Motivations and Barriers to Health Product Use in Afghanistan

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SHOPS Plus

- Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is USAID's flagship initiative in private sector health.
- Seeks to harness the full potential of the private sector and catalyze public-private engagement to improve health outcomes in family planning, HIV/AIDS, maternal and child health, and other health areas.
- SHOPS Plus supports the achievement of US government health priorities and improves the equity and quality of the total health system.

Afghanistan Health Product Survey Overview

1. Background of the study
2. Demographics of respondents
3. Product awareness and use and motivators and barriers to product uptake
    1. Chlorine water treatment
        - Brand: Abpakon
    2. Oral rehydration salts (ORS)
        - Brand: Shefa
    3. Contraceptive pills and injectables
        - Brand: Khoshi
    4. Condoms
        - Brand: Asodagi

SHOPS Plus in Afghanistan

- Supports the Afghan Social Marketing Organization (ASMO) to increase demand for and access to life-saving health products
- ASMO markets and distributes a variety of health products
  - ORS, zinc, water treatment solution, iron folate, condoms, oral and injectable contraceptives
- ASMO plays a key role in the health of the Afghan population
  - 22% of modern contraceptive users and 11% of ORS users purchase ASMO brands (Ganesan et al. 2017).

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ASMO marketing campaigns

- In 2017, ASMO implemented four marketing campaigns to increase awareness and use of its priority health products:
  - Campaign 1: Oral rehydration solution (ORS) for childhood diarrhea (*Shefa*)
  - Campaign 2: Chlorine water treatment solution for safe drinking water (*Abpakon*)
  - Campaign 3: Oral contraceptive pills and injectable contraceptives (*Khoshi*)
  - Campaign 4: Condoms (*Asodagi*)

Partner for a Better Life

Afghanistan Health Product Survey Objectives

- Use a quantitative household survey to understand the **reach and recall** of the ASMO product campaigns and **factors that support or detract** from **priority health product** use.
- The focus of this presentation is on what we learned about ASMO's target population:
  - Awareness and use of advertised products and brands
  - Perceptions of and attitudes towards health products
  - Motivators and barriers to use health products
  - Intention to use health products

Intention to use – Definitions

- **Intention to use OCs and ICs** includes:
    1. Female non-FP users who said they are likely to consider using OCs or ICs in the next 12 months
    2. Female current FP users who are likely to discontinue use and who said they are likely to consider using OCs or ICs in the next 12 months
- **Intention to use condoms** includes men who are not currently using condoms and said they are somewhat or very likely to try using condoms after seeing the Asodagi ad
- **Intention to use chlorine** includes respondents not currently using chlorine who said they are likely to consider using chlorine in the next 12 months
- **Intention to use ORS** includes respondents who did not use ORS in the last 4 weeks and would recommend ORS to a friend

Who are the survey respondents?

- Sampled from ASMO’s target population: married women age 18-39 and men of age 15 or older who are married to a woman aged 18-39
- Sample includes 2,338 respondents
- Sample was drawn from the 177 districts in which ASMO works and is representative of these areas

Respondent characteristics: age and urbanity

- Respondents were more urban than the general Afghan population

	Indicator	All Respondents (n=2339)
Gender	Male	49.9%
	Female	50.1%
Age	18-29 years	43.5%
	30-39 years	45.6%
	40+ years**	10.9%
Urbanity	Urban 5 provinces*	36.3%
	Other urban	7.4%
	Rural	56.3%

*Urban 5 provinces include urban areas of Kabul, Herat, Balkh, Kandahar, and Nangarhar

**The 40+ age group consists only of men who are married to a younger woman

Respondent characteristics: education and work history

- Female respondents were more educated than the general Afghan population

	Indicator	All Respondents (n=2339)	By Gender	
			Males (n=1199)	Females (n=1140)
Education*	None	56.6%	45.9%	66.9%
	Primary	9.0%	10.0%	7.9%
	Secondary	11.6%	11.9%	11.3%
	Higher	22.9%	32.1%	13.7%
Worked in past 12 months	Yes	46.7%	82.6%	10.8%

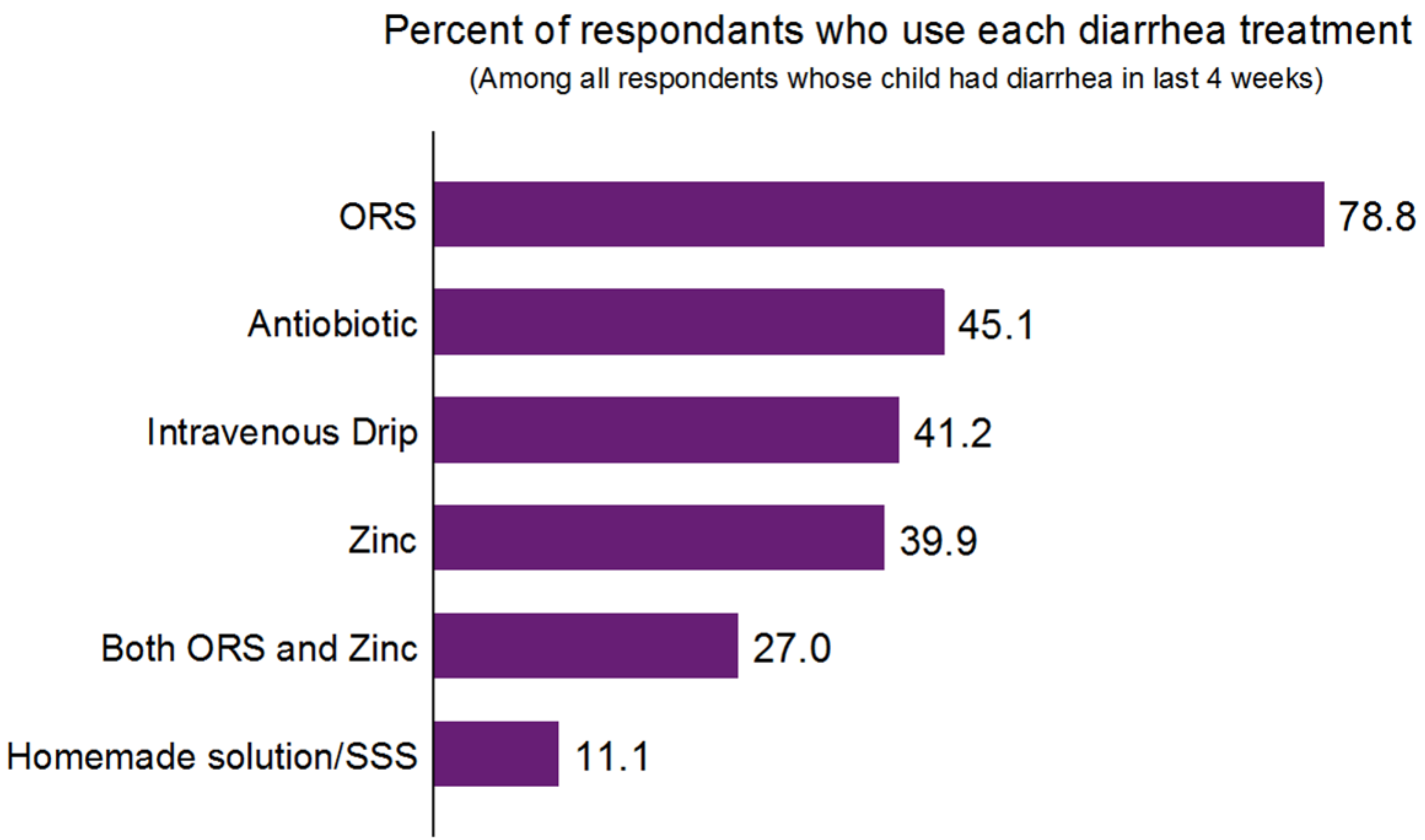
*Primary and secondary school includes attending some or completing these levels

Diarrhea Treatment Product Awareness and Use

Diarrhea prevalence and care seeking

- **56%** of respondents with a child under 5 (n=2,007) reported that their child had diarrhea in the last 4 weeks
- **92%** of parents whose children had diarrhea sought care for the illness

Diarrhea treatments given to child



N=1107

Any Antiobiotic includes pill, syrup, and injection. Respondents may use more than one treatment.

Shefa brand ORS awareness and use

- **78%** of respondents who have children under 5 are **aware of Shefa brand ORS**
  - **87%** of respondents who intend to use ORS are aware of Shefa
- **59%** of respondents whose child had diarrhea **used Shefa**
  - Use of Shefa was highest in “other urban” areas (**67%**)

Zinc awareness for diarrhea treatment

- **56%** of respondents who have children under 5 are **aware of zinc products** as a treatment for diarrhea
  - **74%** of males, **38%** of females
- **20%** are aware of zinc tablets
- **22%** are aware of zinc syrup
- Awareness of all other zinc products is **below 4%**
  - **6%** of males are aware of ZN-Once and zinc sulfate

All above results are among respondents with a child under 5 (n-2007)

Using ORS and zinc together:
Awareness, ever use, and use at last diarrhea

21%

of respondents with a child under 5 have **heard of using ORS and zinc together**

Among respondents with child under 5 (n=2007)

15%

of respondents with a child under 5 have **ever used ORS and zinc together**

Among respondents with child under 5 (n=2007)

