

Final Report

MINICON ORAL CONTRACEPTIVE PILL POST LAUNCH SURVEY

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EXECUTIVE SUMMARY

1. Background and Objective

Minicon is the only brand of progestin only oral pill in the market introduced by Social Marketing Company (SMC) during February-March 2000. Its key advantage is that it does not suppress mothers' milk production and is therefore an ideal choice for the lactating mothers. After about 6-7 months in the field this study was initiated by SMC with the objective of getting the profile of its acceptors, determine the acceptability of the brand among its users and providers, and identify their knowledge with regard to correct use of the brand.

2. Study Design and Implementation

Considering the fact that the target women of Minicon have been the breastfeeding women of all socio-economic groups and also the marketing information, promotion and price of the brand, it was decided to draw sample respondents randomly from all over the country from city down to the thana level. The high selling spots and outlets were chosen considering the slow movement of the product. For a reasonable geographic coverage 25 sample spots were covered consisting of 5 cities, 10 district towns and 10 thanas.

From each city 20 and from each district and thana towns 10 currently Minicon using women were targeted for interview at the household level. The target for husband and lapsed user samples were one half of the current users in each spot. Doctor/ Providers were interviewed as per the convenience and at least two from each sample location. A random sampling methodology was followed in selection of sample respondents. The category of respondents and total completed field interviews under the survey were as under:

Category of Respondents	Number of respondents			Total
	City	District	Thana	
Minicon Using women	93	91	96	280
Husbands of the women	57	51	52	160
Lapsed Users of Minicon	53	45	28	126
Qualified Doctors	21	22	23	66
Total	224	209	199	632

Separate semi-structured questionnaires were developed for interviewing the respondents. Female field investigators were engaged to conduct household level interviews. The Minicon buyers were intercepted at selected high selling pharmacies and the Minicon using women were interviewed at the time and place agreed upon. The lapsed users were obtained from among those addresses recalled by the pharmacy salesmen or through information received from the already interviewed respondents. The field team received excellent cooperation from the Pharmacies, Area Managers, Zone Executives and the SPOs in the process of collecting data during the month of September-October 2000. The respondents also spoke freely to the interviewers.

3.1 FINDINGS FROM THE USERS AND HUSBAND INTERVIEWS

Profile of Minicon Users: The Socio-economic and Demographic (SED) profile of the Minicon users did not seem much differ with the other pill users found in other studies. They are mostly housewives, average age of around 24 years, mother of average two children,



and education, household amenities & income were above national average. They were stable as more than 70% of them living in their own houses (Appendix-1, Table-1). The Lapsed users were found relatively older, better educated and most importantly their youngest child were significantly older than that of current users.

Specific Knowledge on the Use of Minicon: Knowledge of primary target for the pill (i.e., exclusively breastfeeding women) was largely missing among the users and husbands. However, more than 80% of the users and husbands could relate Minicon with very young child and lactation status of mother. The secondary target (i.e., Estrogen contraindicated women) was known/ mentioned to

be the target of Minicon by only 3-4 percent of the users and their husbands.

Many of the current users of Minicon and their husbands were lacking specific knowledge on the pill particularly the time to start and the period of continuation. 18% of the users told that Minicon could be continued as long as the user does not want a child and another 21% admitted that they did not know. As regards missing of one/ two pills the responses were very much like other pill brands. Extra two days of supplementary method use as recommended for missing of one pill did not come at all.

Use Status and Experience:

- ◆ Around 30% of the users, both current and lapsed, got advice from the doctors, Field Worker or pharmacy salesmen for choosing the pill. More than a quarter of the users made the selection by themselves.
- ◆ The current users on an average had been in their 2.6 cycle and the Lapsed users used average 1.9 cycles before they left Minicon.
- ◆ About 50% of the current users and 63% of lapsed users started Minicon after 6 months of child's age. 15% of the current users and about one-fourth of lapsed users started the pill after 2 years age of their youngest child.
- ◆ Only 18% of the current users were under exclusive breastfeeding and 12% not breastfeeding at all as the child had grown up.
- ◆ Consistent to the knowledge, more than 40% of the Current users of Minicon had other considerations than breastfeeding in continuing the pill.
- ◆ About 19% of the current Minicon users did not use any method in the past.

