

b) What are your reasons for saying so?

Women who: (should not use)

breast-feed	= 1
are hypertensive	= 2
have jaundice (present/past history)	= 3
are diabetic	= 4
have 4-5 children/sterilization is recommended and not pills	= 5
are weak/anemic	= 6
have heart trouble	= 7
have kidney trouble	= 8
have stomach problems	= 9
have uterus disorders/malfunctioning	= A
are of certain age groups	= B
are asthmatic	= C
Others (sp.)	= D

Q-15 Compared to other contraceptive methods, what in your opinion are the advantages/benefits of using Oral Contraceptive Pills?

PROBE FOR MAXIMUM ANSWERS.

100% successful	= 1
Effective - low risk	= 2
Regulates periods/cures cycle disturbances	= 3
Ensures female's health	= 4
Easier method	= 5
Use of pills do not interfere with physical satisfaction as in condoms	= 6
Short term method can be discontinued easily	= 7
Can be used in cases like Caesarian where IUDs cannot be used	= 8
Can be used in cases where there is mental barrier against IUD	= 9
Pills are safer than other methods	= A
Others (sp.) _____	= B
Don't know	= C

ASK ALL:

Q-18 What sources of information do you rely on to keep you informed about new development in Oral Contraceptive Pill technology and research?

PROBE FOR MAXIMUM ANSWERS.

Medical Journals	= 1
Pharmaceutical salesmen or detail men send literature	= 2
Conferences/Symposia/Workshops	= 3
Colleagues	= 4
Post graduate courses	= 5
Mass media	= 6
Others (sp.) _____	= 7
Do not follow developments on Oral Contraceptive Pills	= 8

Q-19 Can you think of any ways in which more women could be motivated to use Oral Contraceptive Pills?

PROBE FOR MAXIMUM ANSWERS. NOTE VERBATIM.

No, can't think of any ways

- CHECK Q-7 (a) & (b).
- ASK Q-20 ONLY FROM THOSE WHO DO NOT PRESCRIBE/RECOMMEND ORAL CONTRACEPTIVE PILLS.

Q-20 What are the reasons for your not prescribing Oral Contraceptive Pills?

PROBE FOR MAXIMUM ANSWERS.

SECTION B: IUD

CHECK Q-7(a) - IF 'IUD' NOT MENTIONED ASK Q-21, OTHERWISE GO TO Q-22.

Q-21 Do you ever recommend use of IUD?

Yes	= 1
No	= 2

IF 'YES' ASK Q-22 ONWARDS, OTHERWISE GO TO Q-34.

Q-22 a) To how many women per day or per week do you usually recommend use of IUD?

<u>Frequency</u>	<u>Number</u>
Per day	_____
Per week	_____
Per month	_____
Less often	_____

b) To women of what age do you usually recommend IUD?

AGES:

Under 20 years	= 1	<input type="checkbox"/>
20 - 35 years	= 2	<input type="checkbox"/>
Over 35 years	= 3	<input type="checkbox"/>
All ages	= 4	<input type="checkbox"/>

c) Do you recommend IUD to women who have had:

No children	= 1	<input type="checkbox"/>
1 or 2 children	= 2	<input type="checkbox"/>
More than 2 children	= 3	<input type="checkbox"/>
Irrespective of number of children	= 4	<input type="checkbox"/>

d) Do you recommend IUD to women who are:

Newly married	= 1	<input type="checkbox"/>
Married less than 2 years	= 2	<input type="checkbox"/>
Married over 2 years	= 3	<input type="checkbox"/>
Irrespective of years of marriage	= 4	<input type="checkbox"/>

e) What are your usual reasons for recommending use of IUD?

Family Planning	= 1	<input type="checkbox"/>
Cycle disturbances	= 2	<input type="checkbox"/>
Haj/Pilgrimage	= 3	<input type="checkbox"/>
Others (sp.)	= 4	<input type="checkbox"/>

Q-23 Do you usually explain to your patients how the IUD works?

Yes	= 1	<input type="checkbox"/>
No	= 2	

Q-24 a) At the time of recommending IUD, do you tell the woman about possible side effects?

Yes	= 1	<input type="checkbox"/>
No	= 2	

IF 'YES' ASK Q-24(b), OTHERWISE GO TO Q-25.

b) What are the side effects you tell them about?

DO NOT PROMPT. PROBE FOR MAXIMUM ANSWERS.

Obesity/weight gain	= 1
Internal organic problems	= 2
Heavy bleeding	= 3
Irregular periods	= 4
Irritability	= 5
Difficulties in child birth	= 6
Heartburn/acidity	= 7
Stomach upset	= 8
Cramps	= 9
Spotting	= A
Headache	= B
Weakness	= C
Nausea/Vomitting	= D
Dizziness	= E
Body pains	= F
No/scant menstrual bleeding	= G
Acne/Pimples	= H
Cancer	= I
Is of high risk in case of forgetting the sequence	= J
Is a prolonged procedure	= K
Others (sp.)	= L

c) Do you tell them how to deal with these side-effects?

Yes	=	1
No	=	2

IF 'YES' ASK Q-24(d) OTHERWISE GO TO Q-25.

d) What do you recommend that they do ?

<u>Side Effect</u>	<u>Recommendation</u>		
Obesity/weight gain			
Internal organic problems			
Heavy bleeding			
Irregular periods			
Irritability			
Difficulties in child birth			
Heartburn/acidity			
Stomach upset			
Cramps			
Spotting			
Headache			
Weakness			
Nausea/Vomitting			
Dizziness			
Body pains			
No/scant menstrual bleeding			
Acne/Pimples			
Cancer			
Is of high risk in case of forgetting the sequence			
Is a prolonged procedure			
Don't know/not much knowledge just heard that they are harmful			
Others (sp.)			

Recommendation:

Blood test to be taken	=	1
Vitamin supplement to be taken.	=	2
Pain killers to be taken	=	3
Tranquilizers to be taken	=	4
Anti-vomitting pills to be taken	=	5
Doctor is to be consulted	=	6
Others (sp.)	=	7

Q-25 a) What percent of women who have been recommended IUD by you, come back with complaints after its use?

1 - 20%	=	1	
21 - 40%	=	2	
41 - 60%	=	3	
61 - 80%	=	4	<input type="checkbox"/>
81 - 100%	=	5	
None	=	6	

IF 'NONE' GO TO Q-27 OTHERWISE ASK Q-25(b) ONWARDS.

b) What are the major complaints of these women?

Obesity/weight gain	=	1	
Internal organic problems	=	2	
Heavy bleeding	=	3	
Irregular periods	=	4	
Irritability	=	5	
Difficulties in child birth	=	6	
Heartburn/acidity	=	7	
Stomach upset	=	8	
Cramps	=	9	
Spotting	=	A	<input type="checkbox"/>
Headache	=	B	<input type="checkbox"/>
Weakness	=	C	<input type="checkbox"/>
Nausea/Vomitting	=	D	<input type="checkbox"/>
Dizziness	=	E	
Body pains	=	F	
No/scant menstrual bleeding	=	G	
Acne/Pimples	=	H	
Cancer	=	I	
Is of high risk in case of forgetting the sequence	=	J	
Is a prolonged procedure	=	K	
Don't know/not much knowledge just heard that they are harmful	=	L	
Others (sp.)	=	M	

Q-26 What do you recommend that they do about _____ ?
side effect

ASK FOR EACH SIDE EFFECT MENTIONED IN Q-25(b).

<u>Side Effect</u>	<u>Recommendation</u>		
Obesity/weight gain			
Internal organic problems			
Heavy bleeding			
Irregular periods			
Irritability			
Difficulties in child birth			
Heartburn/acidity			
Stomach upset			
Cramps			
Spotting			
Headache			
Weakness			
Nausea/Vomitting			
Dizziness			
Body pains			
No/scant menstrual bleeding			
Acne/Pimples			
Cancer			
Is of high risk in case of forgetting the sequence			
Is a prolonged procedure			
Don't know/not much knowledge just heard that they are harmful			
Others (sp.)			

Recommendation:

Blood test to be taken	=	1
Vitamin supplement to be taken	=	2
Pain killers to be taken	=	3
Tranquilizers to be taken	=	4
Anti-vomitting pills to be taken	=	5
Doctor is to be consulted	=	6
Others (sp.)	=	7

Q-27 a) In your opinion, can all women use IUD or should some women not use it?

All women can use	= 1	} ASK } Q-27(b)	<input type="checkbox"/>
Some women should not use	= 2		
Can't say/not sure	= 3		

→ GO TO Q-28

b) What are your reasons for saying so?

PROBE FOR MAXIMUM ANSWERS.

Thicker cervix	= 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Multiple children (more than 4)	= 2	
Obese patients	= 3	
Diabetic patients	= 4	
Cervical erosion	= 5	
Mental non-acceptance	= 6	
Husband's history	= 7	
Ceaserian history	= 8	
Growth and infection in uterus	= 9	
Others (sp.)	= A	

Q-28 Compared to other contraceptive methods, what in your opinion are the advantages or benefits of using IUD?

PROBE FOR MAXIMUM ANSWERS.

No fear of complications/irregularity as can happen by taking pills	= 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Proper insertion is good for 3-4 yrs.	= 2	
No menstrual disturbances	= 3	
Temporary prevention - pregnancy possible after removal	= 4	
No complaints of headache	= 5	
No complaints of hypertension	= 6	
No fear of vaginal discharge	= 7	
Others (sp.)	= 8	

Q-29 What do you think are the disadvantages?

PROBE FOR MAXIMUM ANSWERS.

Heavy bleeding/periods	= 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Can move up in the uterus/intestine resulting in need for surgery	= 2	
Abdominal pain	= 3	
Disturbs menstrual cycle	= 4	
Others (sp.)	= 5	

Q-30 a) Under what circumstances would you not recommend IUD?

PROBE FOR MAXIMUM ANSWERS. NOTE VERBATIM.

b) Are there any other contraindications for not recommending IUD?

PROBE FOR MAXIMUM ANSWERS. NOTE VERBATIM.

Q-31 a) Have you been trained for IUD insertion?

Yes	=	1	<input type="checkbox"/>
No	=	2	

IF 'YES' ASK Q-31(b) & (c), OTHERWISE GO TO Q-32.

b) Where were you trained?

Hospital/clinic	=	1	<input type="checkbox"/>
Family Welfare Centre	=	2	
Others (sp.)	=	3	

c) By whom were you trained?

Doctor	=	1	<input type="checkbox"/>
Family Planning Personnel	=	2	
Others (sp.)	=	3	

Q-32 What sources of information do you rely on to keep you informed about new developments in IUD technology and research?

Medical Journals	=	1	<input type="checkbox"/>
Pharmaceutical salesmen or detail men	=	2	
Conferences/Symposia/Workshops	=	3	
Colleagues	=	4	
Post-graduate courses	=	5	
Mass media	=	6	
Others (sp.)	=	7	
Do not follow developments on IUD	=	8	

Q-33 Can you think of any ways in which more women could be motivated to use IUD?

PROBE FOR MAXIMUM ANSWERS. NOTE VERBATIM.

No, can't think of any ways

- CHECK Q-7 a & b.
- ASK Q-34 ONLY FROM THOSE WHO DO NOT PRESCRIBE/RECOMMEND IUD.

Q-34 What are the reasons for your not recommending IUD?

PROBE FOR MAXIMUM ANSWERS.

SECTION C: INJECTIONS

Q-35 a) Do you ever prescribe or administer contraceptive injections for your patients?

Yes, prescribe only	=	1
Yes, administer only	=	2
No	=	3

IF CODE 1 OR 2 ASK Q-36 ONWARDS, OTHERWISE ASK Q-35(b).

b) Why is it that you do not prescribe or administer contraceptive injections?

PROBE FOR MAXIMUM ANSWERS.

Prefer other contraceptives because of lesser side effects	=	1
No particular reason	=	2
Do not have much knowledge about it	=	3
Others (sp.)	=	4

--

Q-36 Which brand of injectable do you prescribe or administer?

Depo-Provera (DMPA)	=	1
Noristerat (NET-EN)	=	2
Others (sp.)	=	3

Q-37 a) How would you compare this method with other methods of contraception? Do you consider it to be :

Not as good	=	1
About the same	=	2
Somewhat better	=	3
Much better	=	4

--

IF CODE 1, 2 OR 4 ASK Q-37(b).

b) Why do you say that?

PROBE FOR MAXIMUM ANSWERS.

CHECK Q-7 (a) & (b), Q-21 & Q-35 AND ASK Q-38 FOR EACH OF THE METHODS PRESCRIBED.

Q-38 a) Do you only prescribe or do you also supply contraceptive method?