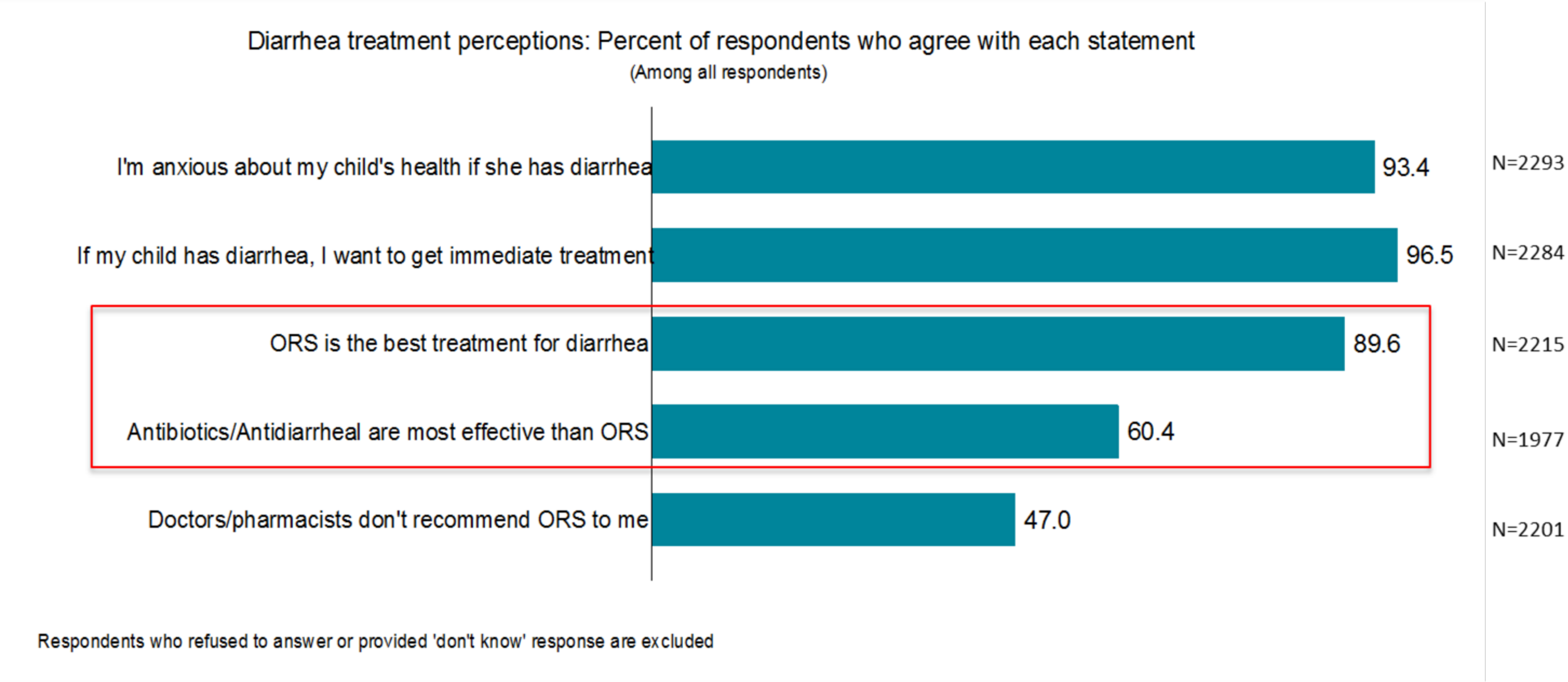
17%

of respondents whose child had diarrhea **purchased ORS and zinc in one package**

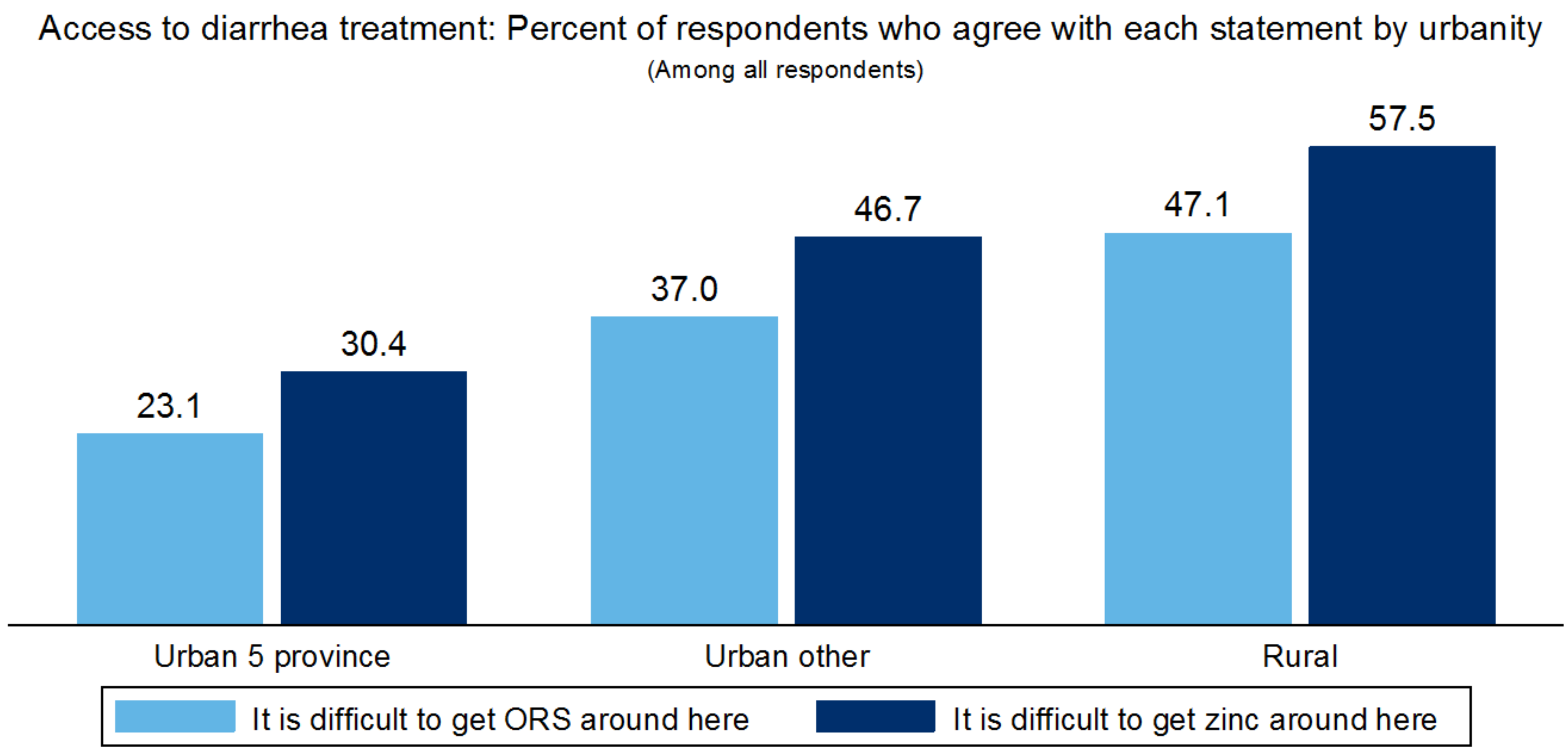
Among respondents with child under 5 who had diarrhea in last 4 weeks (n=1107)

Motivations and Barriers to ORS and Zinc Uptake

Caregivers have conflicting views about ORS and antibiotic use



Access to ORS and zinc is a barrier in rural areas



Respondents who refused to answer or provided 'don't know' response are excluded

Differences across urbanity are statistically significant for both ORS and zinc ($p<0.01$)
ORS statement: n=2245; Zinc statement: n=2107

ASMO ad exposure facilitates intention to use ORS

Compared to those with no ASMO ad recall, intention to use ORS is:

35% more likely if you recalled the ASMO ad	**43%** more likely if you **spontaneously** recalled the ad	**45%** more likely if you had daily exposure to the ad
36% more likely if you had ad exposure on **TV and radio**	**34%** more likely if you saw the ad on **TV only**	**37%** more likely if you saw the ad on **radio only**

All reported findings are statistically significant ($p<0.05$) and are derived from regression results that adjust for age, sex, urbanity, education, and number of children.

Summary of ORS and Zinc uptake barriers

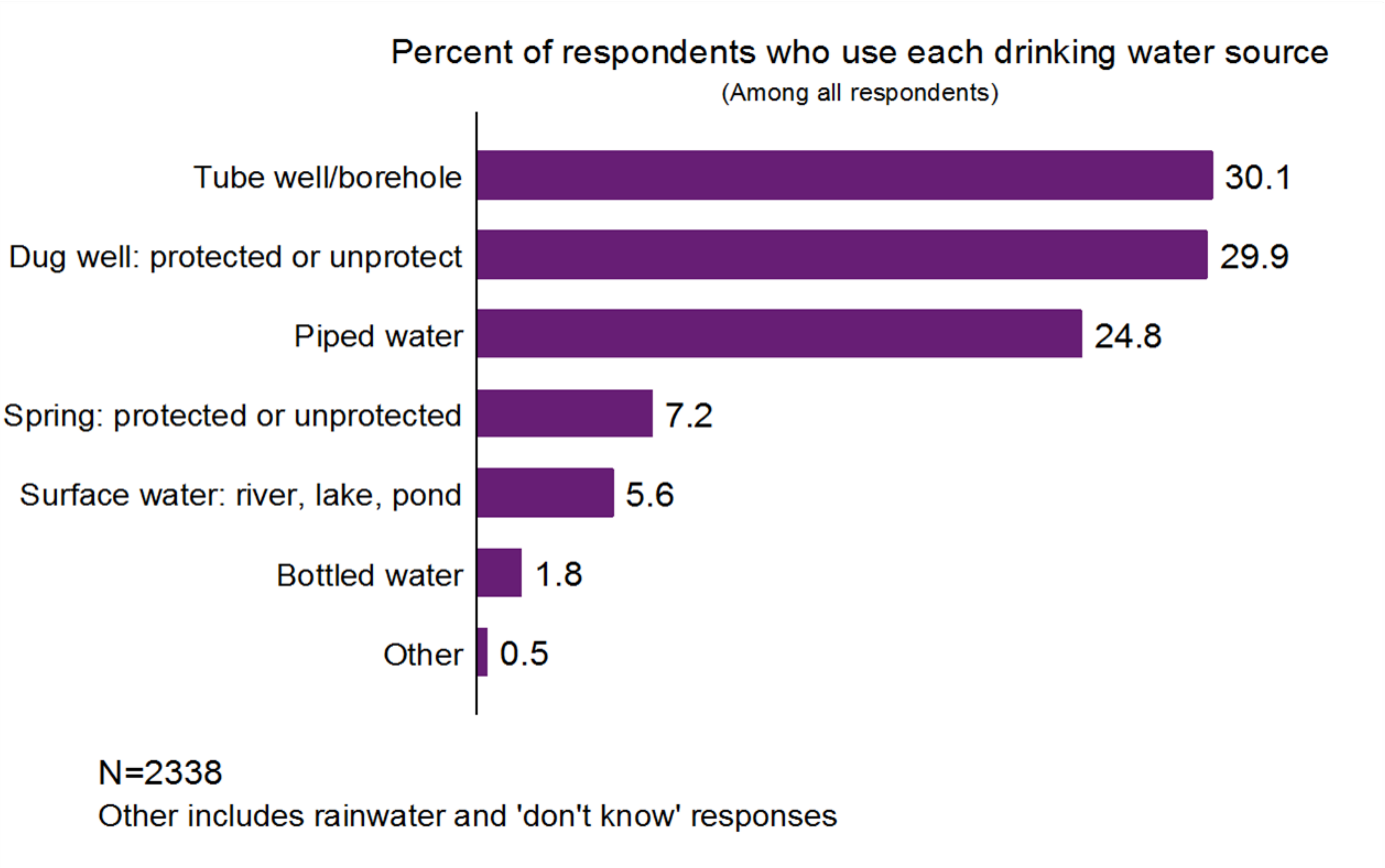
- Antibiotics are used frequently (45%) and are perceived as an effective diarrhea treatment (60%)
  - Many respondents whose children had diarrhea in the last 4 weeks gave ORS and another treatment (42%)
- Perceived access to ORS and zinc is low in other urban and rural areas