Side Effect, Perception and Satisfaction:

- ◆ Around one-third (36%) of the Current users faced any kind of side-effect while 73% of the Lapsed users discontinued the brand due to side effect. The major side effects mentioned were related to menstrual irregularities.
- ◆ The Current users had a good perception about the brand and 93% of them expressed their satisfaction with the brand. Only 4% thought the pill was not good.
- ◆ 38% of the sample current users reportedly advocated this pill to others and another 50% were willingness to do so.

Ever Use of Methods and Brands:

- ◆ Two-thirds of the current users ever used pills other than Minicon. On an average they used 1.6 brands and the prominent brands in order of frequency were Femicon, Shukhi, Nordette 28, Ovostat, Ovacon and Marvelon.



- ◆ The other methods used by the current Minicon users were Condom (34%), Injectable (13%), and other (3%).
- ◆ The latest used methods by the current users were Pill (51%), Condom (23%), Injectables (6%), Other (1%) and No method (19%).
- ◆ The immediate past methods of Minicon used by the Lapsed users were: Pill (56%), Condom (12%), Injectables (2%), Other (2%) and No method (29%). It is interesting to observe that the distribution of the lapsed users by the current use method (i.e., after leaving Minicon) was almost the same as that of immediate past used methods.

Exposure to Media on Minicon:

- ◆ Such information were collected from the current users and their husbands. 12% of the current Minicon users and 46% of the husbands told that they read newspaper or magazine regularly.
- ◆ About three-fourth of the respondents told that they had ever seen or heard any message on any media. Among those who seen/heard, TV was found to be the single major mass media (around 90% for both the respondent groups). Radio was mentioned by around one-fourth.
- ◆ Around one half of the respondents could not recall any messages that they had heard from any source. The two main messages recalled were: 1) Child gets breast milk/ milk is not suppressed; and 2) Good/ ideal pill for lactating mothers.

3.2 FINDINGS FROM DOCTOR INTERVIEW

A total of 66 doctors were interviewed under the study. Two third of them were male, 68% describing themselves as General practitioner (GP) and 21 percent full time private practitioners

Spontaneous Knowledge on Minicon: On specific asking majority (74%) of the doctors could tell that the pill was targeted to the lactating mothers and another 6% mentioning exclusively breast feeding women. Other responses mentioned correctly were: Minicon has no Estrogen/ has progesterone hormone only (47%), To start using the pill after 40 to 45 days of child-birth (45%) and Flow and constituents of breast milk remain as usual (9%). However, the doctors less frequently mentioned these when they were initially asked to say what they knew about Minicon.

How to start and How long to continue: About one half of the respondent doctors mentioned that Minicon should be started from 40-45 days after child-birth. Others either did not know about the right time to start Minicon (18%) or knew that the pill was to be started from the date of first menstruation after child birth (42%). As regards continuation about 60 percent of the doctors had correct knowledge that it should be continued up to 6 months age of child. The remaining 40 percent either did not know (16%) or knew something that is not recommended. A popular notion of the doctors was that Minicon should be continued as long as the child is breastfed (not exclusive only).



Side-effect: About one-third of the doctors expressed their ignorance about side effects of Minicon. Kind of side-effects the Minicon user could face were described by the remaining were: Irregular menstruation/ Spotting (44%), Nausea/ dizziness/ headache (30%), and Stoppage of menstruation, Risk of being pregnant & Weakness 6% each.

Perception and Opinion on Minicon: A large majority (71%) of the respondent doctors felt that Minicon was an important addition to contraceptive options for the couples and 53% told that it was safe at least like any other pill in the market. However, around 20 percent admitted that they knew little about the pill.

Sources of Knowledge on Minicon: TV/ Radio (45%) and Leaflet/ Insert (30%) were mentioned to be the two major sources of knowledge on Minicon for the respondent doctors. Only one-fifth (21%) of the respondents reportedly knew about the pill brand from SMC representatives although majority (55%) of the respondents recalled that SMC representatives had visited them.