Only prescribe	= 1
Prescribe & supply	= 2

- IF CODE 1 ASK Q-38(b) AND TERMINATE INTERVIEW.
- IF CODE 2 ASK Q-38 (b) & (c).

b) What are your fees for consultation/prescription of contraceptive method?

c) What fee do you charge for _____?
 (contraceptive method)

	(a) <u>Prescribe</u> <u>/Supply</u>	<u>C o s t</u>	
		(b) <u>Consultation</u> <u>Rs.</u>	(c) <u>Product</u> <u>Rs.</u>
Oral Contraceptive Pills	<input type="text"/>	_____	_____
IUD/Insertion	<input type="text"/>	_____	_____
Contraceptive Injections/injecting	<input type="text"/>	_____	_____

DOMESTIC RESEARCH BUREAU

OF LEVER BROTHERS PAKISTAN LIMITED

VOLUME VI (1990)

STUDY ON ORAL

CONTRACEPTIVE PILLS

C H E M I S T S



**DOMESTIC
RESEARCH
BUREAU**

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STUDY ON ORAL CONTRACEPTIVE PILLS
CHEMISTS

Date of Report: May 1991

BEST AVAILABLE COPY

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1. INTRODUCTION



1.1 RATIONALE FOR THE RESEARCH:

The Social Marketing of Contraceptives (SMC) Project plans to introduce an Oral Contraceptive Pill into urban areas of Pakistan in 1991. In order to ensure marketing success, it is necessary to understand the current distribution system for hormonal contraceptive methods and to assess the knowledge, attitudes and practices of the pharmaceutical trade primarily towards Oral Contraceptive Pills, and secondarily towards Injectables.

Chemists will play an important role in promoting, and are a critical source for the distribution, of hormonal contraceptives. For this reason, SMC commissioned this study among chemists.

1.2 STATEMENT OF OBJECTIVES:

The main objective of the survey was to understand the current market for Oral Contraceptive Pills and Injectables in terms of:

Stocking Practice:

- Proportion of chemists stocking contraceptive methods (condoms, injections, foams and Oral Contraceptive Pills).
- Reasons for not stocking Oral Contraceptive Pills.
- Average sales per day of Oral Contraceptive Pills.
- Best selling brand.

Consumer purchasing pattern

- Main purchaser of Oral Contraceptive Pills
- Purchase on doctor's prescription or otherwise.

Chemists' knowledge and attitudes

- Awareness of brands of Oral Contraceptive Pills and their prices.
- Attitude towards use of Oral Contraceptive Pills.
- Knowledge of side-effects and contraindications.
- Knowledge of benefits.
- Recommendation for treatment of side-effects.



1.3 SAMPLING PROCEDURE:

The universe for the study is comprised of all retail chemists in selected towns of 100 thousand population and above, stratified as follows:

City Size I : Stratum I : Metro Towns - Karachi and Lahore.
 (Stratum II : Towns above 5 lac - Rawalpindi/
 (Islamabad & Peshawar.
 City Size II (Stratum III: 1 - 5 lac population towns
 (- Quetta, Nawabshah, Sargodha,
 (Jhelum & Nowshera.

A three stage sampling procedure was adopted.

<u>City Size</u>	<u>Stratum</u>	<u>Total No.</u>	<u>Universe</u>	<u>Selected</u>
I	I	2	2	2
II	(II	6	2	2
	(III	<u>35</u>	<u>5</u>	<u>3</u>
		<u>43</u>	<u>9</u>	<u>7</u>

At the first stage, of the total 9 towns 7 towns were selected.

City Size I : Stratum I : Karachi and Lahore.

City Size II : (Stratum II : Rawalpindi/Islamabad & Peshawar.
 (Stratum III : Quetta, Sargodha & Nowshera.

The estimated number of chemists/medical stores in these towns are 2382, which formed the frame for the second stage selection.

Second Stage:

An area sampling technique was adopted for the selection of outlets. The survey covered only retail outlets selling contraceptive products. All wholesale and large retailers, where some wholesale trade takes place, were excluded.



A disproportionate sampling approach was used for allocating shops to various cities/strata, so as to yield balanced and economic sample sizes. Weighting factors were applied so as to bring results in line with true proportions. Small and large outlets were selected on an "as they come basis". As information for retailers stocking contraceptive products was not available, all outlets stocking such products were enumerated along with those not stocking. This information was used in defining the universe.

SAMPLE SIZE:

Details of the sample sizes are as follows:

	<u>UNIVERSE</u>	<u>SELECTED TOWNS/SAMPLE SIZE</u>
<u>Stratum I:</u>	<u>1618</u>	<u>100</u>
Karachi	1243	60
Lahore	375	40
<u>Stratum II</u>	<u>472</u>	<u>50</u>
Peshawar	161	18
Rawalpindi/Islamabad	311	32
<u>Stratum III</u>	<u>292</u>	<u>50</u>
Quetta	80	20
Nawabshah	84	-
Sargodha	87	20
Jhelum	8	-
Nowshera	33	10
<u>OVERALL:</u>	<u>2382</u>	<u>200</u>

The sample represents the 9 towns in the universe.

For analytical purposes, the above strata have been defined as:

- City Size I : Stratum I
- City Size II : Strata II/III



1.4 METHODOLOGY:

Of the 2290 outlets in the selected towns, a total of 2283 retail chemists in selected areas of each town were enumerated regardless of whether they were stockers or non-stockers of contraceptive products. Among those stocking contraceptive products, every fifth outlet was interviewed, with a maximum of 5 in one area.

WEIGHTING FACTORS:

The following weights were used to combine City Sizes:

- City Size I : 2.06
- City Size II : 1

FIELD WORK:

Field work was conducted from April 4, 1990 to May 9, 1990.



2. EXECUTIVE SUMMARY

EXECUTIVE SUMMARYCURRENT STOCKING PRACTICE:

In the urban towns with 100 thousand and above population, 96% of the Chemists stock one or more contraceptive methods. Reasons cited for not stocking were low awareness, thus low demand.

9 out of 10 of these Chemists stock Oral Contraceptive Pills and Condoms. Injectables are stocked by half the Chemists in large cities as against by only one-fourth in the smaller cities.

Generally, two or more brands of Oral Contraceptive Pills and more than one brand of Injectables are stocked by Chemists.

More frequently stocked brands of Oral Contraceptive Pills are Ovral (97%) and Nordette (88%) and of Injectables are Norigest (65%) and Depo-Provera (45%).

Average retail prices of Oral Contraceptive Pill brands range from Rs.20.47 for Anovlar to Rs.6.25 for Ovral. Nordette and Minovlar retail from Rs.7.18 to Rs.7.79. Lo-Femenal is the least expensive (Rs.2.11) brand in the market. Average retail price of Norigest is Rs.53.86 and for Depo-Provera Rs.48.14.

Sales of the more popular Oral Contraceptive Pill brands Ovral, Nordette and Lyndiol average 4 cycles per brand/week. Two units each of Norigest and Depo-Provera contraceptive injections are sold on an average per week.

Average margins on the two best selling Oral Contraceptive Pill brands are 14%. Among contraceptive injections margin on Depo-Provera is 11% and on Norigest 13%.

Lowest priced brand of Oral Contraceptive Pills (in most cases, Ovral at Rs.6.25) is considered to be affordable by all women. For Injectables however, about three-fourth of the Chemists in the larger cities and only 4% in the smaller cities are of the opinion that their lowest priced brand (selling around Rs.44 and Rs.52) would be affordable to all women.



PURCHASE PATTERN OF CHEMISTS:

Company representatives are the suppliers of Oral Contraceptive Pills to a majority (63-74%) of the Chemists, while the others purchase from the wholesaler or distributor. About half the Chemists use more than one supply source.

Oral Contraceptive Pills are generally purchased on a cash basis. Those buying on credit do so on a bill-to-bill basis.

On an average 6 to 8 cycles of the more popular brands of Oral Contraceptive Pills and 4 to 5 of the less popular brands are purchased at a time. Average frequency of purchase is thrice a month, with half the Chemists buying at least once a week.

PURCHASE PATTERN OF CUSTOMERS:

Chemists claimed that two-thirds of their purchasers of Oral Contraceptive Pills are males and one-third are females.

Most of the first time purchasers of Oral Contraceptive Pills come to Chemists with a doctor's prescription. Those customers who are not decided about brand of Oral Contraceptive Pills to be purchased are recommended by Chemist to use the Ovral brand.

About half the Chemists are asked about method of use of Oral Contraceptive Pills. Majority of these demonstrate proper use through the package - more so in the smaller towns.

CHEMISTS' RECOMMENDATION ON CONTRACEPTIVE METHODS:

About half the Chemists claimed to recommend various contraceptive methods to their customers with the Condom as the more frequently recommended method. Recommendation of Oral Contraceptive Pills is to a higher extent in the larger cities than in the smaller (32% vs. 24%). Recommendation of Injectables is low (2%).



PERCEIVED BENEFITS/ADVANTAGES/DISADVANTAGES OF ORAL CONTRACEPTIVE PILLS:

Benefits of Oral Contraceptive Pills mainly cited by Chemists are that this is an easier to use and effective method of contraception.

Chemists were unable to cite a specific advantage beyond a generalization that use of Oral Contraceptive Pills ensures the users' health. Most of them indicated various disadvantages - which relate to obesity, menstrual and internal organic problems and other undesirable side-effects.

Only 25% of the Chemists considered Oral Contraceptive Pills to be safe for health, while a significant (44%) proportion could not express an opinion on this aspect. Reasons for considering this method unsafe are the same as those mentioned as disadvantages.

SIDE-EFFECTS OF ORAL CONTRACEPTIVE PILLS:

Two-thirds (65%) of the Chemists were aware of side-effects caused by Oral Contraceptive Pills. Perceived side-effects mentioned are obesity, health and menstrual problems, organic problems, difficulties in child birth and irritability. Purchasers of Oral Contraceptive Pills who come back to the Chemist with complaints due to use of Oral Contraceptive Pills, mainly complain about above mentioned side-effects. The Chemist advises them to consult a doctor.

OPINION ABOUT USAGE OF ORAL CONTRACEPTIVE PILLS:

More than half (55%) of the Chemists were unable to state whether Oral Contraceptive Pills were suitable for use by all women. 37% were of the opinion that this method should not be used by women who are ailing/weak, by those suffering from hypertension or heart problems and by those who react poorly to Oral Contraceptive Pills.



INTENTIONS OF STOCKING ORAL CONTRACEPTIVE PILLS IN THE FUTURE:

Most (86%) of the Chemists are willing to sell the new brand of Oral Contraceptive Pills. Those not willing to do so indicated reasons relating to need for a doctor's prescription and low demand for this method.

CONCLUSION:

Majority of the Chemists are currently stocking Oral Contraceptive Pills and are willing to stock the new brand. The Chemists' knowledge of the benefits/advantages of Oral Contraceptive Pills is limited. Depth of awareness in relation to side-effects caused by Oral Contraceptive Pills and ways of treatment of these side-effects is low.

For the Chemist to play a proactive role in promoting the proposed Oral Contraceptive Pills brand, there is a strong need to educate him on various aspects relating to contraception and more particularly the use of Oral Contraceptive Pills, in addition to providing him incentives. This would gear him up to provide information to and create an awareness of Oral Contraceptive Pills amongst his customers, thus motivating them to use the new Oral Contraceptive Pills brand.



3. CURRENT PRACTICES



3.1 Current Stocking Practices



3.1.1 Incidence of stocking contraceptive methods;

96% of the Chemists contacted were found to be stocking one or more contraceptive methods.

(Table-1)

SMC - CHEMISTS

TABLE 1A

Q.C: DO YOU STOCK CONTRACEPTIVE PRODUCTS? =====
 NO OF OUTLETS STOCKING CONTRACEPTIVES

	CITY SIZE I	CITY SIZE II	WA
BASE: TOTAL CONTACTED OUTLETS	1536	745	
	%	%	%
STOCKERS OF CONTRACEPTIVE METHOD	95	98	96
NON-STOCKERS OF CONTRACEPTIVE METHOD	5	2	4



3.1.2 Contraceptive methods stocked:

Among Chemists who stock contraceptive products, approximately 9 out of 10 stock Oral Contraceptive Pills and Condoms. Injectables are available at about half the Chemists in large cities as against only one-fourth in the smaller towns. Foams/jellies/creams and IUDs are stocked to a lesser extent, and are somewhat more likely to be available in the smaller towns than in the larger cities.

(Table-1b)

SMC - CHEMISTS

TABLE 15

CONTRACEPTIVE PRODUCTS STOCKED
=====

Q 1A: YOU SAID YOU STOCKED CONTRA -
CEPTIVE PRODUCTS. WHICH OF THESE
PRODUCTS ARE STOCKED IN YOUR
OUTLET ? ANY OTHER? (SHOW CARD)

	CITY SIZE I			CITY SIZE II			W.A		
	ST	NS	NR	ST	NS	NR	ST	NS	NR
BASE: STOCKERS OF CONTRACEPTIVE PRODUCTS.	100			100					
	%			%			%		
ORAL CONTRACEPTIVE PILLS	86	14	0	98	2	0	50	10	0
CONDOM	87	13	0	89	11	0	68	12	0
INJECTIONS	26	70	2	52	48	0	36	63	1
FOAM/JELLIES/CREAM	13	84	3	31	69	0	19	77	2
IUD/LOOPS	5	96	1	8	92	0	5	95	0

ST : STOCKISTS
NS : NON STOCKISTS
NR : NO RESPONSE



3.1.2.1 Reasons for not stocking contraceptive products

The few Chemists who do not stock contraceptives cite lack of demand and lack of awareness as the reasons for not stocking.

(Table-1c)

SMC - CHEMISTS

TABLE 1C

REASONS FOR NOT STOCKING CONTRACEPTIVE PRODUCTS.

Q 18: WHAT ARE YOUR REASONS FOR
NOT STOCKING _____?