Implications for ASMO

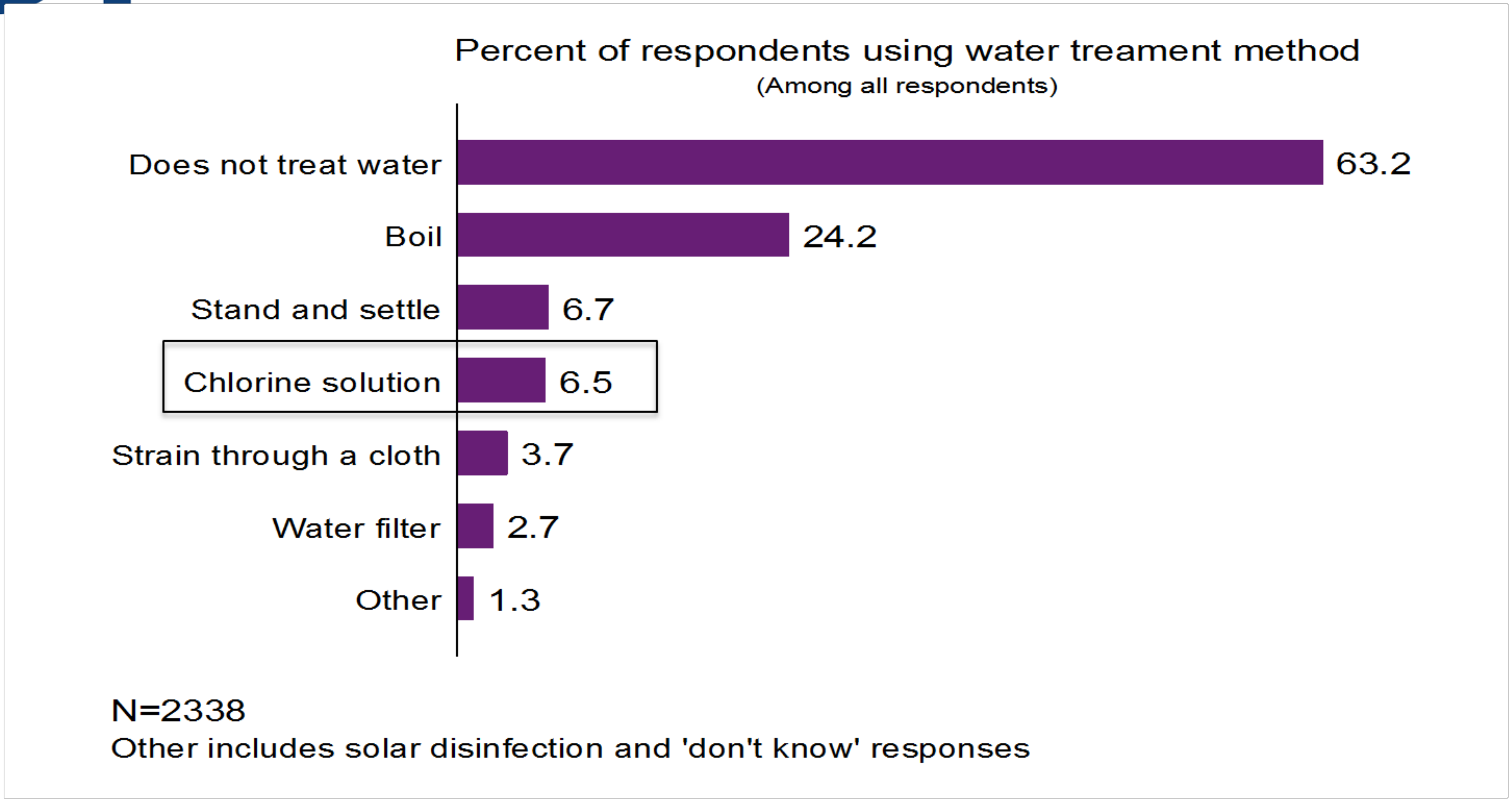
- ASMO should focus on promoting use of ORS without antibiotics or antidiarrheal medication
- Increase access and perceived access to ORS and zinc in other urban and rural areas
  - Perceived access is lowest for zinc among respondents in rural areas, so this may represent low-hanging fruit as an areas of improvement for ASMO