Among the doctors reporting visit by SMC representatives (36 out of 66), about two-third of them told that they received Minicon sample, 56% received any promotional materials (Leaflet or Sticker) and 19% received any gift item on Minicon (Pen, Paper weight or Mug).

Suggestions from the Doctors: Sixty percent of the doctors put at least one suggestion for SMC on Minicon. According to frequency they are:

- ◆ SMC representatives should visit them
- ◆ Increase promotional activities
- ◆ To control the side effect
- ◆ Pharmacists should also be trained/ involved
- ◆ All related to health & FP should be integrated
- ◆ Availability of the product should be ensured

3.3 Additional Findings

In line with the recommendations of the doctors, the pharmacy salesmen also felt that they should be reached with the messages on Minicon. The husband and user interview also confirmed this. There were also concerns received from some of the pharmacy salesmen. They told that Minicon buyers returned with more complains of side-effect than the buyers of other pill brands and at times they had complained of becoming pregnant. Short supply of Minicon was also mentioned as one of the problems of getting a good market.

4.1 DISCUSSIONS ON THE FINDINGS

It appears that due to the very construction of the TV and radio advertisement, all the lactating mothers in general got attracted to Minicon. Those who wanted a suitable method or were looking for a change also got attracted. Thus it is found that in a fairly random sample of Minicon current users about a half of the users started Minicon at a time when their youngest child was more than 6 months old. 12% of the current users and 18% of the lapsed users were not breastfeeding while they started Minicon.



However, it has been found that those who started Minicon within 6 month of their child's age were relatively young, less duration of marriage, less number of child and better educated than rest of the users. The former group was also economically better off reflected in terms housing condition, income and household possessions. Media exposure and regular readership of Newspaper/ Magazine was also quite high among this group.

The survey data and the Field Investigators' report also confirm that Minicon was fairly established in the market as a good pill for the lactating mothers. But the knowledge, intention or practice to switch to a combination pill after the age of the child exceeded 6 month (or lactation status) was relatively absent. Moreover a significant proportion of the users accepted Minicon as an additional brand of low dose pill. Pharmacy salesmen also at times pushed the pill like Femicon. The same price of Minicon and Femicon and similar name might have confused illiterate clients and/ or their husbands.

It appears that the acceptors faced more side-effects in Minicon compared to other pills. 36 percent of the current users reportedly faced any side-effect and so did 73 percent of the sample lapsed users. The Field Investigators also got good number of lapsed users within only 6-7 months of introducing the brand. Although this survey was not designed to estimate the proportion of lapsed users among the acceptors of the brand, the higher intensity of side-effects, mainly related to menstruation, seem to be the prime factor of discontinuing of the brand. A large proportion of dissatisfied discontinued users are likely to diminish the acceptability of the brand among its potential users if this trend continues. On top of it the field teams reported incidents of pregnancy from almost all survey spots.

4.2 CONCLUSIONS

As the only brand of pill suitable for the lactating mothers, Minicon has received a general acceptance among the Bangladeshi women belonging to all sections including NGO and government FP providers. The current users were also found satisfied with the product. Some of the NGOs were known to have been supplying Minicon to their clients. Estrogen intolerant women from the vast combined pill users/ triers are also a large market for Minicon.

At the same time the field survey identified quite a significant number of lapsed users and the users were found discontinuing using, on an average, less than two cycles of the pill and due to side effects that is different from the combined pills. It was also found from other responses that the respondents looked at Minicon more or less like other pills in the market.

As a long term strategy, the researchers feel, Minicon would do better as a Stop-gap pill in the real sense of the term, and in combination with Femicon or Nordette-28 it can better serve the birth spacing needs of all including breastfed women in a more efficient way. The two major weaknesses of the pill (e.g., higher menstruation related side effect and greater chance of method failure for the secondary targets) can only be overcome through giving the users an informed choice. This is likely to reduce the dissatisfied discontinued users of Minicon and the good image of the brand restored. It is also necessary to discourage using Minicon by women who are eligible for combined pills and encourage to switch to combined pills after exclusive lactation period.

SMC should find an appropriate way of doing it through a combination of mass media advertisement and personal counseling.

Main Report