BASE: NON - STOCKERS OF RESPECTIVE CONTRACEPTIVE PRODUCTS		CITY SIZE I	CITY SIZE II	W.A
ORAL CONTRACEPTIVE PILLS =====	NOS.	14	2	
NO DEMAND		12	2	9
OTHERS		3	0	2
CONDOMS =====	NOS.	13	11	
NO DEMAND		12	6	10
OTHERS/NO AWARENESS		3	7	2
INJECTIONS =====		70	48	
		%	%	%
NO DEMAND		79	69	76
NO AWARENESS		17	25	20
NOT AVAILABLE		21	2	15
OTHERS		9	25	14
FOAM/JELLY =====		84	69	
		%	%	%
NO DEMAND		92	64	84
NO AWARENESS		31	45	35
NOT AVAILABLE/OTHERS		7	12	9
IUD/LOOPS =====		96	92	
		%	%	%
NO DEMAND		88	62	80
NO AWARENESS		29	50	35
NOT AVAILABLE/OTHERS		2	13	5
OTHERS		6	4	5



3.1.3 Brands of Oral Contraceptive Pills/
Contraceptive Injections stocked

Chemists generally stock two or more brands of Oral Contraceptive Pills and more than one brand of Injections.

The most frequently stocked brands of Oral Contraceptive Pills are Ovril (97%) and Nordette (88%), followed by Postinor and Lyndiol (22% each). Minovlar was stocked by 20% of chemists in City Size II.

The two leading brands of Injections stocked are Norigest (65%) and Depo-Provera (45%).

(Table-2a)

SMC - CHEMISTS

TABLE 2 A

BRANDS OF OCPs/CONTRACEPTIVE INJECTIONS STOCKED.

Q 4A: WHICH BRANDS OF OCPs/INJECTABLES
ARE STOCKED IN THIS OUTLET ?

	CITY SIZE I	CITY SIZE II	W.A
BASE: STOCKERS OF OCPs. =====	86	98	
	%	%	%
MULTIPLE BRAND STOCKISTS	96	95	96
SINGLE BRAND STOCKISTS	4	5	4
BRANDS OF OCPs STOCKED. =====			
OVRAL	95	100	97
NORDETTE	91	83	86
POSTINOR	19	29	22
LYNDIOL	17	34	22
ANDVLAR	10	10	10
MINOVLAR	10	20	13
LO-FEMENAL	3	6	4
OTHER BRANDS	15	7	11
BASE: STOCKERS OF INJECTIONS =====	28	52	
	%	%	%
MULTIPLE BRAND STOCKISTS	23	21	22
SINGLE BRAND STOCKISTS	77	79	78
DEPOPROVERA	45	46	45
NORIGEST	60	69	65
OTHERS	18	6	14

10/15



3.1.4 Retail price of brands of Oral Contraceptive Pills/Contraceptive Injections stocked

Chemists were asked retail prices of Oral Contraceptive Pills and Contraceptive Injections stocked by them.

Among Oral Contraceptive Pills brands, the highest average retail price was for Anovlar (Rs.20.47), followed by Lyndiol (Rs.15.95) and Postinor (Rs.12.12). The retail prices of Nordette and Minovlar ranged from Rs.7.18 to 7.79, while that of Ovril was Rs.6.25. Lo-Femenal is the least expensive (Rs.2.11) brand of Oral Contraceptive Pills on the market.

The average retail price of Norigest is Rs.53.86 as against Rs.48.14 for Depo-Provera.

(Table-2b)

SMC - CHEMISTS

TABLE 2 B

RETAIL PRICE OF BRANDS OF DCPs/CONTRACEPTIVE INJECTIONS STOCKED

Q 4B: WHAT IS THE RETAIL PRICE
OF -----BRAND ?

(IN RUPEES)

	CITY SIZE I	CITY SIZE II	W.A
BASE: STOCKERS OF RESPECTIVE BRANDS . =====			
AVERAGE PRICE OF: DCPs. =====			
OVRAL	6.21	6.33	6.25
NORDETTE	7.22	7.13	7.16
POSTINGR	12.22	11.96	12.12
LYNDIOL	14.64	17.20	15.95
ANOVLAR	20.14	21.00	20.47
MINOVLAR	7.12	8.40	7.75
LD-FEHEAL	2.17	2.00	2.11
OTHER BRANDS	9.36	7.50	9.24
INJECTIONS: =====			
DEDFROVERA	52.33	44.00	46.14
NORIBEST	51.94	55.93	53.86
OTHER BRANDS	33.58	15.00	32.03

6



3.1.5 Sales per week of Oral Contraceptive
Pills/Contraceptive Injections

Sales of Ovrall, Nordette and Lyndiol, average 4 cycles per week each, with the less popular brands averaging 2-3 cycles per week.

Stockers of Norigest and Depo-Provera contraceptive injections sell about 2 units/week on an average.

(Table-2c)

SMC - CHEMISTS

TABLE 2 C

SALES PER WEEK OF OCPs/CONTRACEPTIVE INJECTIONS
BY STOCKERS OF RESPECTIVE BRANDS.Q 4C: ABOUT HOW MANY CYCLES OF OCPs
UNITS OF INJECTIONS DO YOU SELL
PER WEEK OF -----BRAND ?

=====

(AVERAGE NUMBER OF CYCLES/UNITS)

BASE: STOCKERS OF RESPECTIVE BRANDS .

CITY SIZE CITY SIZE W.A
I II

OCPs

=====

OVERAL	4	5	4
NORSETTE	4	4	4
POSTINOR	3	3	3
LYNDIOL	4	3	4
ANGVLAR	2	2	2
MINGVLAR	2	4	3
LO-FEMENAL	2	2	2
OTHER BRANDS	4	6	5

INJECTIONS:

=====

DEPOPROVERA	2	2	2
NORIGEST	2	1	2
OTHER BRANDS	2	1	2



3.1.6 Best selling brand of Oral Contraceptive Pills/Contraceptive Injections

80% of Chemists named Ovrall as their best selling brand of Oral Contraceptive Pill. Among Injectables, Norigest was the best selling brand in the large cities, and Depo-Provera in the smaller towns.

(Table-2d)

SMC - CHEMISTS

TABLE 2 D

Q 4D: WHICH IS YOUR BEST SELLING
BRAND OF OCPs/INJECTABLES?

BEST SELLING BRAND OF OCPs/CONTRACEPTIVE INJECTIONS
=====

	CITY SIZE I	CITY SIZE II	W.A
BASE: STOCKERS OF RESPECTIVE BRANDS OF OCPs. =====	%	%	%
BRANDS OF OCPs =====			
OVRAL	78	85	80
NORDETTE	10	12	11
POSTINOR	1	4	2
MINDVLAR	1	1	1
LD-FEMENAL	1	1	1
OTHER BRANDS.	1	1	1
INJECTIONS: =====			
NORIBEST	64	31	53
DEPOPROVERA	36	44	39
OTHER BRANDS	3	3	3



3.1.6.1 Percentage margin on best selling brand

Margins on the two best selling brands of Oral Contraceptive Pills are 14%; margins on other brands range from 11% to 15%.

The average margin on Depo-Provera is 11% and that on Norigest, 13%.

(Table-2e)

SMC - CHEMISTS

TABLE 2 E

Q 4E: WHAT IS THE PERCENTAGE OF MARGIN
ON THE BEST SELLING BRAND
OF OCPs/INJECTABLES?

PERCENTAGE MARGIN ON BEST SELLING BRAND
=====

(AVERAGE)

	CITY SIZE I	CITY SIZE II	W.A
BASE: RESPECTIVE BEST SELLING BRAND STOCKERS . =====	%	%	%
OCPs =====			
OVYRAL:	14	15	14
NORDETTE:	15	14	14
POSTINOR:	12	15	13
MINDVLAR:	15	15	15
LD-FEMMENAL	10	12	11
OTHER BRANDS	15	15	15
INJECTIONS: =====			
DEPOPROVERA:	10	12	11
NORIGEST:	13	12	13
OTHER BRANDS:	14	11	13



3.1.7 Consideration of lowest priced brand as affordable

Chemists were asked if they considered their lowest priced brand of Oral Contraceptive Pills/Contraceptive Injections to be affordable to the consumer.

Almost all (95%) of Ovral stockers considered the price (Rs.6.25) of this brand as being affordable by all women.

In the case of contraceptive injections however, about three-fourths of the Chemists in City Size I as against only 4% in City Size II towns are of the opinion that their lowest priced brands (selling around Rs.52 and Rs.44) would be affordable to all women.

(Table-2f)

SMC - CHEMISTS

TABLE 2 F

CONSIDERATION OF LOWEST PRICED BRAND AS AFFORDABLE.

Q 4F: YOU SAID THE LOWEST PRICED BRAND
OF OCPs/INJECTABLES WAS -----,
AND THAT ITS RETAIL PRICE
WAS RS.-----WOULD YOU ---?

	CITY SIZE I	CITY SIZE II	N.A
BASE: STOCKERS OF OCPs. =====	86	98	
	%	%	%
LOWEST PRICED BRAND IS AFFORDABLE BY: =====			
ALL WOMEN	77	70	75
SOME WOMEN	3	10	5
BASE: STOCKERS OF INJECTABLES. =====	26	32	
	%	%	%
LOWEST PRICED BRAND IS AFFORDABLE BY: =====			
ALL WOMEN	78	4	54
SOME WOMEN	22	96	46



3.2 Purchase Pattern of Chemists



3.2.1 Sources of supply for Oral Contraceptive Pills

Oral Contraceptive Pills are delivered to two-thirds to three-fourths (63-74%) of the outlets by company representatives, while the source of purchase for most of the others is the wholesaler or the distributor. Approximately half the Chemists indicated that they used more than one supply source.

(Table-3)

SMC - CHEMISTS

TABLE 3

Q 5: WHAT ARE YOUR MAIN SOURCES
OF PURCHASE OF OCPs?

SOURCES OF SUPPLY OF OCPs.
=====

	CITY SIZE I	CITY SIZE II	W.A
BASE: STOCKERS OF OCPs. =====	86 ==	98 ==	
	1	2	2

SOURCE OF PURCHASE OF OCPs :
=====

DELIVERED BY COMPANY REP.	74	62	70
WHOLESELLER	34	45	37
DISTRIBUTOR	29	9	23
RETAILER	9	5	8
RETAILER/WHOLESELLER	3	0	2
GOVERNMENT OUTLET	0	1	0
DELIVERED BY GOVERNMENT REP.	0	3	1
OTHERS	1	0	1



3.2.2 Terms of purchase/credit

Oral Contraceptive Pills are generally purchased on a cash basis, somewhat more so in the large cities (93%) than in the smaller towns (89%). Those buying on credit (16-23%) most often do so on a bill-to-bill basis. 10% of the Chemists reported that they buy both for cash and on credit.

(Table-4)

SMC - CHEMISTS

TABLE 4

	TERMS OF PURCHASE / CREDIT =====		
	CITY SIZE I	CITY SIZE II	W.A
Q 6A: ARE THEY PURCHASED ON CASH BASIS OR DO YOU GET THEM ON CREDIT ?			
B: WHAT ARE THE CREDIT TERMS ?			
BASE: STOCKERS OF OCPs. =====	86	96	
	%	%	%
A) TERMS OF PURCHASE -----			
CASH	84	77	82
CREDIT	7	12	8
BOTH	9	11	10
BASE: STOCKERS BUYING ON CREDIT =====	14	23	
	%	%	
B) CREDIT TERMS -----			
ONE MONTH CREDIT	31	9	24
BILL TO BILL	69	91	76



3.2.3 Quantity of Oral Contraceptive Pills brands purchased at a time

On an average, 8 cycles of Ovral, 6 of Nordette and between 4-5 cycles of the less popular brands are purchased at a time by stockers of these respective brands. Those located in the smaller towns tend to purchase slightly larger quantities at a time than those located in large cities.

(Table-5)

SMC - CHEMISTS

TABLE 5

Q 7A: HOW MANY CYCLES DO YOU PURCHASE
AT A TIME OF --- BRAND OF OCPs?

QUANTITY OF OCP BRANDS PURCHASED AT A TIME .
=====

(AVERAGE NO. OF CYCLES/UNITS)

	CITY SIZE I	CITY SIZE II	W.R.
BASE: STOCKERS OF RESPECTIVE BRANDS OF OCPs. =====			
OVRAL	7	10	6
NORDETTE	6	7	6
POSTINOR	4	6	5
LYNDIOL	4	5	4
ANDVLAR	3	6	4
MINOVLAR	4	7	5
LD-FEMENAL	3	5	4
OTHER BRANDS	3	4	3



3.2.4 Frequency of purchase

The average frequency of purchase of Oral Contraceptive Pills by the Chemists is thrice a month; over half of them buy at least once a week.

(Table-6)

SNC - CHEMISTS

TABLE 6

Q 78: WHAT IS YOUR FREQUENCY OF PURCHASE
OF -----BRAND OF OCPs ?

FREQUENCY OF PURCHASE OF OCP BRANDS.