Water treatment product awareness and use

Water sources: Most respondents use wells or piped water

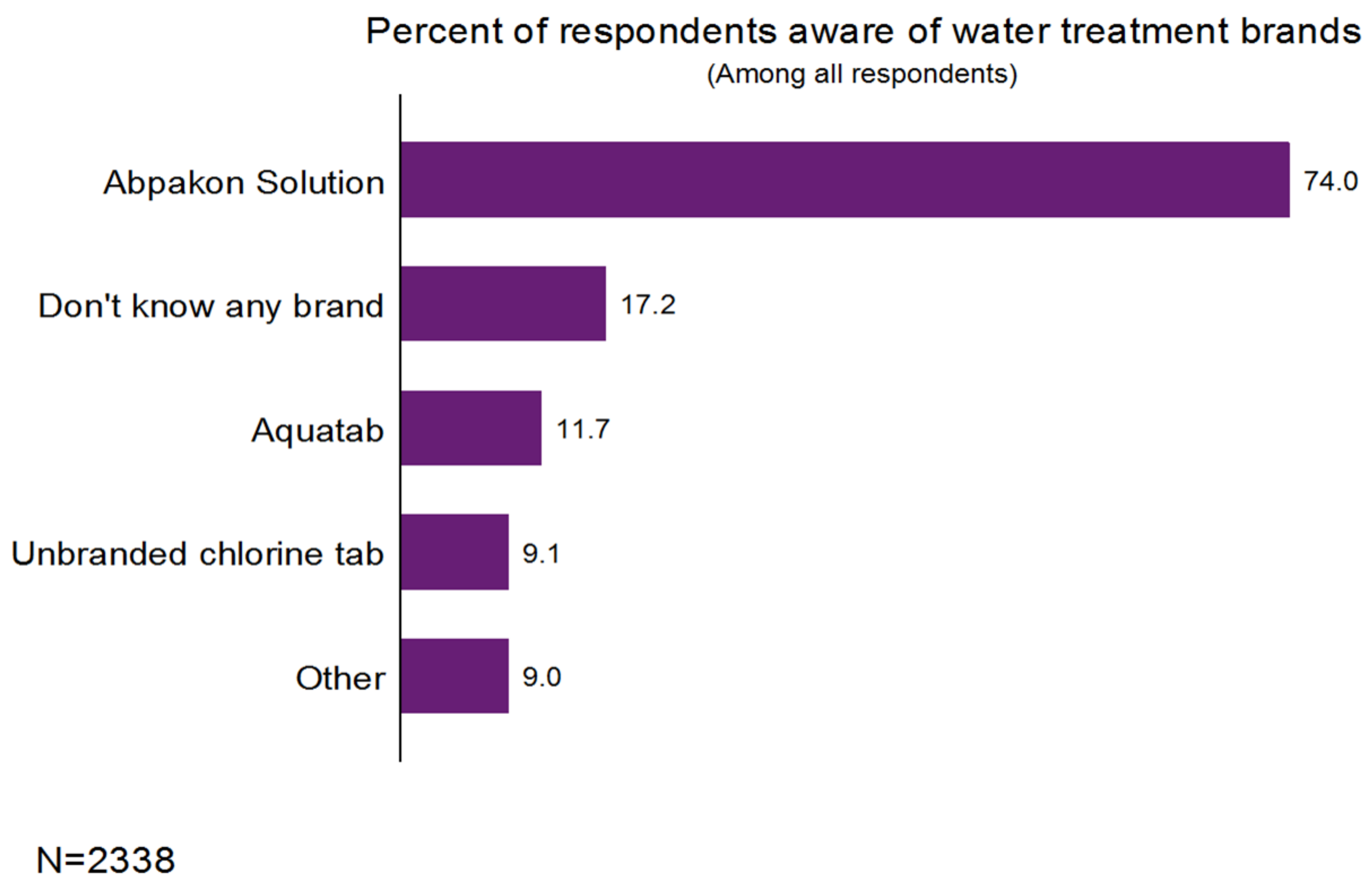


Water treatment: 6.5% of respondents use chlorine



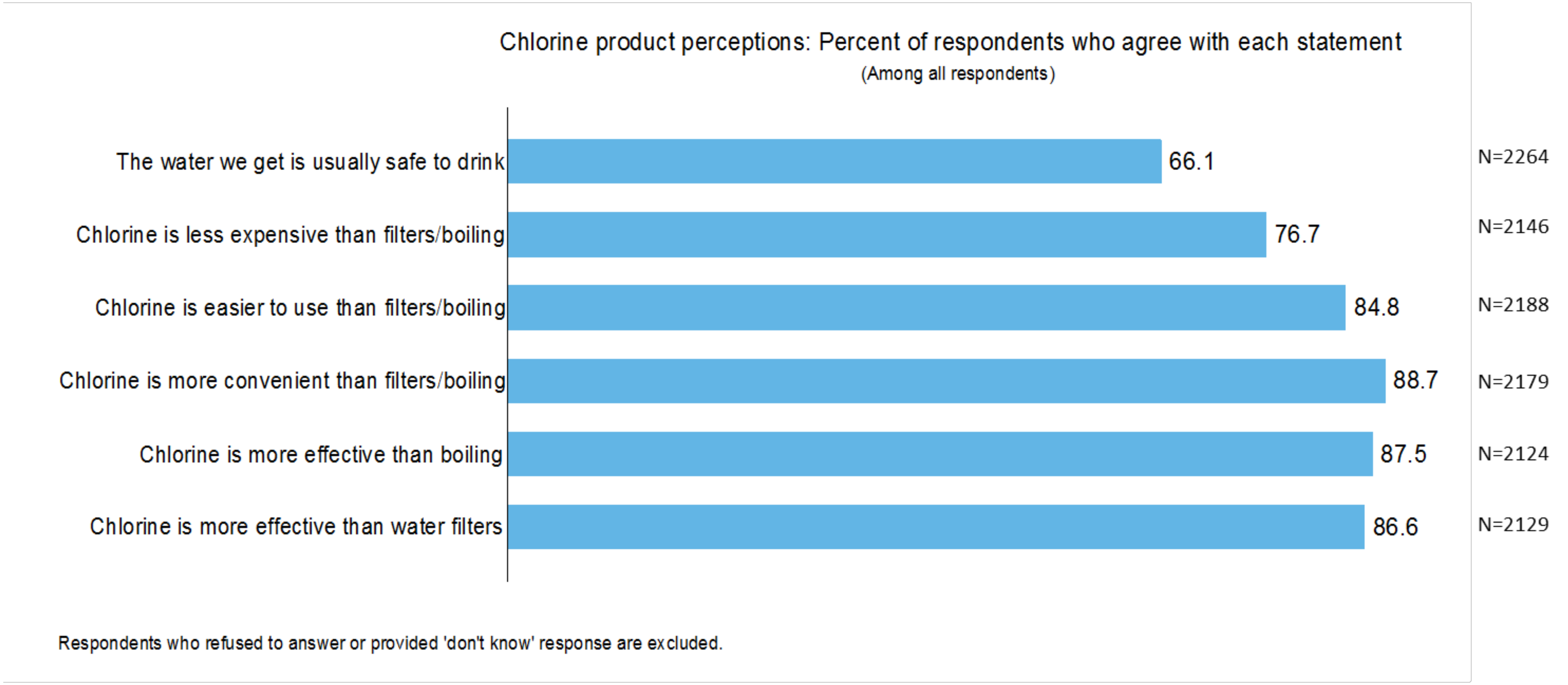
5.5% of all respondents use ASMO-brand Abpakon Solution.
This represents **85%** of all chlorine users.

Chlorine brands: Most are aware of Abpakon



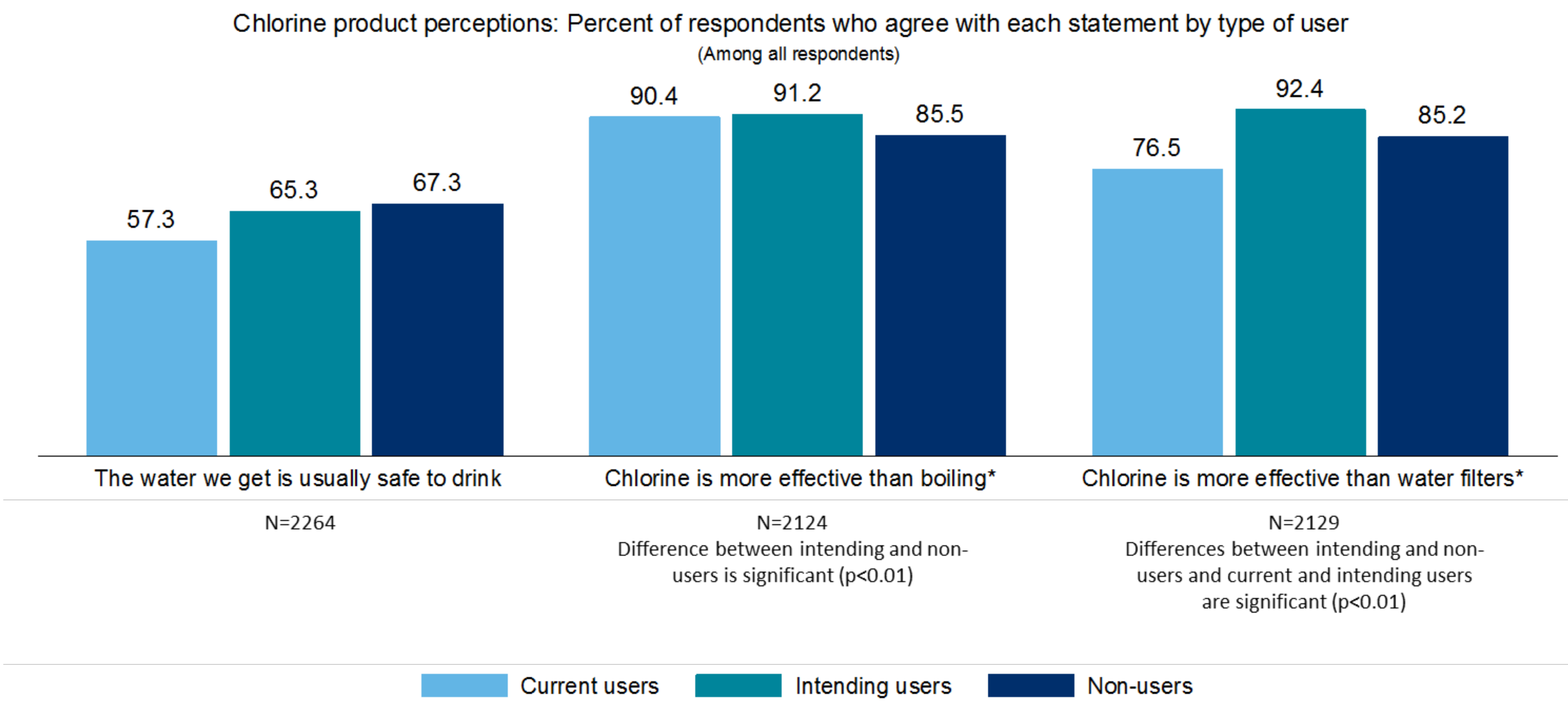
Motivations and Barriers to Chlorine Uptake

Chlorine perceived as better than boiling or filters



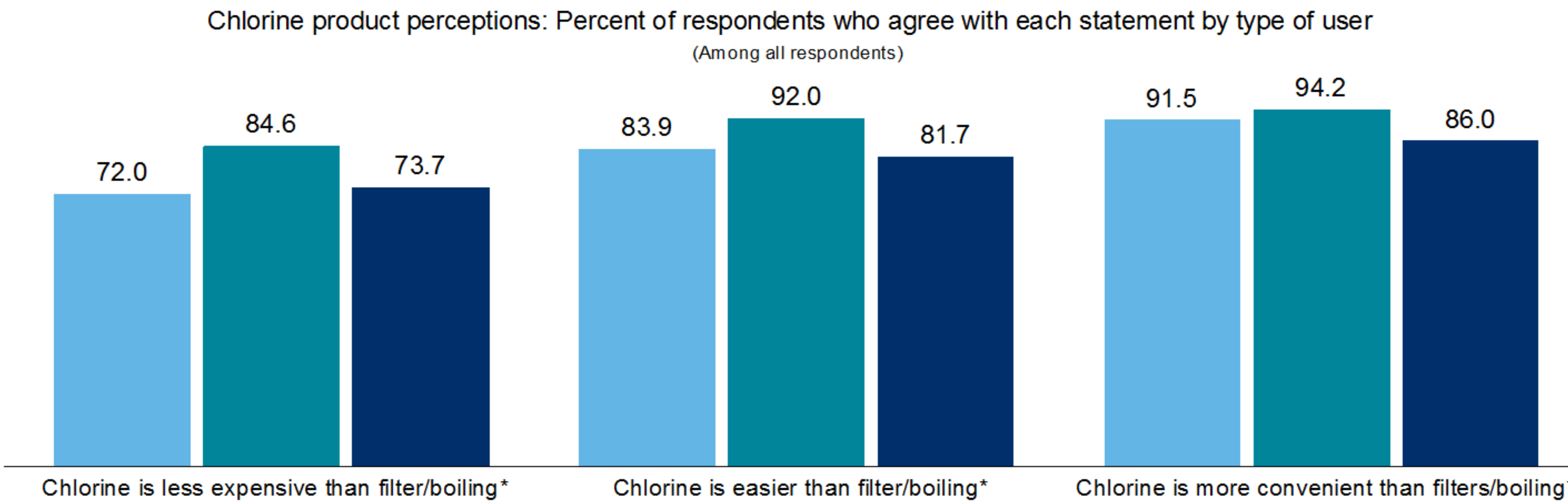
Despite positive chlorine perceptions, **2 out of 3** respondents think the water they get is safe to drink

Perceived need for and effectiveness of chlorine by user type



Respondents who refused to answer or provided 'don't know' response are excluded.
* Results are statistically significantly different across type of users. See notes on which differences are significant.

