

Report

Pre-Launch Study on
Water Purifying Tablets

Final Report

Submitted to:
Social Marketing Company
(SMC)

Submitted by:
Pathway



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SMC Tower,
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May 2010

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ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
BAP	Bangladesh AIDS Program
BCC	Behavior Change Communication
BDHS	Bangladesh Demographic Health Survey
CYP	Couple Year Protection
FI	Field Investigator
GOB	Government of Bangladesh
HIV	Human immunodeficiency virus
MDG	Millennium Development Goals
MFP	Mobile Film Program
NGO	Non-Government Organization
ORS	Oral Rehydration Salt
PSU	Primary Sampling Unit
RFP	Request for Proposal
SES	Socio-Economic Status
STD	Sexually Transmitted Disease
SMC	Social Marketing Company
ToR	Terms of Reference

EXECUTIVE SUMMARY

BACKGROUND

According to the 2007 Demographic and Health Survey, the percentage of households with access to improved drinking water sources (piped water, public taps, tube or protected dug wells) is almost universal in both urban and rural areas, with overall coverage of above 97 percent. However, it should not be assumed that water from the improved sources is always free of contamination. Overall, ten percent of children under five were reported to have had diarrhea in the two-week period before the 2007 DHS survey. The prevalence of diarrhea is highest at age 6-23 months, a period during which water and solid foods are first introduced into the child's diet. The statistics shows that, in Bangladesh out of the three million children born each year, over 20,000 children dies from diarrhoea. With an intention to embark upon this national crisis SMC has generated an idea to introduce a water purification tablet that will be convenient to use, effective and affordable to all socio economic segment of Bangladesh market. Before launching water purification tablet, SMC wants to conduct a feasibility study for the introduction of water purification tablets to get insights for developing its program strategies regarding this product.

Objective

The overall objective of the study was to assess acceptability and adherence of water purifying tablets, and gets insights on willingness to use, willingness to pay and suggested distribution channels of products.

Study approach

The following procedures have been adopted to conduct the study:

1. We have organized community meeting at each of the sampling areas (both urban and rural areas). Respondents were invited in these meetings. In the meeting, the organizers explained about safe drinking water status and effect, reasons for using water purification tablets; how to use tablets and get their consent to participate in the study. If they were willing then the organizers collected their detail address with telephone number and informed them that they will visit their household for distributing tablets, taking a brief interview and narrating on how to use water purifying tablets.
2. After 15 days of the product distribution, each of the household who were under trial was visited by the field investigator (FI) to see whether they have used water purifying tablets and for re-supply if required. Finally the FI informed the household members that they would again visit them after 15 days to conduct a short interview to assess the acceptability and adherence of the product.

Target respondent

Community people who have no access or inadequate access to safe drinking water or ignorantly using unsafe drinking water irrespective of socio-economic status and sex were the respondents for the study.

FINDINGS

The average age of the respondents was 35 years and average family members was found five. It was found that about three-fourth of the respondents' education was below secondary level. Occupation of female respondent was housewife and four out of ten male respondents occupation was business. On average monthly income of respondents is taka 10796, where average monthly family income of the urban respondents was taka 11895 and rural respondents was taka 9682. Media habit of the respondents was investigated and it is found that majority of the total respondents watch television (84%) followed by read news paper (31%). Less than 10 percent respondents listen to radio.

Sources of water for household activities

In general, the prime source of water for household activities was found tube well (60%) followed by tap/pipe water (29%) and deep tube well (29%). It was also found that about one-fourth of the respondents used pond/river water for household activities. Similarly, it was found that about half of the respondents use tube well water for drinking followed by deep tube well (26%) and tap/pipe water (20%). Mostly tube well was used by rural people and tap water was used by urban people for different activities such as drinking, cooking, washing fruits, utensils and hands, and toilet purpose. On average respondents consume 13 liters water for drinking.

Meaning of purified water and diseases that may occur due to using unpurified water

About half of the respondents informed that purifying water means '*water without germs*'. This understanding is more among the urban respondents than rural respondents (60% vs. 49%). Also higher percentage of respondents was found providing same answer in the highest quintile. About 35 percent respondents mentioned '*water does not cause disease*' as purified water followed by '*boiled water*' (29%) and '*tube well water*' (28%) as purified water. Other reported meanings of purified water were '*filter water*' (12%), '*arsenic free water*' (8%), '*marketed/ bottled water*' (6%), '*deep tube well water*' (6%), '*sediment water*' (9%) and '*tap/pipe water*' (2%).

About 97 percent respondents mentioned that unpurified water may cause diarrhea/ cholera while about half of the respondents mentioned dysentery. Jaundice was mentioned by 35 percent of the respondents. Marked differential was not observed regarding knowledge levels among urban and rural areas except jaundice.