		CITY SIZE	CITY SIZE	W.A
		I	II	
BASE: STUDYERS OF RESPECTIVE BRANDS OF OCPs.				
=====				
OVRAAL	NO.	82	98	
=====		%	%	%
ONCE A WEEK		56	55	56
TWICE A MONTH		27	19	25
ONCE A MONTH		15	23	17
LESS OFTEN		2	3	2
AVERAGE FREQUENCY PER MONTH		3	3	3
NORDETTE	NO.	78	81	
=====		%	%	%
ONCE A WEEK		54	60	56
TWICE A MONTH		29	21	27
ONCE A MONTH		11	17	13
LESS OFTEN		5	2	4
AVERAGE FREQUENCY PER MONTH		3	3	3
POSTINOR	NO.	16	28	
=====		%	%	%
ONCE A WEEK		72	71	72
TWICE A MONTH		28	11	23
ONCE A MONTH		0	11	3
LESS OFTEN		0	7	2
AVERAGE FREQUENCY PER MONTH		3	3	3
LYNDIOL	NO.	15	33	
=====		%	%	%
ONCE A WEEK		87	55	77
TWICE A MONTH		13	6	11
ONCE A MONTH		0	30	9
LESS OFTEN		0	9	3
AVERAGE FREQUENCY PER MONTH		4	3	3

SMC - CHEMISTS

TABLE 6
(CONTD)

		FREQUENCY OF PURCHASE OF OCP BRANDS.		
Q 78: WHAT IS YOUR FREQUENCY OF PURCHASE OF -----BRAND OF OCPs ?		CITY SIZE I	CITY SIZE II	W.A
BASE: STOCKERS OF RESPECTIVE BRANDS OF OCPs.				
ANDVLAR	NO.	9	10	
=====		2	2	2
ONCE A WEEK		100	40	63
TWICE A MONTH		0	20	7
ONCE A MONTH		0	30	10
LESS OFTEN				
AVERAGE FREQUENCY PER MONTH		4	3	4
MINDVLAR	NO.	9	20	
=====		2	2	2
ONCE A WEEK		67	55	63
TWICE A MONTH		22	15	20
ONCE A MONTH		11	30	17
LESS OFTEN				
AVERAGE FREQUENCY PER MONTH		3	3	3
LG FEMENAL	NO.	3	6	
=====				
ONCE A WEEK		1	0	1
TWICE A MONTH		2	2	2
ONCE A MONTH		0	4	1
LESS OFTEN				
AVERAGE FREQUENCY PER MONTH		3	1	2
OTHER BRANDS		13	2	
=====	NO.			
ONCE A WEEK		10	0	8
TWICE A MONTH		4	0	4
ONCE A MONTH		1	0	1
LESS OFTEN				
AVERAGE FREQUENCY PER MONTH		3	1	3



3.3 Purchase Pattern of Customers



3.3.1 Main purchaser of Oral Contraceptive Pills

Two-thirds (68%) of the purchasers of Oral Contraceptive Pills are males and one-third (31%) are females.

(Table-7)

SMC - CHEMISTS

TABLE 7

Q 8: WHO MAINLY PURCHASES OCPs FROM
YOUR OUTLET? IS IT ADULT MALES
FEMALES ,OR CHILDREN ? WHAT
PERCENT OF TOTAL PURCHASERS ARE
MALES , FEMALES ,OR CHILDREN ?

MAIN PURCHASER OF OCPs
=====

	CITY SIZE I	CITY SIZE II	W.A
	%	%	%
BASE: STOCKERS OF OCPs. =====	86	79	
MAIN PURCHASER BY SEX : =====			
MALES	63	67	65
FEMALES	29	28	28
MALE/FEMALES BOTH EQUALLY	3	3	3
CHILDREN	3	2	3



3.3.2 Origin of first time purchase of Oral Contraceptive Pills brand

Stockers of Oral Contraceptive Pills were asked how their customer asks for an Oral Contraceptive Pills brand at the time of her/his first purchase.

Most (82%) of the first-time customers come to the Chemists with a doctor's prescription while 11% are not decided about the brand of Oral Contraceptive Pills to be purchased. In the latter circumstances, the Chemists recommend the Ovral brand of Oral Contraceptive Pills to their customers.

(Table-8)

SMC - CHEMISTS

TABLE 8

	ORIGIN OF FIRST TIME PURCHASE OF OCP BRAND		
	CITY SIZE I	CITY SIZE II	W.A
Q 9A: WHEN OCPs ARE PURCHASED FOR THE FIRST TIME ARE THEY MAINLY PURCHASED THROUGH :			
B: IF A CUSTOMER ASKS FOR ANY BRAND OF OCPs , DO YOU SUGGEST A BRAND ?			
C: WHICH BRAND OF OCPs DO YOU MOST RECOMMEND?			
BASE: STOCKERS OF OCPs.	86	96	
=====	%	%	%
ORIGIN OF PURCHASE :			
=====			
DOCTOR'S PRESCRIPTION	81	85	82
PURCHASERS ASK FOR ANY BRAND OF PILLS	15	2	11
CHEMIST'S ADVICE	3	9	5
PURCHASERS ASKS FOR A SPECIFIC BRAND	1	4	2
OTHERS	1	0	0
RECOMMENDATION OF A BRAND OF OCPs			
=====			
BASE: STOCKERS OF OCPs.,WHO ARE ASKED FOR ANY BRAND	13	2	
=====			
A PARTICULAR BRAND RECOMMENDED	100	100	100



3.3.2.1 First-time purchasers asking Chemists about method of use

More than half (54%) of the Chemists are asked about how to use Oral Contraceptive Pills by their first-time Oral Contraceptive Pill purchasers. About two-thirds of the Chemists (60%), demonstrate proper use with the aid of the package, while the rest explain the method of use verbally. Chemists in the smaller towns are more likely to use the pack in demonstrating pill use than those in the large cities (65% vs. 58%).

(Table-9)

TABLE 9

SMC - CHEMISTS

FIRST TIME PURCHASERS ASKING CHEMISTS
ABOUT METHOD OF USE.

Q 10A: DO THE FIRST TIME PURCHASER OF OCPs
USUALLY ASK YOU ABOUT THE METHOD OF
USING THE PILL ?

B: DO YOU USUALLY TELL THEM VERBALLY
OR DEMONSTRATE BY SHOWING THE PACK
THE PILL TO BE TAKEN FIRST AND THE
PATTERN FOR TAKING THE OTHER PILLS ?

	CITY SIZE I	CITY SIZE II	N.A
BASE: STOCKERS OF OCPs. =====	86	98	
	%	%	%
ASK ABOUT METHOD OF USING OCPs .	56	49	54
DO NOT ASK ABOUT METHOD OF USE	44	51	46
BASE: STOCKERS OF OCPs.WHO ARE ASKED METHOD OF USE OF OCPs. =====	48	48	
METHOD OF USE EXPLAINED -----	%	%	%
VERBALLY	42	33	39
DEMONSTRATED THRU PACK .	58	65	60
OTHERS	0	2	1



3.4 Chemists' Recommendation on Contraceptive Methods



3.4.1 Chemists asked for advice on methods of contraception

Chemists were asked if their customers sought their advice on methods of contraception.

Slightly more than one-fourth (28%) of the Chemists claimed that their customers sought advice on which contraceptive method they should use. Small-town Chemists are more likely to be consulted in this regard than big city chemists (37% vs. 24%).

(Table-10a)

SMC - CHEMISTS

TABLE 10A

CHEMISTS ASKED FOR ADVICE ON METHODS OF CONTRACEPTION
=====

Q 2A: DO YOUR CUSTOMERS EVER CONSULT YOU
FOR ADVICE ABOUT METHOD OF FAMILY
PLANNING THEY SHOULD ADOPT ?

	CITY SIZE I	CITY SIZE II	W.A
BASE:ALL CHEMISTS .	100	100	
	%	%	%
ADVICE OF CHEMISTS SOUGHT	24	37	28
ADVICE OF CHEMISTS NOT SOUGHT	76	63	72



3.4.2 Customers seeking advice on contraception

Chemists are being asked to give advice on contraception by an average of 2 customers a day. More than three-fourths (79%) of these customers are males.

(Table-10b)

SNC - CHEMISTS

TABLE 10 B

CUSTOMERS SEEKING ADVICE ON CONTRACEPTIVE METHODS.
 =====

Q 2B: ABOUT HOW MANY CUSTOMERS PER DAY CONSULT YOU FOR ADVICE ON FAMILY PLANNING ?			
Q 2C: ARE THESE CUSTOMERS MOSTLY MEN , MOSTLY WOMEN , OR BOTH ?			
	CITY SIZE I	CITY SIZE II	W.A
BASE: CHEMISTS WHOSE ADVICE IS SOUGHT .	24	37	
AVERAGE NUMBER OF CUSTOMERS SEEKING ADVICE PER DAY.	2	1	2
SEX OF CUSTOMERS SEEKING ADVICE: =====	%	%	%
MOSTLY MALES	75	86	79
MOSTLY FEMALES	0	3	1
BOTH EQUALLY	25	11	20



3.4.3 Chemists recommending any method

About half (53%) the Chemists claimed to recommend various contraceptive methods to their customers. This practice appears to be more common in the smaller towns (58%) than in the metro towns of Karachi and Lahore (50%).

(Table-11a)

TABLE 11 A

SMC - CHEMISTS

CHEMISTS RECOMMENDING ANY METHOD.
=====Q 3: WHICH METHOD DO YOU MOST
FREQUENTLY RECOMMEND ?

	CITY SIZE I	CITY SIZE II	N.A
BASE:ALL CHEMISTS	100	100	
	%	%	%
CHEMISTS WHO RECOMMEND ANY METHOD :	50	58	53
CHEMISTS WHO DO NOT RECOMMEND ANY METHOD :	50	42	47



3.4.4 Most frequently recommended method

The majority of Chemists recommending a method of contraception to their customers, recommend Condoms (63%). Oral Contraceptive Pills are recommended to a higher extent in the large cities than in the other smaller towns (32% vs. 24%). Only 2% of the Chemists recommend Injectables.

(Table-11b)

SMC - CHEMISTS

TABLE 11 B

MOST FREQUENTLY RECOMMENDED METHOD
=====

Q 3: WHICH METHOD DO YOU MOST
FREQUENTLY RECOMMEND ?

	CITY SIZE I	CITY SIZE II	W.A
BASE:CHEMISTS WHO RECOMMEND ANY METHOD	50	58	
	%	%	%
OCPS	32	24	29
CONDOMS	62	67	63
INJECTIONS	2	2	2
OTHERS	4	7	6



4. PERCEPTION OF AND ATTITUDE TOWARDS ORAL CONTRACEPTIVE PILLS



4.1 Perceived Benefits/Advantages/Disadvantages
of Oral Contraceptive Pills



4.1.1 Benefits/Advantages of using Oral Contraceptive Pills

Chemists stocking Oral Contraceptive Pills were asked their opinion on the benefits/advantages in the use of Oral Contraceptive Pills.

The leading benefits cited are that Oral Contraceptive Pills are an easier to use and effective method of contraception. Smaller proportions of Chemists said that Oral Contraceptive Pills cure cycle disturbances and ensure the health of the woman.

(Table-12)

SMC - CHEMISTS

TABLE 12

Q 11A: WHAT IN YOUR OPINION ARE THE BENEFITS
/ADVANTAGES OF USING OCPs ?

BENEFITS /ADVANTAGES OF USING OCPs.
=====

	CITY SIZE I	CITY SIZE II	W.A
	%	%	%
BASE: STOCKERS OF OCPs. =====	86	98	
OCPs ARE :			
EASIER METHOD	45	20	38
100 % SUCCESSFUL	35	36	35
REGULATE PERIODS/CURES CYCLE DISTURBANCES	15	12	14
ENSURES FEMALE'S HEALTH	13	15	14
USE OF PILLS DOES NOT INTERFERE WITH PHYSICAL SATISFACTION AS IN CONDOMS	7	5	6
OTHERS	10	11	10



4.1.2 Health benefits/advantages of using Oral Contraceptive Pills

Stockers of Oral Contraceptive Pills were specifically asked if they considered this method as providing any health benefits to women.

17% of Chemists in the large cities, but more than twice that proportion in the smaller towns, claimed to be aware of health benefits of Oral Contraceptive Pills. However, most of the Chemists were unable to cite a specific benefit beyond the generalization that the use of Oral Contraceptive Pills ensures the user's health.

(Table-13)

SMC - CHEMISTS

TABLE 13

7

Q 118: WHAT ARE THE BENEFITS IN ADDITION
TO PREVENTING PREGNANCY ? I MEAN
HEALTH BENEFITS ?

HEALTH BENEFITS /ADVANTAGES OF USING OCPs.

	CITY SIZE I	CITY SIZE II	N.A
BASE: STOCKERS OF OCPs. =====	86	98	
	%	%	%
STOCKER WHO INDICATED BENEFITS =====	17	38	24
	--	--	--
BENEFITS INDICATED:			
ENSURES WOMEN'S HEALTH	14	38	22
THOSE WOMAN WHO DESIRE WEIGHT GAIN CAN INCREASE WEIGHT.	3	0	2
REGULATES MENSTRUAL CYCLE	3	0	3
OTHERS	2	4	3
STOCKERS WHO DID NOT INDICATE ANY BENEFIT. =====	83	62	76
	--	--	--
DID NOT KNOW ANY BENEFIT. THERE IS NO ADVANTAGE OF USING OCPs.	45	62	50
	38	0	26



4.1.2.1 Disadvantages of Oral Contraceptive Pills

Most (94%) of the Chemists stocking Oral Contraceptive Pills indicated various disadvantages associated with the use of Oral Contraceptive Pills.