Intending users think chlorine is cheaper and easier than filters or boiling



N=2146
Differences between intending and non-users and current and intending users are significant (p<0.05)

N=2188
Difference between intending and non-users is significant (p<0.01)

N=2179
Differences between intending and non-users and current and non-users are significant (p<0.05)

Respondents who refused to answer or provided 'don't know' response are excluded.
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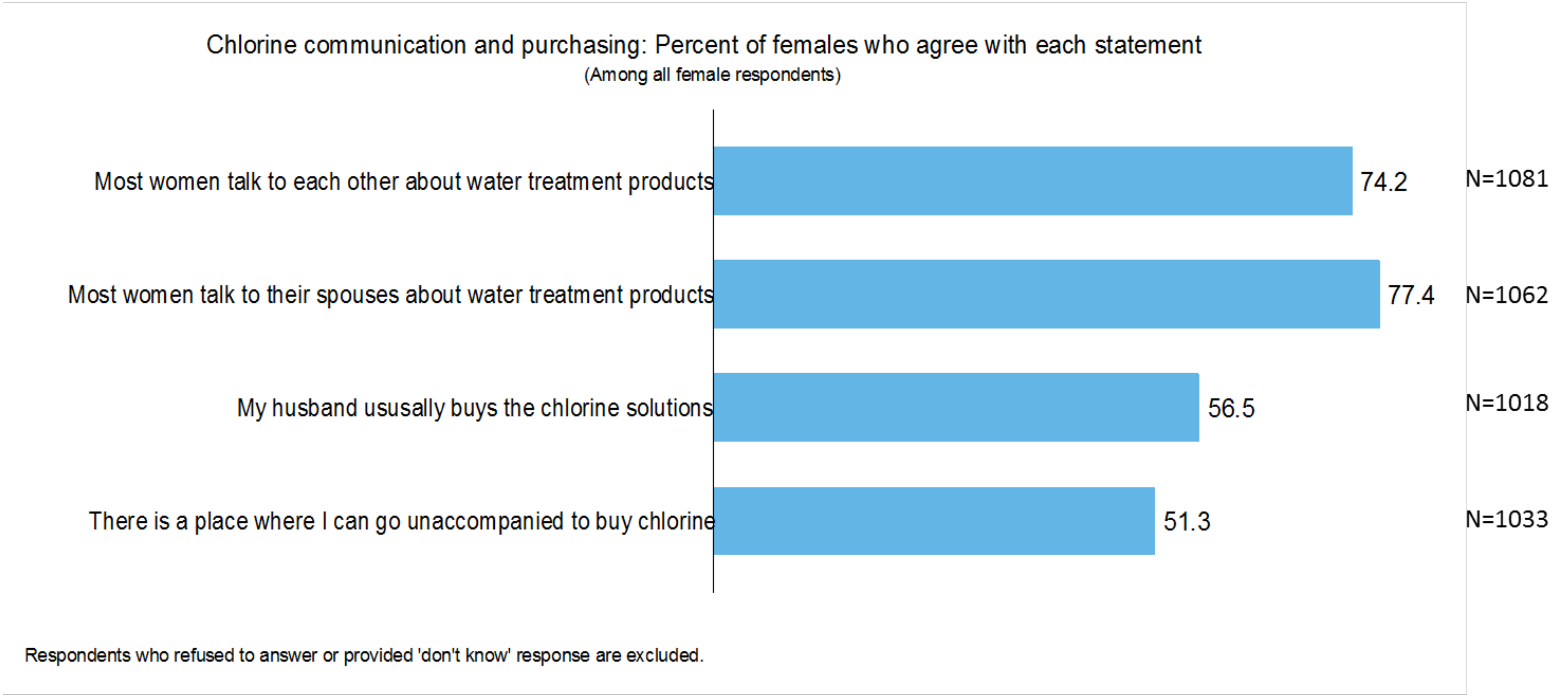
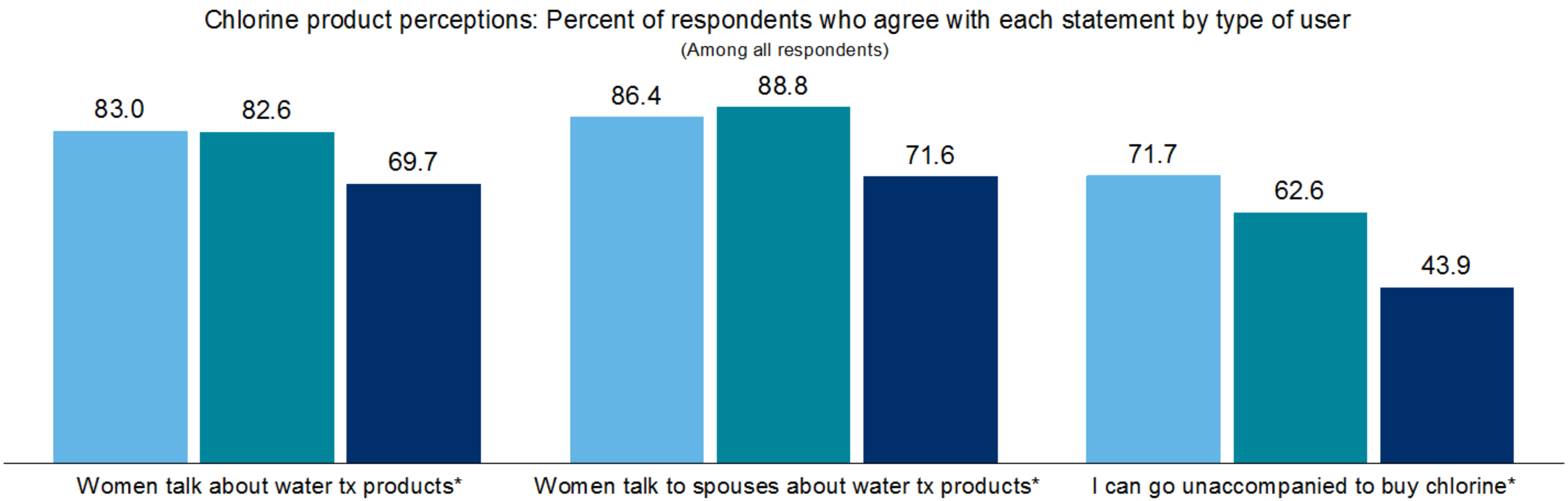
Women discuss chlorine, but most men do the purchasing



Chlorine non-users are less likely to discuss water treatment products



N=1081
Difference between intending and non-users is significant (p<0.01)

N=1062
Differences between intending and non-users and current and non-users are significant (p<0.01)

N=1033
Differences between intending and non-users and current and intending users are significant (p<0.05)

Current users   Intending users   Non-users

Respondents who refused to answer or provided 'don't know' response are excluded.

* Results are statistically significantly different across type of users. See notes on which differences are significant.

ASMO ad exposure facilitates intention to use chlorine

Compared to those with no Abpakon ad recall, intention to use chlorine is:

14% more likely if you recalled the ASMO ad	**20%** more likely if you **spontaneously** recalled the ad	**21%** more likely if you had **daily exposure** to the ad
21% more likely if you had ad exposure on **TV and radio**	**18%** more likely if you saw the ad on **TV only**	**3%** more likely if you heard the ad on **radio only**

All reported findings are statistically significant ($p<0.05$) and are derived from regression results that adjust for age, sex, urbanity, education, and number of children.

Summary of chlorine uptake barriers

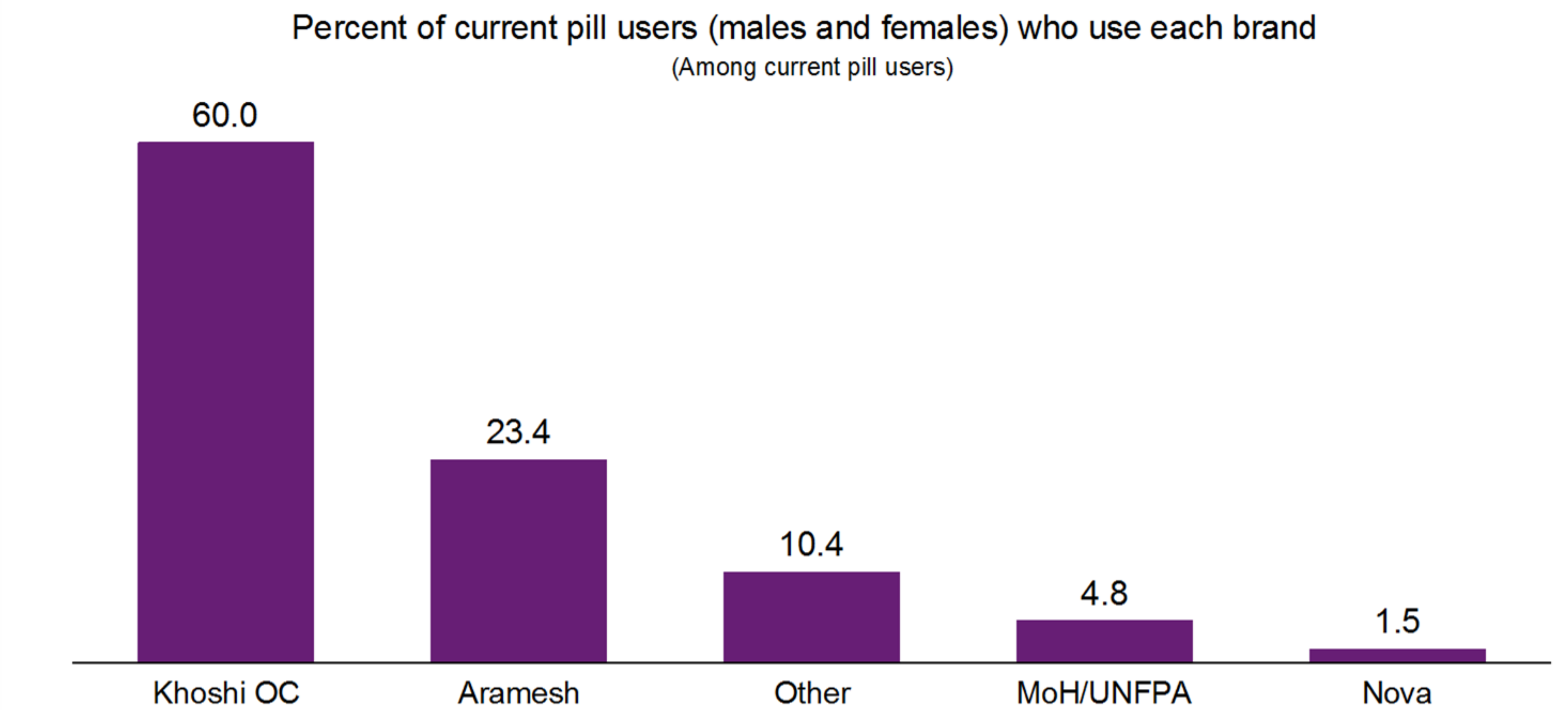
- 66% of all respondents think their untreated water is safe to drink
- **Non-users** have more negative perceptions of chlorine than intending users:
  - Less effective and convenient than filters or boiling and more expensive than filters or boiling
- **Female non-users** report:
  - Reduced access to purchase chlorine unaccompanied (44% of non-users vs. 72% of users)
  - Less social interaction related to chlorine