The main disadvantages mentioned relate to obesity/weight gain (38%), menstrual problems (17%), internal organic problems (19%) and undesirable side-effects (18%).

(Table-14)

SMC - CHEMISTS

TABLE 14

DISADVANTAGES OF USING OCPs.

Q 11C: WHAT ARE THE DISADVANTAGES OF OCPs ?

	CITY SIZE I	CITY SIZE II	N.A
BASE: STOCKERS OF OCPs. =====	86	96	
	%	%	%
OCPs CAUSE :			
=====			
STOCKERS WHO INDICATED DISADVANTAGES =====	96	90	94
	==	==	==
DISADVANTAGES INDICATED :			
=====			
OBESITY/WEIGHT GAIN	39	36	36
MENSTRUAL PROBLEMS =====	20	9	17
	==	==	==
IRREGULAR PERIODS	13	5	11
HEAVY BLEEDING	13	5	11
INTERNAL ORGANIC PROBLEMS	20	17	19
	==	==	==
HEALTH PROBLEMS =====	20	14	16
	==	==	==
WEAKNESS - BECAUSE OF HEAVY BLEEDING.	15	10	13
STOMACH UPSET	15	10	12
HEADACHE	14	12	12
CRAMPS	15	5	12
NAUSEA/VOMITTING	15	5	11
HEART BURN/ACIDITY	14	9	11
FIMPLES/ ACNE/ HAIR ON FACE	5	7	6
ADVERSE EFFECT ON HEALTH	5	5	5
DIFFICULTIES IN CHILD BIRTH	12	10	10
IRRITABILITY	8	3	6
OTHERS	2	2	2
DO NOT KNOW	4	10	6



4.1.3 Opinion on safety of Oral Contraceptive Pills for health

A significant proportion of Chemists (44%) did not know whether Oral Contraceptive Pills were, or were not, safe to use. 25% felt that they were safe, but 30% doubted their safety.

(Table-15a)

SMC - CHEMISTS

TABLE 15 A

OPINION ABOUT SAFETY OF OCPs FOR HEALTH
 =====

Q 12A: HOW SAFE FOR A WOMAN'S HEALTH

DO YOU THINK OCPs ARE ?	CITY SIZE	CITY SIZE	W.A
	I	II	
BASE: STOCKERS OF OCPs. =====	86	98	
OCPs ARE : =====	%	%	%
ABSOLUTELY SAFE	4	2	3
SAFE	23	23	23
CAN'T SAY	43	46	44
NOT SAFE	21	21	21
NOT AT ALL SAFE	9	8	9
MEAN SCORE	2.92	2.90	2.91
MODE OF CALCULATION :			

ABSOLUTELY SAFE #3 = A
 SAFE #4 = B
 CAN'T SAY #3 = C
 NOT SAFE #2 = D
 NOT AT ALL SAFE #1 = E

SUM OF A,B,C,D AND E IS DIVIDED BY THE BASE TO ARRIVE AT MEAN SCORE

HIGHER THAN 3 MEAN SCORE INDICATE OCPs ARE CONSIDERED REASONABLY SAFE.



4.1.3.1 Reasons for considering Oral Contraceptive Pills safe for health

Chemists who considered Oral Contraceptive Pills to be safe, were of the opinion that use of this method had no adverse effect on health. Oral Contraceptive Pills were also said to prevent pregnancy, not to cause major side-effects and also to delay menstruation.

(Table-15b)

SMC - CHEMISTS

TABLE 15 B

REASONS FOR CONSIDERING OCPs SAFE FOR HEALTH
=====

Q 12B: WHY DO YOU SAY SO ?

	CITY SIZE I	CITY SIZE II	W.A
BASE: STOCKERS OF OCPs WHO CONSIDER OCPs SAFE FOR HEALTH. =====	23	24	
	%	%	%
OCPs DO NOT AFFECT HEALTH	65	4	45
OCPs PREVENT / DELAY PREGNANCY	26	33	28
NO MAJOR ADVERSE SIDE EFFECTS ARE REPORTED OF OCPs AS COMPARED TO IUDs.	17	42	25
NO MENSTRUATION FOR A LONG TIME	17	15	16
IF OCPs ARE TAKEN AS PER DOCTORS' DIRECTION, NO/LESS SIDE EFFECTS OCCUR .	4	17	8
OCPs - AN EASY METHOD OF FAMILY PLANNING.	4	8	5
OLD/KNOWN METHOD	4	0	3
OTHERS	9	10	9



4.1.3.2 Reasons for considering Oral Contraceptive Pills unsafe for health

Reasons given by Chemists for considering Oral Contraceptive Pills unsafe for health were mainly related to health (i.e. side-effects - 44%), menstrual problems (25%) and to obesity/weight gain (32%).

(Table-15c)

SMC - CHEMISTS

TABLE 15 C

REASONS FOR CONSIDERING OCPs UN-SAFE FOR HEALTH

Q 12B: WHY DO YOU SAY SO ?

	CITY SIZE I	CITY SIZE II	W.A
BASE: STOCKERS OF OCPs WHO CONSIDER OCPs NOT SAFE FOR HEALTH. =====	26	28	
	%	%	%
OCPs ARE NOT SAFE BECAUSE THEY CAUSE : =====			
OBESITY / WEIGHT GAIN	35	25	32
MENSTRUAL PROBLEMS =====	23	29	25
IRREGULAR MENSTRUATION	11	21	14
HEAVY BLEEDING	15	11	14
HEALTH PROBLEMS. =====	48	35	44
STOMACH UPSET	27	14	23
VERTIGO	27	4	20
WEAKNESS - BECAUSE OF EXCESSIVE BLEEDING .	11	18	13
BODY ACHES	15	0	10
HEADACHE	11	4	9
NAUSEA	11	0	8
CANCER	3	0	2
INTERNAL ORGANIC PROBLEMS.	15	0	10
PROBLEM IN FUTURE PREGNANCIES/CHILD BIRTH	8	11	9
DESPONDENCY/LETHARGY	11	0	8
OTHERS	2	5	3



4.2 Side-Effects of Oral Contraceptive Pills



4.2.1 Awareness of side-effects of Oral Contraceptive Pills

Two-thirds (65%) of the Chemists stocking Oral Contraceptive Pills were aware of side-effects caused by the use of this contraceptive method. Awareness of side-effects was higher in the large cities compared to the smaller towns (70% vs. 54% respectively).

(Table-16a)

SNC - CHEMISTS

TABLE 16 A

AWARENESS OF SIDE EFFECTS OF DCPs.

=====

Q 14A: DO YOU KNOW OF ANY SIDE EFFECTS OF DCPs.?

	CITY SIZE I	CITY SIZE II	W.A
BASE: STOCKERS OF DCPs. =====	86	98	
	%	%	%
AWARE OF SIDE-EFFECTS	70	54	65
NOT AWARE OF SIDE EFFECTS	30	46	35



4.2.2 Side-effects of Oral Contraceptive Pills

Two-thirds of the Chemists indicating awareness of side-effects of Oral Contraceptive Pills mentioned obesity/weight gain as a side-effect of using Oral Contraceptive Pills. Other mentioned side-effects relate to health, menstrual and internal problems (24-28%), difficulties in child birth and irritability.

(Table-16b)

SMC - CHEMISTS

TABLE 16 B

SIDE EFFECTS OF OCPs

Q 146: WHAT ARE THE SIDE EFFECTS ?

	CITY SIZE	CITY SIZE	W.A
	I	II	
BASE: STOCKERS OF OCPs.			
WHO ARE AWARE OF SIDE EFFECTS.	60	53	
=====			
	%	%	%
OBESITY/WEIGHT GAIN	60	68	62
HEALTH PROBLEMS	30	24	28
=====	==	==	==
STOMACH UPSET	27	17	24
NAUSEA/VOMITTING	23	20	22
WEAKNESS - BECAUSE OF HEAVY BLEEDING .	20	21	20
HEADACHE	20	17	19
HEART BURN/ACIDITY	15	12	14
CRAMPS	13	12	13
MENSTRUAL PROBLEMS	20	20	20
=====	==	==	==
HEAVY BLEEDING	23	15	22
IRREGULAR PERIODS	10	7	9
SPOTTING	0	2	1
DIFFICULTIES IN CHILD BIRTH	18	21	19
IRRITABILITY	18	10	16
INTERNAL ORGANIC PROBLEMS	27	17	24
OTHERS	10	6	9



4.2.3 Chemists reporting return of purchasers
with side-effects complaints

One-fourth (24%) of the Chemists aware of side-effects reported that purchasers of Oral Contraceptive Pills returned with complaints. This proportion is higher in the City Size II than in City Size I towns (41% vs. 17% respectively).

(Table-17a)

SMC - CHEMISTS

TABLE 17 A

CHEMISTS REPORTING RETURN OF PURCHASERS WITH COMPLAINTS.
=====

Q 15A: DO ANY OF THE PURCHASER
OF OCPs COME BACK TO YOU
WITH COMPLAINS OF SIDE EFFECTS?

	CITY SIZE I	CITY SIZE II	N.A
BASE: STOCKERS OF OCPs. WHO ARE AWARE OF SIDE EFFECTS =====	60	53	
	%	%	%
CUSTOMERS COME BACK WITH COMPLAINTS	17	41	24
CUSTOMERS DO NOT COME BACK WITH COMPLAINTS	83	59	76



4.2.4 Usual complaints of customers

Purchasers of Oral Contraceptive Pills returning to Chemists with complaints about Oral Contraceptive Pills mainly complain of health and menstrual problems, obesity/weight gain and internal organic problems.

(Table-17b)

SMC - CHEMISTS

TABLE 17 B

USUAL COMPLAINTS OF CUSTOMERS

=====

(NOS.)

Q 15B: WHAT ARE THE COMPLAINTS /
SIDE EFFECTS USUALLY MENTIONED ?

	CITY SIZE I	CITY SIZE II	W.A
BASE: STOCKERS OF OCPs. TO WHOM CUSTOMERS COME BACK WITH COMPLAINTS OF SIDE EFFECTS	10	22	
=====			
OBESITY/WEIGHT GAIN	5	11	7
HEALTH PROBLEMS	6	16	9
=====	==	==	==
NAUSEA/VOMITTING	5	6	5
WEAKNESS	3	13	6
STOMACH UPSET	2	9	4
HEART BURN/ACIDITY	2	3	3
HEADACHE	1	5	2
CRAMPS	0	3	1
MENSTRUAL PROBLEMS	5	4	5
=====	==	==	==
IRREGULAR PERIODS	4	2	4
HEAVY BLEEDING	2	4	3
INTERNAL ORGANIC PROBLEMS	2	6	3
IRRITABILITY	0	3	1
DIFFICULTIES IN CHILD BIRTH	0	3	1
OTHERS	1	1	1



4.2.5 Chemist's recommendation on how to deal with complaints

All the Chemists visited by purchasers with complaints about Oral Contraceptive Pills, advise them to consult a doctor.

(Table-17c)

SMC - CHEMISTS

TABLE 17 C

CHEMISTS' RECOMMENDATION TO DEAL WITH USUAL COMPLAINTS

=====

(NOS.)

Q 15C: WHAT DO YOU RECOMMEND THAT
THEY DO ABOUT IT ?CITY SIZE CITY SIZE W.A
I IIBASE: STOCKERS OF OCPs. TO WHOM
CUSTOMERS COME BACK WITH
COMPLAINTS OF SIDE EFFECTS

10 22

=====

CONSULT DOCTOR
STOP TAKING PILLS
TAKE NUTRITIONAL DIET
OTHERS10 22 14
1 2 1
2 4 3
1 1 1



4.3 Opinion about usage of Oral Contraceptive Pills



4.3.1 Opinion on use of Oral Contraceptive Pills in relation to age of women/number of children/years of marriage

About half the Chemists stated that Oral Contraceptive Pills should be used by women 20-35 years of age; about one-fourth of them were of the opinion that Oral Contraceptive Pills could be used by women of all ages. In the smaller towns, one-third of the Chemists felt that Oral Contraceptive Pills could also be used by women 35 years and older.

Just under half (45%) of the Chemists are of the opinion that this method is suitable for women with more than 2 children. One-fourth of them could not give an opinion.

Approximately equal proportions of Chemists (29-31%) felt that the Oral Contraceptive Pill is most suitable for women regardless of length of marriage, or for women married for over 2 years. Here again, more than one-fourth (29%) of the Chemists could not express an opinion.

(Table-18)

SMC - CHEMISTS

TABLE 18

OPINION ON USE OF OCPs IN RELATION TO
AGE OF WOMEN / NO. OF CHILDREN / YRS OF MARRIAGE .

Q 13A: IN YOUR OPINION , WOMEN OF WHAT AGE
CAN USE OCPs ?