Implications for ASMO

- Low threat perception: Need target audience to perceive that untreated water is <u>unsafe</u>
- To reach non-users:
  - Persuade them that chlorine is a more effective, affordable, convenient product than other water treatments;
  - Catalyze conversation about water treatment among women and increase access for women.
- To capture intending users:
  - Continue chlorine messaging as effective, affordable, and convenient water treatment method.

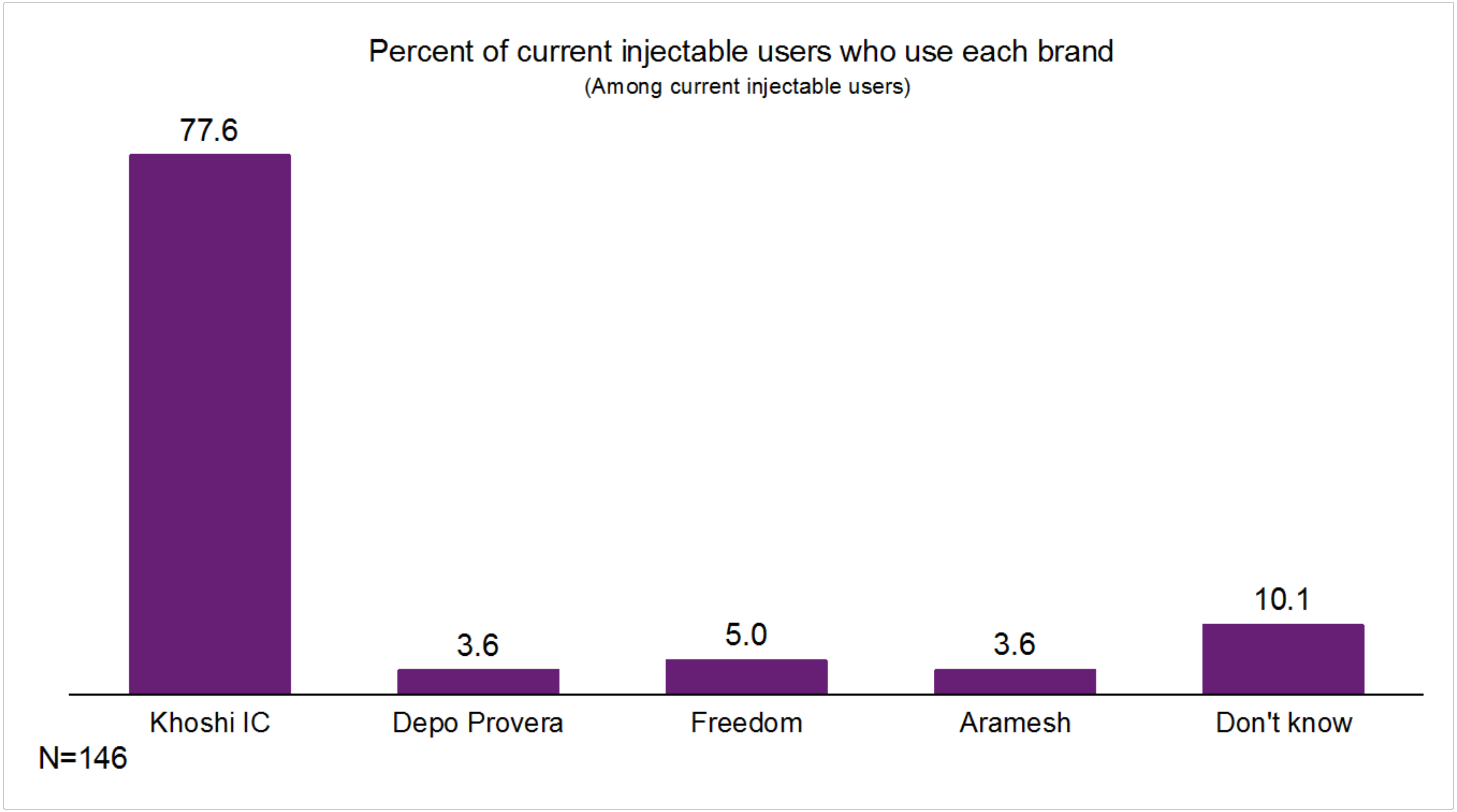
OC, IC, and condom and brand use

OC brand use: Khoshi is the leading brand

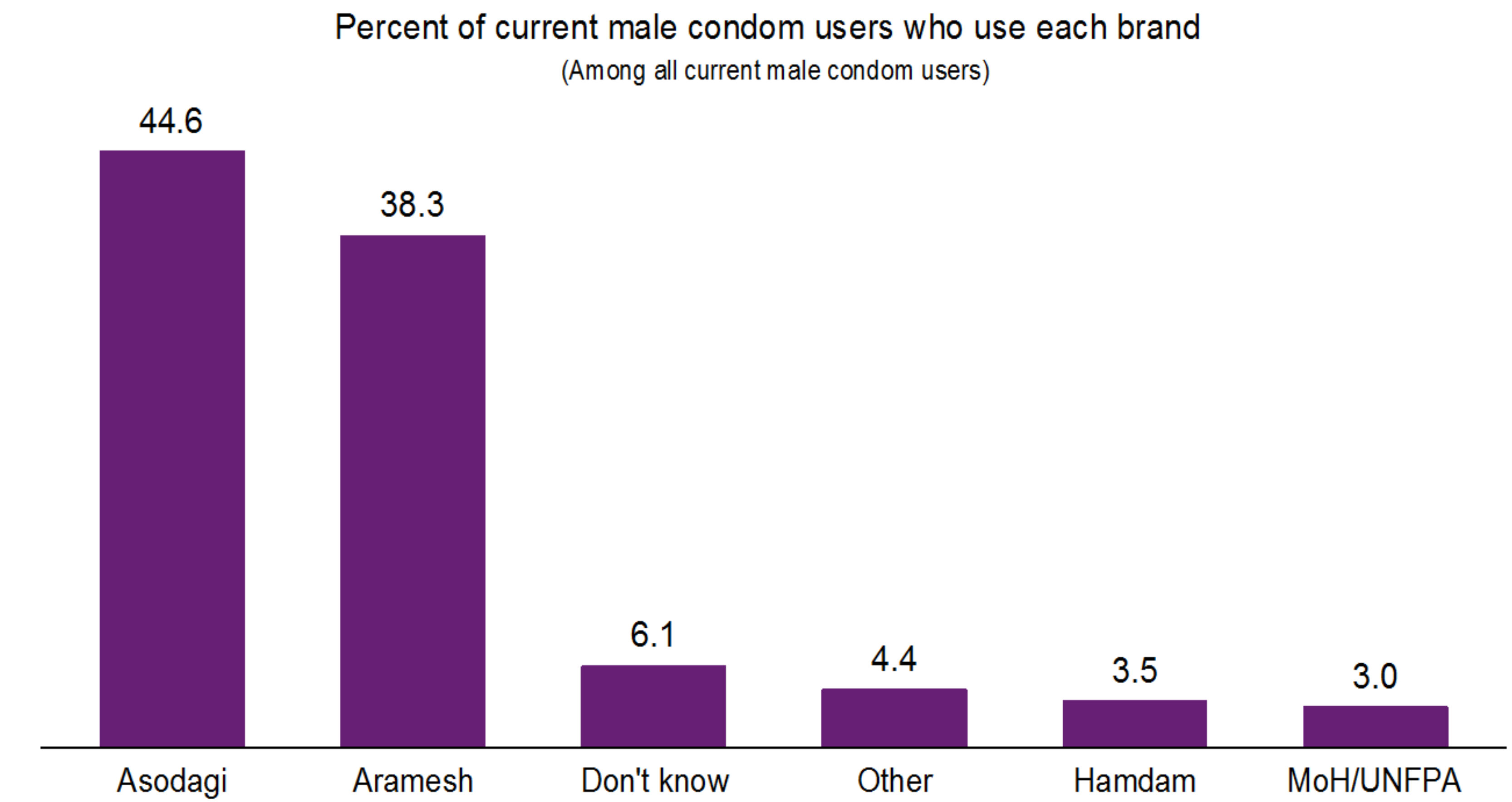


N=424; Males included here are those who reported purchasing pills for their wives to use.
Other includes Ovocept, Proglyut, ‘other’ responses, and ‘don’t know’ responses.

IC brand use: Khoshi is the leading brand



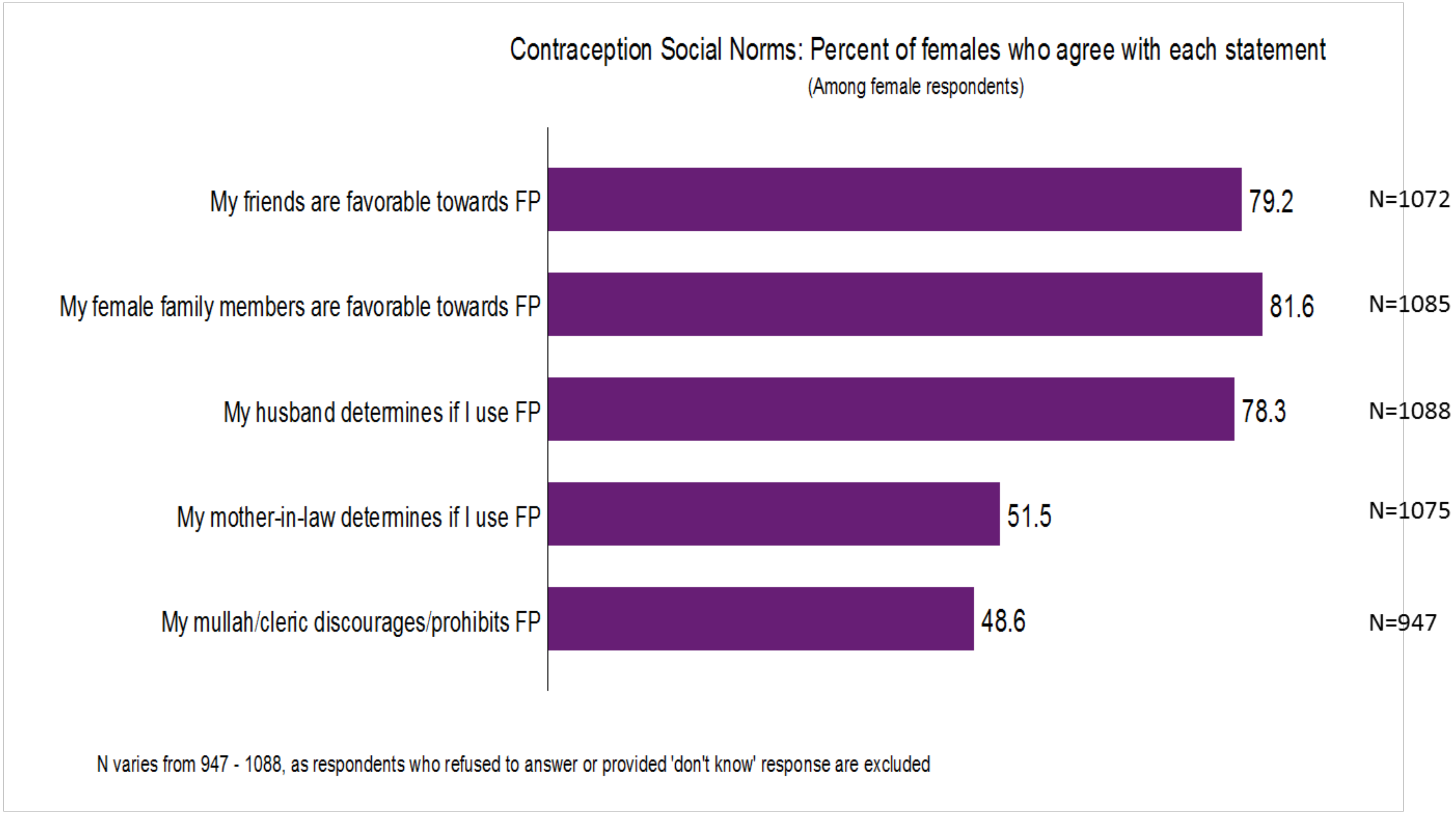
Condom brand use: Asodagi and Aramesh compete for market share



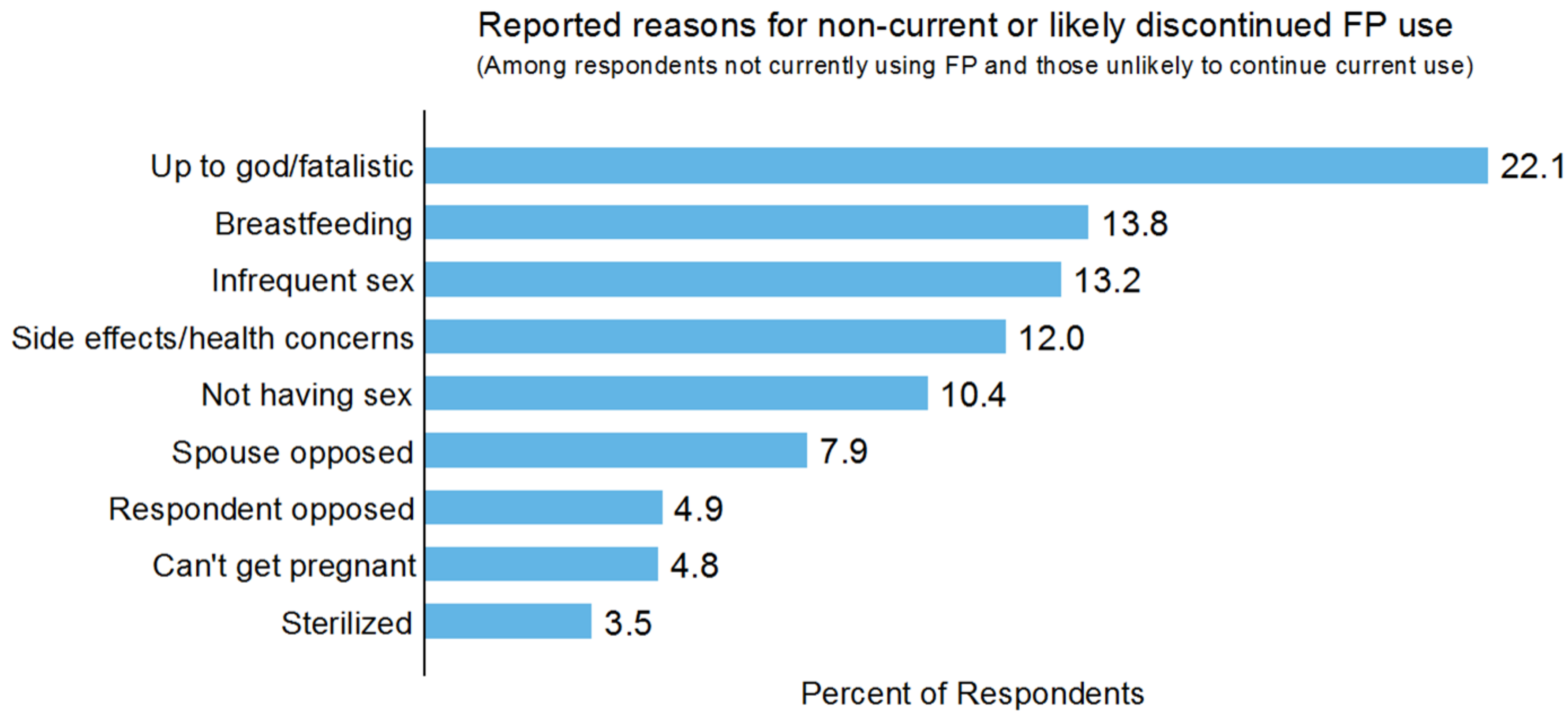
N=441
Other includes brands with less than 1% reported use

Motivations and Barriers to OC or IC Uptake

Husbands primarily determine FP use



Reasons for no FP use or likely discontinuation: fatalistic attitude leads

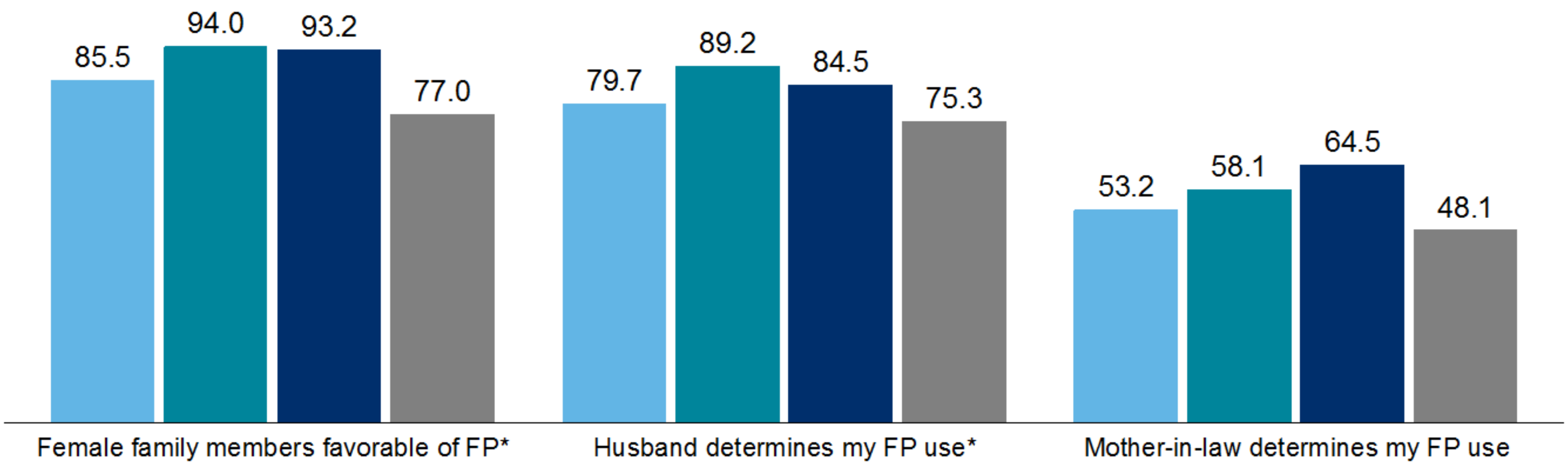


N=813

Excludes answer options with <3% responses

Contraception decision-making within the household varies between users and non-users