	CITY SIZE I	CITY SIZE II	W.A
BASE: STOCKERS OF OCPs. =====	66	98	
ORAL CONTRACEPTIVE PILLS CAN BE USED BY WOMEN :	4	4	4
LESS THAN 20 YRS OF AGE	0	0	0
20 - 35 YEARS	57	39	52
ABOVE 35 YRS .	7	34	15
ALL AGES	22	24	23
DON'T KNOW	14	3	11
ORAL CONTRACEPTIVE PILLS CAN BE USED BY WOMEN WITH :			
=====			
ONE OR TWO CHILDREN	21	6	17
MORE THAN TWO CHILDREN	44	47	45
IRRESPECTIVE OF NUMBER OF CHILDREN	12	23	15
CANNOT SAY	26	24	25
ORAL CONTRACEPTIVE PILLS CAN BE USED BY WOMEN WHO ARE :			
=====			
NEWLY MARRIED	0	2	0
MARRIED LESS THAN TWO YRS .	12	9	11
MARRIED OVER TWO YRS.	26	42	31
IRRESPECTIVE OF LENGTH OF MARRIAGE.	34	17	25
DON'T KNOW	29	30	29



4.3.2 Opinion on appropriateness of Oral Contraceptive Pill usage by all women

More than half (55%) of the Chemists were unable to state whether or not Oral Contraceptive Pills were suitable for use by all women. Over one-third (37%) were of the opinion that some women should not use this method of contraception.

(Table-19a)

SNC - CHEMISTS

TABLE 19 A

Q 16A: IN YOUR OPINION CAN ALL WOMEN
USE OCPs OR SHOULD SOME WOMEN
NOT USE OCPs?

OPINION ABOUT APPROPRIATENESS OF OCP USAGE BY ALL WOMEN .
=====

	CITY SIZE I	CITY SIZE II	N.A
BASE: STOCKERS OF OCPs. =====	86	98	
	==	==	
	%	%	%
ALL WOMEN CAN USE	7	11	6
SOME WOMEN SHOULD NOT USE	44	20	37
CAN NOT SAY	49	69	55



4.3.2.1 Reasons why some women should not use Oral Contraceptive Pills

Chemists who said that Oral Contraceptive Pills should not be used by all women (Table-19a), were of the opinion that this method would adversely affect ailing/weak women, those suffering from hypertension or heart problems, and those who would react poorly to Oral Contraceptive Pills.

(Table-19b)

SMC - CHEMISTS

TABLE 17 B

REASONS WHY SOME WOMEN SHOULD NOT USE OCPs.

Q 16B: WHY DO YOU SAY SO ?

	CITY SIZE I	CITY SIZE II	W.A
BASE: STOCKERS OF OCPs. WHO SAY SOME WOMEN SHOULD NOT USE OCPs	36	20	
=====	==	==	
	%	%	%
OCPs SHOULD NOT BE USED BY THOSE WOMEN WHO :			
=====			
ARE ILL/HAVE SOME AILMENT	22	65	42
REACT TO OCP	26	50	33
SUFFER FROM HYPERTENSION	29	30	29
ARE HEART PATIENTS	18	10	16
ARE WEAK	16	15	16
SUFFER FROM STOMACH PROBLEMS	16	0	11
HAVE INTERNAL ORGANIC PROBLEMS	8	10	9
BREAST FEED	5	10	7
CERTAIN AGE GROUPS	3	10	3
WHOSE HUSBANDS ARE USERS OF CONDOMS	4	0	3
HAVE RECENTLY DELIVERED	3	1	2
TOO MANY CHILDREN	3	1	2
HAVE NERVOUS PROBLEMS	3	0	2
HAVE BEEN OPERATED	3	0	2
OTHERS	5	5	5
NO RESPONSE	7	10	7



4.4 Intentions of stocking Oral Contraceptive Pills in the future



4.4.1 Former stockers of Oral Contraceptive Pills

About half of the few Chemists who are not currently stocking Oral Contraceptive Pills previously stocked this method.

Reasons for discontinuing stocking Oral Contraceptive Pills were not given.

(Table-20)

SMC - CHEMISTS

TABLE 20

FORMER STOCKERS OF OCPs.

Q 17A: HAVE YOU EVER STOCKED OCPs ?

(NOS)

	CITY SIZE I	CITY SIZE II	W.A.
BASE: NON-STOCKERS OF OCPs. =====	14	2	
CHEMISTS WHO HAVE EVER STOCKED	6	1	4
CHEMISTS WHO HAVE NEVER STOCKED	6	1	5



4.4.2 Future selling intentions

All Chemists in the sample were asked their interest in selling a new brand of Oral Contraceptive Pills manufactured by a reputable company.

Most (86%) of the Chemists indicated their willingness to sell this new brand.

(Table-21)

SNC - CHEMISTS

TABLE 21

Q 18: WOULD YOU LIKE TO STOCK A BRAND OF OCPs MADE BY A REPUTABLE COMPANY ?	FUTURE SELLING INTENTIONS =====		
	CITY SIZE I	CITY SIZE II	W.A
BASE: TOTAL CHEMISTS =====	100	100	
	%	%	%
INTERESTED IN STOCKING	86	87	86
NOT INTERESTED	14	13	14



4.4.2.1 Reasons for non-interest in selling new brand of Oral Contraceptive Pills

Reasons given by Chemists who were not interested in selling the new brand mainly relate to the need for a doctor's prescription and the low demand for Oral Contraceptive Pills.

(Table-22)

SNC - CHEMISTS

TABLE 22

REASONS FOR NON INTEREST IN SELLING A NEW BRAND OF OCPs.

Q 18B: WHY DO YOU SAY SO ?	NO		
	CITY SIZE I	CITY SIZE II	W.A
BASE: CHEMISTS WHO ARE NOT INTERESTED IN STOCKING OCPs.	14	13	
WE SELL ONLY ON DOCTORS' PRESCRIPTION AND ONLY A FEW DOCTORS PRESCRIBE -LOW DEMAND	13	9	12
IF PROFITABLE	1	1	1
OTHERS	2	1	1



5. Chemists' Educational Profile

Three-fourths of the Chemists claimed to have completed over 10 years of schooling. This proportion is higher in the large cities than in the smaller towns. The rest have completed a minimum of 6 years of schooling.

(Table-23)



5. CHEMISTS' EDUCATIONAL PROFILE

SMC - CHEMISTS

TABLE 23
 =====
 PROFILE
 =====

	CITY SIZE	CITY SIZE	W.A
	I	II	
BASE:ALL CHEMISTS .	100	100	
	%	%	%
YEARS OF SCHODLING COMPLETED :			
=====			
6-10 YRS	24	35	26
ABOVE 10 YRS	76	65	74



6. A P P E N D I X



Questionnaire: English

DOMESTIC RESEARCH BUREAU
ATR ROAD HOUSE
SHAHRAH-E-FAISAL, KARACHI

Town Code

Strata Code

Date _____

SMC - ORAL CONTRACEPTIVES

SURVEY - IV

C H E M I S T S

This survey is to be conducted:

- in selected cities of St.I-III
- among large and small chemists
- stocking contraceptive methods

INTERVIEWER:

Introduce yourself by saying:

" I am a representative of Domestic Research Bureau. We are conducting a survey among chemists so as to ascertain their opinion about contraceptives. Your cooperation will be of great value to us".

Outlet/Respondent Selection

A) Are you the Owner/Manager of the shop?

Owner	= 1	<input type="checkbox"/>
Manager	= 2	

IF 'OWNER' GO TO OUTLET DETAILS.
 IF 'MANAGER' ASK (B) ONWARDS.

B) i) Who runs the day to day business?

ii) Who makes decisions about the types of items to be sold at the outlet?

Self	= 1
Owner	= 2
Others	= 3

Day to day business (i)

Decision maker (ii)

IF 'MANAGER' AND CODE 1 IN BOTH (i) & (ii) CONTINUE, OTHERWISE ARRANGE TO INTERVIEW THE DECISION MAKER.

MAIN QUESTIONNAIRE

Q-1 a) You said that you stock contraceptive products. Which of these products are stocked in this outlet? Any other?

(SHOW CARD).

Oral Contraceptive Pills	= 1	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
Condoms	= 2					
IUD/Loops	= 3					
Foam/Jellies/Creams	= 4					
Injections	= 5					
Others (sp.)	= 6					

SECTION A:

FOR ALL THE CONTRACEPTIVE PRODUCTS NOT STOCKED ASK Q-1(b).

b) What are your reasons for not stocking _____ ?

PROBE FOR MAXIMUM ANSWERS.

	<u>PRODUCTS</u>	<u>REASONS</u>	
No demand = 1	O.C. Pills		
No awareness = 2	IUD/Loops		
Not available = 3	Condoms		
Others (sp.) = 4	Foams/Jellies		
	Injections		

Q-2 a) Do your customers ever consult you for advice about what method of Family Planning they should adopt?

Yes	= 1	<table border="1"> <tr><td> </td></tr> </table>	
No	= 2		

IF 'NO' GO TO Q-3, OTHERWISE CONTINUE.

- b) About how many customers per day consult you for advice on Family Planning?

Number of Patients

Per Day _____

- c) Are these customers mostly men, mostly women, or both men and women about equally?

Mostly men	= 1	<input type="checkbox"/>
Mostly women	= 2	
Men and women about equally	= 3	

- Q-3 Which method do you most frequently recommend?

Pills	= 1	<input type="checkbox"/>
Condoms	= 2	
Sterilization	= 3	
IUD/Loops	= 4	
Foam/Cream	= 5	
Injection	= 6	
Others (sp.) _____	= 7	
Don't recommend any specific method	= 8	

- ASK Q-4(a) FROM STOCKISTS OF PILLS AND/OR INJECTABLES.
- FROM NON STOCKERS OF BOTH GO TO Q-17.

- Q-4 a) Which brands of Oral Contraceptive Pills/Injectables are stocked in this outlet?

ASK Q-4(b) FOR EACH BRAND MENTIONED IN Q-4(a).

- b) What is the retail price of _____ brand?
- c) About how many cycles of pills/units of injections do you sell per week of _____ brand?
- d) Which is your best selling brand of pills/injectables?

e) What is the percentage margin on the best selling brand of pills/injectables?

BRANDS	(a) Stock		(b) Price		(c) No. of cycles units/week		(d) Best selling		(e) Trade Margin (%)	
	OCP	INJ	OCP	INJ	OCP	INJ	OCP	INJ	OCP	INJ

Pills:

- Oral
- Nordette
- Postinor
- Lyndiol
- Anovlar
- Minovlar
- Lo-Femoral
- Others (sp.)

Injections:

- Depo-Provera
- Norigest
- Others (sp.)

f) You said the lowest priced brand of Oral Contraceptive Pills/Injectables was _____ and that its retail price was Rs. _____. Would you say that price is affordable by all your customers or only some?

		O.C. Pills	Injectables
All	= 1	<input type="checkbox"/>	<input type="checkbox"/>
Some	= 2	<input type="checkbox"/>	<input type="checkbox"/>

FROM STOCKISTS OF PILLS CONTINUE.
FOR NON STOCKISTS OF PILLS GO TO Q -17.

Q-5 What are your main sources of purchase of Oral Contraceptive Pills?

Retailer	= 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wholesaler	= 2	
Retailer/Wholesaler	= 3	
Government Outlet	= 4	
Delivered by Government Representative	= 5	
Delivered by Company Representative	= 6	
Distributor	= 7	
Others (sp.)	= 8	

Q-6 a) Are they purchased on cash basis or do you get them on credit?

Cash	= 1	<input type="checkbox"/>
Credit	= 2	
Both	= 3	

IF 'CREDIT' OR 'BOTH' ASK Q-6(b), OTHERWISE GO TO Q-7.

b) What are the credit terms?

One month credit	= 1	<input type="checkbox"/>
Bill to bill	= 2	
Others (sp.)	= 3	

ASK FOR EACH BRAND STOCKED.

Q-7 a) How many cycles do you purchase at a time of _____ brand of Oral Contraceptive Pills?

b) What is your frequency of purchase of _____ brand of Oral Contraceptive Pills?

Once a week	= 1
Twice a month	= 2
Once a month	= 3
Less often (sp.)	= 4

<u>Brands</u>	(a) <u>Number purchased</u>	(b) <u>Frequency of Purchase</u>
<u>Pills:</u>		
Ovral	<input type="checkbox"/>	<input type="checkbox"/>
Nordette	<input type="checkbox"/>	<input type="checkbox"/>
Postinor	<input type="checkbox"/>	<input type="checkbox"/>
Lyndiol	<input type="checkbox"/>	<input type="checkbox"/>
Anovlar	<input type="checkbox"/>	<input type="checkbox"/>
Minovlar	<input type="checkbox"/>	<input type="checkbox"/>
Lo-Femena ¹	<input type="checkbox"/>	<input type="checkbox"/>
Others (sp.)	<input type="checkbox"/>	<input type="checkbox"/>
Not fixed	<input type="checkbox"/>	<input type="checkbox"/>

Q-8 Who mainly purchases Oral Contraceptive Pills from your outlet? Is it adult males, females or children? What percent of total purchasers are males, females or children?

Males	=	1	
Females	=	2	<input type="checkbox"/>
Children	=	3	

80 - 100%	=	1	
50 - 79%	=	2	<input type="checkbox"/>
20 - 49%	=	3	
0 - 19%	=	4	

Q-9 a) When Oral Contraceptive Pills are purchased, for the first time, are they mainly through:

Doctor's prescription	=	1	
Your advice	=	2	
Purchaser asks for any brand of pills	=	3	
Purchaser asks for specific brand	=	4	<input type="checkbox"/>
Others (sp.)	=	5	
Can't say	=	6	

IF CODE 2, ASK Q-9(b), OTHERWISE GO TO Q-10.

b) If a customer asks for any brand of Oral Contraceptive Pills, do you suggest a brand?

Yes	=	1	
No	=	2	<input type="checkbox"/>

IF 'YES' ASK Q-9(c), OTHERWISE GO TO Q-10.

c) Which brand of Oral Contraceptive Pills do you most recommend?

Brands:

Pills:

Ovral	=	1	
Nordette	=	2	
Postinor	=	3	
Lyndiol	=	4	
Anovlar	=	5	<input type="checkbox"/>
Minovlar	=	6	
Lo-Femeral	=	7	
Others (sp.)	=	8	
Not fixed	=	9	

Q-10 a) Do the first time purchasers of Oral Contraceptive Pills usually ask you about the method of using the pills?

Yes	= 1	□
No	= 2	

IF 'YES' ASK Q-10(b), OTHERWISE GO TO Q-11.

b) Do you usually tell them verbally or demonstrate by showing the package, the pill to be taken first and the pattern for taking the other pills?

Tell them	= 1	□
Demonstrate	= 2	
Others (sp.)	= 3	

Q-11 a) What in your opinion are the benefits/advantages of using Oral Contraceptive Pills?

PROBE FOR MAXIMUM ANSWERS.

Benefits/Advantages of Oral Contraceptive Pills:

100% successful, effective - low risk	= 1	□ □ □ □
Regulation of periods/cures cycle disturbances	= 2	
Ensures female's health	= 3	
Easier method	= 4	
Use of pills does not interfere with physical satisfaction as in condoms	= 5	
Others (sp.)	= 6	

b) What are the benefits in addition to preventing pregnancy, I mean health services?

PROBE FOR MAXIMUM ANSWERS.

c) What are the disadvantages of Oral Contraceptive Pills?

PROBE FOR MAXIMUM ANSWERS.

Disadvantages/Side Effects:

<u>Causes:</u>		
Obesity/weight gain	=	1
Internal organic problems	=	2
Heavy bleeding	=	3
Irregular periods	=	4
Irritability	=	5
Difficulties in child birth	=	6
Heart burn/acidity	=	7
Stomach upset	=	8
Cramps	=	9
Spotting	=	A
Headache	=	B
Weakness	=	C
Nausea/vomitting	=	D
Others (sp.)	=	E

Q-12 a) How safe for a woman's health do you think Oral Contraceptive Pills are?

Not at all safe	=	1
Not safe	=	2
Not sure	=	3
Safe	=	4
Very safe	=	5

--

b) What are the reasons for saying so?

PROBE FOR MAXIMUM ANSWERS.

Q-13 a) In your opinion, women of what age can use Oral Contraceptive Pills?

Less than 20 years	=	1
20 - 35 years	=	2
Above 35 years	=	3
All ages	=	4
Do not know	=	5

b) Do you think Oral Contraceptive Pills can be used by women who have:

No children	=	1
1 or 2 children	=	2
More than 2 children	=	3
No. of children/having no children does not matter	=	4
Can't say/not sure	=	5

c) After what length of marriage do you think women can start using Oral Contraceptive Pills?

Newly weds	=	1
Married less than 2 years	=	2
Married over 2 years	=	3
Length of marriage does not matter	=	4
Don't know	=	5

Q-14 a) Do you know of any side-effects of Oral Contraceptive Pills?

Yes	=	1
No	=	2

--

IF 'YES' ASK Q-14(b), OTHERWISE GO TO Q-16.

b) What are the side-effects?

Side-Effects:

Causes:

Obesity/weight gain	=	1
Internal organic problems	=	2
Heavy bleeding	=	3
Irregular periods	=	4
Irritability	=	5
Difficulties in child birth	=	6
Heart burn/acidity	=	7
Stomach upset	=	8
Cramps	=	9
Spotting	=	A
Headache	=	B
Weakness	=	C
Nausea/vomitting	=	D
Others (sp.)	=	E

Q-15 a) Do any of the purchasers of Oral Contraceptive Pills come back to you with complaints of side-effects?

Yes	=	1	
No	=	2	<input type="checkbox"/>

IF 'YES' ASK Q-15(b), OTHERWISE GO TO Q-16.

b) What are the complaints/side-effects mostly mentioned?

c) What do you recommend they do about _____ ?
(complaints)

<u>Complaints</u>		<u>Recommend</u>
Obesity/weight gain	= 1	<input type="checkbox"/>
Internal organic problems	= 2	<input type="checkbox"/>
Heavy bleeding	= 3	<input type="checkbox"/>
Irregular periods	= 4	<input type="checkbox"/>
Irritability	= 5	<input type="checkbox"/>
Difficulties in child birth	= 6	<input type="checkbox"/>
Heart burn/acidity	= 7	<input type="checkbox"/>
Stomach upset	= 8	<input type="checkbox"/>
Cramps	= 9	<input type="checkbox"/>
Spotting	= A	<input type="checkbox"/>
Headache	= B	<input type="checkbox"/>
Weakness	= C	<input type="checkbox"/>
Nausea/vomitting	= D	<input type="checkbox"/>
Others (sp.)	= E	<input type="checkbox"/>

Recommend:

Blood testing	=	1
Vitamin supplement	=	2
Pain killers	=	3
Tranquilizers	=	4
Anti vomiting pills	=	5
Doctor to be consulted	=	6
Nutritional diet	=	7
IUD	=	8
Others	=	9

- Q-16 a) In your opinion, can all women use Oral Contraceptive Pills or should some women not use Oral Contraceptive Pills?

All women can use	= 1) ASK	
Some women should not use	= 2) Q-16(b)	<input type="checkbox"/>
Can't say/not sure	= 3	→ GO TO Q-18	

- b) What are your reasons for saying so?

PROBE FOR MAXIMUM ANSWERS.

FROM NON-STOCKERS OF ORAL CONTRACEPTIVE PILLS ONLY:

- Q-17 a) Have you ever stocked Oral Contraceptive Pills?

Yes	= 1	
No	= 2	<input type="checkbox"/>

IF 'YES' ASK Q-17(b), OTHERWISE GO TO Q-18.

- b) What were the reasons for discontinuing stocking of Oral Contraceptive Pills?

PROBE FOR MAXIMUM ANSWERS.

ASK ALL:

- Q-18 a) If a reputable Company were to market a brand of Oral Contraceptive Pills, would you be interested in selling this brand?

Yes	= 1	
No	= 2	<input type="checkbox"/>
Can't say	= 3	

IF 'NO' ASK Q-18(b), OTHERWISE CLOSE INTERVIEW.

b) What are the reasons for saying so?

PROBE FOR MAXIMUM ANSWERS.

INTERVIEWER TO NOTE:

P.O.S. material on Oral Contraceptive Pills in shop:

Brands:

Material

Ovral

Nordette

Postinor

Lyndiol

Anovlar

Minovlar

Lo-Femena1 N- Ferrous Fumarate

Others (sp) _____

No P.O.S. material on Oral Contraceptive Pills in shop:

INTERVIEWER: _____

SUPERVISOR: _____

F.M : Checked _____

H.O : Checked _____

Edited _____

Edited _____



Questionnaire: Urdu

Town Code

Strata Code

Date _____

S.M.C-ORAL CONTRACEPTIVES

SURVEY - I

CHEMISTS

یہ سروے سٹراٹا I-III کے منتخب شہروں میں ان چھوٹے/اچھے کیمسٹوں میں کیا جائے گا جو علاج عمل کے مختلف طریقے ارشاد کرتے ہیں۔

انٹرویوز اپنا تعارف اس طرح کھائیں۔

صیرا تعلق ڈومیسٹک ڈیپارٹمنٹ میں ہیں۔ ہم کیمسٹوں کے درمیان ایک سروے کر رہے ہیں جس کے ذریعے ہم علاج عمل طریقوں کے بارے میں آپ کی رائے معلوم کر سکیں۔ آپ کا اس سلسلے میں تعاون بہت اہم ہے اور ہم آپ کے شکر گزار ہونگے۔

OUTLET/RESPONDENT SELECTION

۱- کیا آپ دکان کے مالک ہیں؟

1	نہیں
2	ہاں

B۔ آپ کی دکان کا روزمرہ کام کون سنبھالتا ہے۔؟

ا) اس بات کا فیصلہ کون کرتا ہے کہ دکان میں کیا بیچا جائے۔؟

فیصلہ کرنے والے

روزمرہ کام سنبھالنے والے

1.	آپ خود
2.	مالک
3.	کوئی اور

اگر منیجمنٹ ہے اور دونوں کا جواب ایسے تو انٹرویو جاری رکھیں ورنہ فیصلہ کرنے والے سے انٹرویو کا وقت لے لیں۔

OUTLET NAME ADDRESS _____

OWNER'S NAME _____

NAME OF RESPONDENT _____

TELEPHONE NO. _____

STRATA / TOWNS. _____

RESPONDENT	
OWNER	= 1
MANAGER	= 2

TYPE OF OUTLET / SIZE

LARGE	1
SMALL	2

RETAILER

EDUCATION OF RESPONDENT

(No. of years completed to school)

1.	0
2.	1
3.	2
4.	3
5.	4
6.	5
7.	6
8.	7
9.	8
A.	9
B.	10
C.	= ABOVE 10

۱۷ کیا آپ مائع حمل کے مختلف طریقے / دراپس اپنی دکان میں اشیا کرتے ہیں بیچتے ہیں۔

1.	ہاں
2.	نہیں

اگر تان پے تو انٹرویو جاری رکھیں ورنہ لٹ کر کے انٹرویو ختم کر دیں۔

MAIN QUESTIONNAIRE

۱۸ کیا آپ نے بتایا کہ آپ مائع حمل کے لیے استعمال ہونے والی مختلف چیزیں / دراپس وغیرہ اپنی دکان میں اشیا کرتے بیچتے ہیں۔ کیا آپ مجھے بتا سکتے ہیں کہ آپ ان میں سے کون سی چیزیں بیچتے ہیں (کارڈ دکھائیے)۔

1.	گریبان
2.	انڈر ورم
3.	ٹوپ / ٹیڈ
4.	قوم / جین / ڈریم
5.	انجکشن
6.	کوئی اور (دراپس)

اگر تمام پیروں کے لیے جو Q1a میں نہ بتا سکی ہیں Q1b پورے پورے

Q-1 b — اسٹاک نہ کرتے کیا وجوہات ہیں۔؟

زیادہ سے زیادہ جواب حاصل کریں

وجوہات	پیریں
	گویمیاں
	لوہ / 14D
	نڈرہم
	نوع جنسی
	1 بخلن

ذرائع ہیں	1/2
لوگوں کو معلوم ہیں	2
علی ہیں / دستیاب ہیں	3
کوئی اور اذیت	4 ₂

Q-2 (a) کیا آپ کے گناہ کسی آپ سے خاندانی منصوبہ بندی کا کونسا طریقہ اختیار کرنے کے بارے میں مشورہ دیتے ہیں۔؟

ہاں	1/2
نہیں	2

اگر نہیں تو Q-3 پر صیغے کو نہ جاری رکھیں۔

(b) انداز لگتے گناہ ایک درجہ ایک ہفتہ / ایک مہینہ میں آپ سے مشورہ لیتے ہیں۔؟

_____ ایک دن میں
 _____ ایک ہفتہ میں
 _____ ایک مہینہ میں
 _____ اس سے کم

(c) آپ کے گناہوں میں کیا زیادہ تر مرد ہیں، زیادہ عورتیں ہیں یا ہر دونوں تقریباً برابر؟

زیادہ تر مرد	1
زیادہ تر عورتیں	2
دونوں تقریباً برابر	3

Q-3- آپ علاج حمل کے کسی طریقہ کے استعمال نماز کا زیادہ تر مشورہ دیتے ہیں؟

1.	گولیاں
2.	کنڈوم
3.	لین بڈی
4.	لوپ 1 140
5.	فورم / کریم
6.	انجکشن
7.	کوئی اور (وضاحت)
8.	کسی خاص طریقہ کا مشورہ نہیں دیتے۔



گولیاں یا اور انجکشن کے اشتراک سے پوچھیے Q4a

یونہی گولیاں لکھتے ہیں نہ انجکشن ان سے Q-17 پوچھیے۔

Q4b آپکی دکان میں گولیاں / انجکشن کے کون سے برانڈز ہیں؟

Q4b اور آئے ان تمام برانڈز کے لیے پوچھیے جو Q4a میں بتائیے گئے ہیں

ب) برانڈز آپ کس قیمت پر بیچتے ہیں۔

c) ایک ہفتے میں آپ انڈاز برانڈز کے اتنے پونڈ / سائیکل بیچتے ہیں۔

d) آپ کی دکان میں کونسا برانڈ سب سے زیادہ بکتا ہے۔

e) آپ کے سب سے زیادہ بکنے والے برانڈز پر انڈاز اتنا منافع ملتا ہے۔

d) سب سے زیادہ فروخت
ہونے والے برانڈز

گولیاں
انجکشن

e) سب سے زیادہ فروخت ہونے
والے برانڈز پر منافع

گولیاں
انجکشن

برانڈز PILLS	a اشتراک		b قیمت		c تعداد	
	گولیاں	انجکشن	گولیاں	انجکشن	گولیاں	انجکشن
OVRAL						
NORDETTE						
POSTINOR						
LYNDIOL						
ANOVLAR						
MINOVLAR						
LOFEMENAL						
N-FERROUSFUMARATE						
OTHERS (SP)						
INJECTIONS						
DEPO-PROVERA						
NORIGEST						
OTHERS (SP)						

4- آپ نے بتایا کہ آپ کا سب سے کم قیمت گولیوں / انجکشن برانڈ ہے۔
 اس کی قیمت ہے۔ آپ کے خیال میں کیا اس قیمت پر آپ کے نام کا ایک
 ایسے خرید سکتے ہیں جو صرف کچھ لوگ ہیں۔

سب	1
کچھ لوگ	2

کو بیان

انجکشن

گو بیان ارشاد کرتے والوں سے انگریزی جاری رکھیں جن سے پاس گولیاں
 نہیں ہیں ان سے 17 Q پوچھیے۔

Q-5 آپ مبالغہ حمل کی بیابان آیاں سے مراد ہے۔؟

1	ہیٹلر
2	ہوسٹیلر
3	ریٹیلر / ہوسٹیلر
4	حکومت کے ادارے
5	حکومت کا نمائندہ رہے جاتا ہے
6	مکین کا نمائندہ سہلہتی کرتا ہے
7	ڈسٹری بیوٹر
8	کوئی اور (وضاحت)

Q 6a کیا آپ یہ گولیاں نقد قیمت ادارے لیتے ہیں یا ادھار؟

1	نقد
2	ادھار
3	دونوں

اگر ادھار یا دونوں ہے تو Q 6b پوچھیے ورنہ Q 7 پر چلے جائیے۔

ط ادھار کی کیا شرائط ہیں۔

1	ایک صہنہ کا ادھار
2	Bill to bill
3	کوئی اور (وضاحت)

ہر اس برائڈ کے لیے جو دکان میں ہے پوچھیں۔

7- (a) برائڈ کے مائع حمل گولیاں کتنے بیٹ / سائیکل

آپ ایک وقت میں خریدتے ہیں۔

16 برائڈ آپ کس نرس سے خریدتے ہیں۔

1.	بہتر میں ایک مرتبہ
2.	صنہ میں دو مرتبہ
3.	صنہ میں ایک مرتبہ
4.	اس سے کہیں

کتنی عمر تہ

a b

		OVRAL
		NUKDETTE
		POSTINOR
		LYNDIOL
		ANOVLAR
		MINOVLAR
		LOFEMENAL
		N-FERROUS FUMARATE
		OTHERS (SP)
		NOT FIXED

8- آپ کی دکان سے عام طور پر مائع حمل گولیاں کون خریدتا ہے؟ کیا یہ بڑے مرد ہیں؟ خواتین ہیں۔ یا بچے؟ ان میں سے ہر ایک کا ٹوٹل خریداروں میں کتنا فیصد بتائیے۔

نام خریدار

فیصد خریدار

	1.	مرد
	2.	خواتین
	3.	بچے

1.	80-100
2.	50-79
3.	20-49
4.	0-19

Q9 بہ، آپکے خیال میں جیب کوئی بہنی مرتبہ مانع عمل گویاں خریدتا ہے تو کس طرح خریدتا ہے۔ مثلاً ڈائٹریٹا جیونز آردہ یا پھر آپ کے مشورہ سے یا پھر خریدار خود کوئی برانڈ طلب کرتا ہے۔

1۔	ڈائٹریٹا جیونز آردہ
2۔	آپ کے مشورہ کا کوئی برانڈ
3۔	خریدار خود ہی کوئی بھی برانڈ مانگتا ہے
4۔	خریدار کس خاص برانڈ کی گویاں مانگتا ہے
5۔	کوئی اور (وصالت)
6۔	کہیں کہیں نہیں سکتی

اگر کوئی یہ تو ط 6 Q9 پر بھیجے ورنہ Q-10 پر بھیجے جائیگی۔
 ط اگر خریدار کوئی سی ایچ مانع عمل گویاں مانگے۔ تو کیا آپ اسے کوئی خاص برانڈ استعمال کرنا مشورہ دیتے ہیں۔؟

1۔	ہاں
2۔	نہیں

اگر ہاں تو Q9 پر بھیجے ورنہ Q10 پر بھیجے جائیگی۔

ط آپ مالے عمل گویوں کا تو سنا برانڈ زیادہ تر تجویز کرتے ہیں۔

برانڈ	
1۔	ORAL
2۔	NORDETTE
3۔	POSTINOR
4۔	LYNDIOL
5۔	ANDVLER
6۔	MINOVLAR
	LO-FEMENAL
7۔	N-FERROUS FUMARATE
8۔	OTHERS (sp)
9۔	NOT FIXED

9-

Q 10 (ب) کیا عام طور پر پہلی مرتبہ فریڈس والے لوگ آپ سے
تولیوں کے استعمال کا طریقہ پڑھتے ہیں۔

12	ہاں
2.	نہیں

اگر ہاں تو Q 10b پڑھتے اور Q 11 پر پہلے جائیں۔

ط) کیا آپ ایسی طریقہ زبانی سمجھتے ہیں یا بلیٹ دکھا کر سمجھتے
ہیں کہ پہلی گویائی میں سے اور باقی تولیوں کے استعمال کا کیا طریقہ ہے۔

1.	زبانی بتاتے ہیں۔
2.	بلیٹ دکھا کر بتاتے ہیں۔
3.	کوئی اور وضاحت

Q-11 (ب) آپ کے خیال میں مبالغہ نکل گویوں کے کیا فوائد ہیں۔

زیادہ سے زیادہ جواب حاصل کریں

1.	سوفیہ ماصیاب بار لگتے ہیں عمو کر ہے۔ محل کا خطرہ بہت کم ہے صاحبزادی باقاعدگی سے ہوتی ہے
2.	بے فائدگی اور وقت ہرگز نہ ملنے کا علاج کرتی ہے
3.	عمورتوں کی قیمت اچھی رہتی ہے
4.	آسان طریقہ ہے گویوں کے استعمال سے ایمان کے حصول میں کوئی
5.	صرف میں آتا جس طرح کاندوم کے استعمال میں ہوتا ہے
6.	کوئی اور (وساقت)

ط) کیا آپ کے خیال میں محل روکنے کے علاوہ ایسے اس کے کوئی فوائد ہیں جن سے نہ صحت کے ایما سے

زیادہ سے زیادہ جواب حاصل کریں۔

Q 11 سے مانع حل گولیوں کے کیا نقصانات ہیں۔؟

1 ₂	مثاپہا وزن کا بڑھنا
2 ₂	اندورنی شکایات
3 ₂	بہت زیادہ خون آنا
4 ₂	ماہواری میں بے قابوگی
5 ₂	چمچ چرابٹ / جھنجھلو بٹ
6 ₂	بچہ کی پیدائش میں مشکلات
7 ₂	صدرے کی جن / تنہا بیت
8 ₂	پیدٹ فراب ہونا
9 ₂	جوڑوں کا درد
A ₂	خون کے دہجے لگنا
B ₂	سردرد
C ₂	کلنڈری
D ₂	متلی / اتلی
E ₂	کڑی اور زوفادت

Q-12 یہ آپ کے خیال میں آید عورت کی صحت کے لیے مانع حل گولیاں کس حد تک محفوظ ہیں۔؟

1 ₂	بالکل محفوظ ہیں
2 ₂	محفوظ ہیں
3 ₂	کچھ کہہ رہی ہیں
4 ₂	محفوظ ہیں
5 ₂	بالکل محفوظ ہیں

16 آپ ایسا کیوں کہتے ہیں۔؟

Q-13 (a) آپ کے خیال میں کس عمر کی خاتون صانع محل گولیاں استعمال کر سکتی ہیں۔

1.	20 سال سے کم عمر
2.	20-35 سال کی عمر تک
3.	35 سال سے زیادہ کی عمر تک
4.	تمام عمر کی
5.	معلوم نہیں۔

طاہر آپ کے خیال میں صانع محل گولیاں ایسی فوائض استعمال کر سکتی ہیں جن کے:

1.	کوئی بچے نہ ہوں
2.	ایک یا دو بچے ہوں
3.	دو بچوں سے زیادہ ہوں
4.	بچوں کے ہونے نہ ہونے سے فرق میں پڑتا
5.	کہہ نہیں سکتے

(c) شادی کے لئے عرصہ کے بعد عورتیں صانع محل گولیاں استعمال کرنا شروع کر سکتی ہیں۔

1.	نئی شادی شدہ
2.	شادی کے دو سال کے عرصہ کے اندر
3.	شادی ہونے کے دو سال سے زیادہ عرصہ
4.	شادی کے عرصہ کے کوئی اہمیت نہیں۔
5.	معلوم نہیں

Q-14 (a) کیا آپ کو صانع محل گولیوں کے Side-effects کے بارے میں
پتہ ہے۔

1.	ہاں
2.	نہیں

اگر تاہم تو طاہر Q14 پر دیکھیں ورنہ Q16 پر چلیں

Q-14 (ط) اس کے اثرات Side-effects کیا ہیں؟ (فرد کچھ نہ کہیں)

1:	صنایا / وزن کا بڑھنا
2:	اندرونی ششکایات
3:	بہت زیادہ خون آنا
4:	صاحبواری میں بے فائزگی
5:	چہرہ پر ایٹ / جھنجھلاہٹ
6:	بچے کی بیدائش میں مشکلات
7:	معدے کی جلن / تیزا بہت
8:	ہیڈ فراہم ہونا
9:	جوڑوں کا درد
A:	خون کے دھبے لگنا
B:	سردرد
C:	کلنروری
D:	قلبی / الٹی
E:	گوٹھی اور (وفاقت)

Q-15 (ط) کیا صانع عمل گولیوں کا کوئی فریڈر آپ کے پاس ان کے اثرات Side-effects کی ششکایات کے آرتا ہے۔

1:	ہاں
2:	نہیں

اگر ہاں تو Q15 کا پوچھیے ورنہ Q16 پر چلے جائیے۔

Q 15 (b) عام طور پر کیا شفایات / اثرات بتائی جاتی ہیں۔؟

(c) آپ _____ شفایات کو دور کرنے کے لیے کیا مشورہ دیتے ہیں۔؟

مشورہ 5		شفایات	
01	ضرب کا ٹیسٹ کرنا	1.	مثلاً باروزین کا بڑھنا
02	وٹامن کا استعمال کریں	2.	انفوزن شفایات
03	درجہ کی گولیاں کھائیں	3.	بہت زیادہ ٹون آنا
04	سکن روٹیں ہٹیں	4.	ماہواری میں فائڈگی
05	الٹی روانے والی دوائیں	5.	چر پڑا ہٹ / جینٹلمین
06	ڈاکٹر سے مشورہ کریں	6.	بچے کی پیدائش میں مشکلات
07	اپنی نوزا استعمال کریں	7.	مدرسہ کی جن / تیز بیٹ
08	140 کے استعمال کا مشورہ	8.	ہیٹ ڈراب ہونا
09	کوئی اور (وفادت)	9.	چھوڑوں کا درد
		A.	ضرب کا دھبہ لانا
		B.	سر درد
		C.	گلزوری
		D.	مقلد الٹی
		E.	کوئی اور (وفادت)

Q 16 (a) آپ کے خیال میں کیا تمام طور میں جانف نخل گولیاں استعمال کر سکتی ہیں یا پھر کچھ فوائد کو یہ گولیاں استعمال ہیں کرنی چاہئے۔

Q 16 b پوچھے	{	تمام طور میں استعمال کر سکتی ہیں۔
		کچھ طور میں استعمال ہیں کر سکتی ہیں۔
		نہ کہہ ہیں سکتے۔

Q-18 پر پے جائیں۔

(b) آپ ایسا کیوں کہتے ہیں۔؟

{ زیادہ سے زیادہ 5 حوالہ حاصل کریں }

صرف ان سے پوچھیے جو خانے محل کی گولیاں ہیں۔

Q-17 (a) کیا آپ نے کسی بھی خانے محل کی گولیاں بیچیں؟

ہاں	1/2
نہیں	2/2

اگر ہاں تو رقم Q 17 پوچھئے ورنہ Q 18 پوچھئے جائیں۔

(b) آپ نے خانے محل کی گولیاں بیچنا کیوں بند کر دی؟

{ زیادہ سے زیادہ جواب حاصل کریں }

{ سب سے پوچھیں }

Q-18 (a) اگر ایک مشورہ قابل اعتماد شخص خانے محل کی گولیاں سٹارٹ کر لیں لائے تو کیا آپ اس پر ان کی بیچنا پسند کریں گے۔

ہاں	1/2
نہیں	2/2

اگر نہیں تو Q 18 b پوچھئے ورنہ انٹرویو ختم کریں

(b) آپ ایسا کیوں کہتے ہیں۔

{ زیادہ سے زیادہ جواب حاصل کریں }

انٹرویو لوٹ کریں۔
دکان میں نظر آت والا مانعہ حل گولیوں کا استہماری سامان

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

برائے	
1:	OVRAL
2:	NOROETTE
3:	POSTINOR
4:	LYNDIOL
5:	MINOVLAR
6:	MINOVLAR
7:	LOREMENAL
	N-FERRUS FUMARATE
8:	OTHERS (SP)



گولی استہمار سامان میں ہے۔

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____