Contraception Access and Purchasing: Percent of females who agree with each statement by type of user
(Among female respondents)



N=1085
Differences between current OC and non-users, current IC and non-users, and intending and non-users are significant (p<0.01)

N=1088
Difference between current IC and non-users is significant (p<0.05)

N=1075

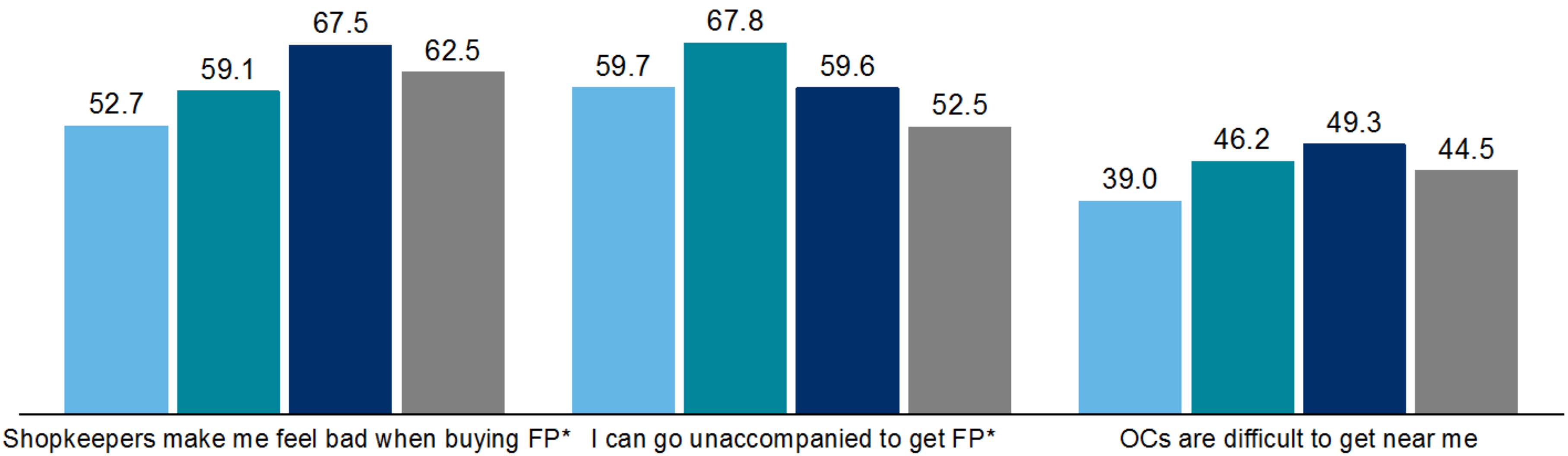
Current OC users | Current IC users | Intending users | Non-users

Respondents who refused to answer or provided 'don't know' response are excluded.
* Results are statistically significantly different across type of users. See notes on which differences are significant.

Non-users report more substantial access barriers

Contraception Product Perceptions: Percent of females who agree with each statement by type of user

(Among female respondents)



N=970
Difference between current OC and intending users is significant ($p<0.05$)

N=1032
Difference between current IC and non-users is significant ($p<0.01$)

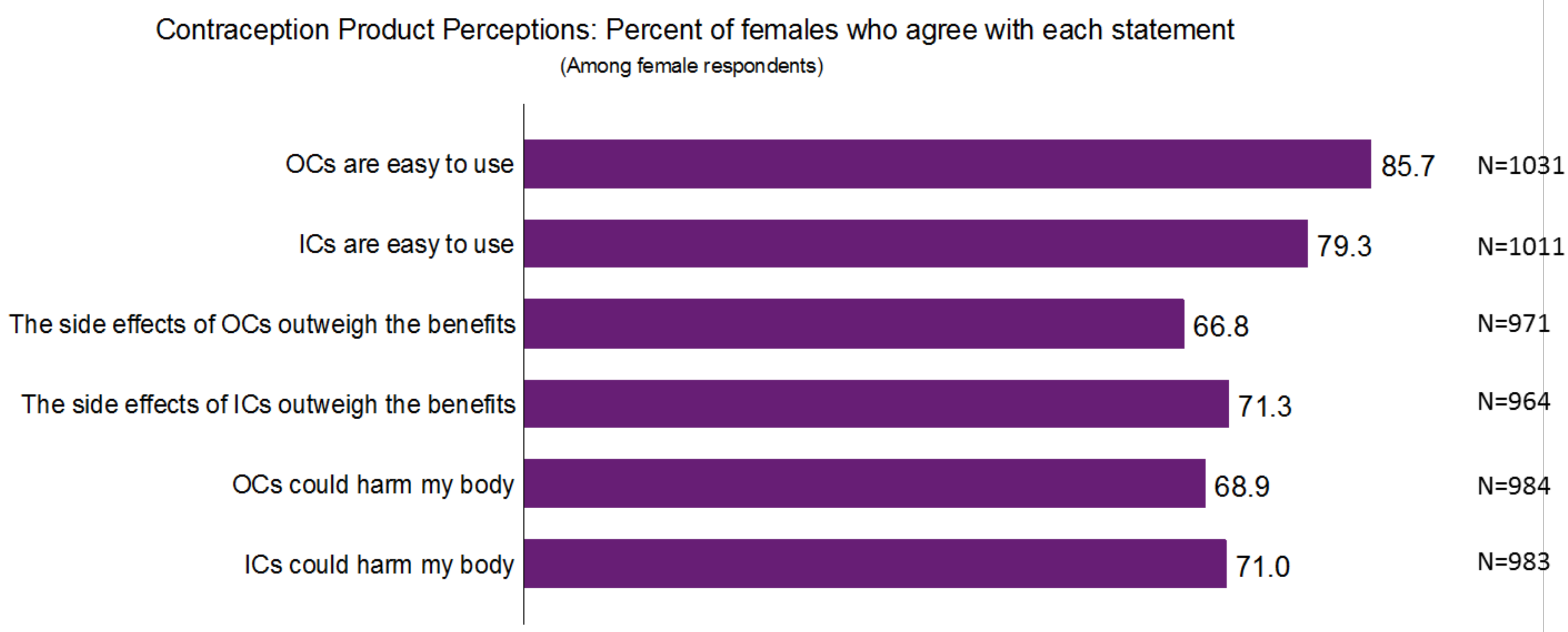
N=1031

Current OC users | Current IC users | Intending users | Non-users

Respondents who refused to answer or provided 'don't know' response are excluded.

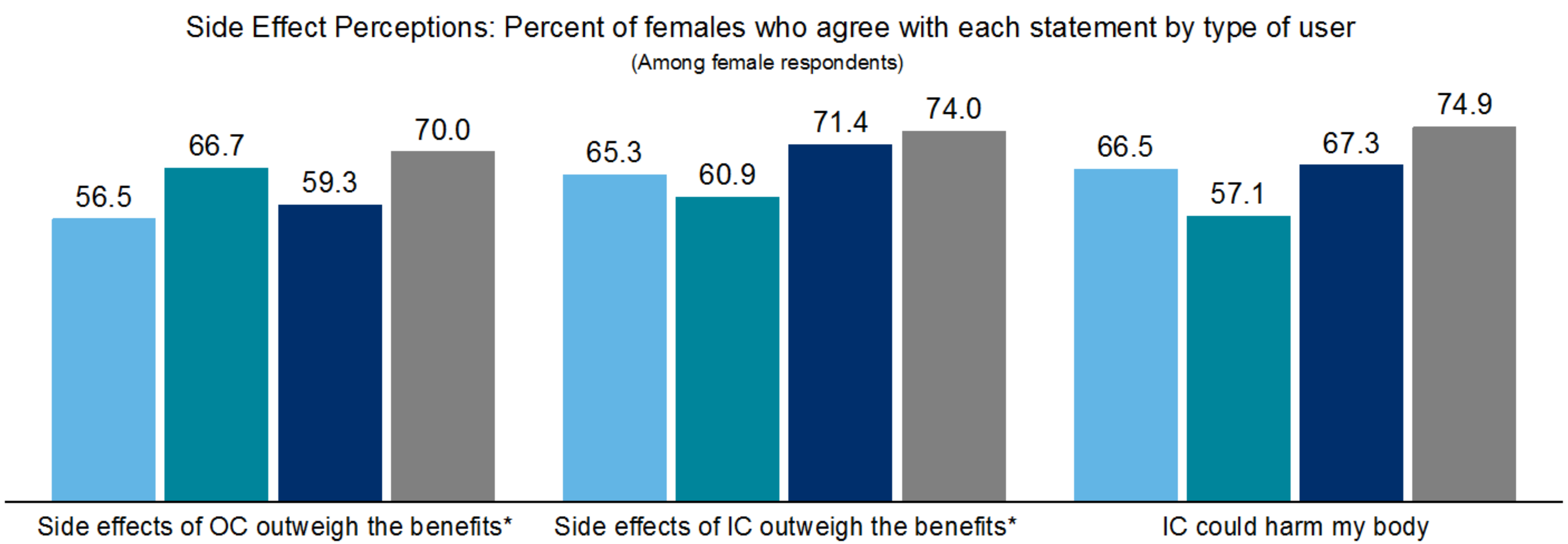
* Results are statistically significantly different across type of users. See notes on which differences are significant.

Women are concerned about OC and IC side effects



Respondents who refused to answer or provided 'don't know' response are excluded

Perceived side effects are a barrier to use



N=971
Difference between current OC and non-users is significant (p<0.01)

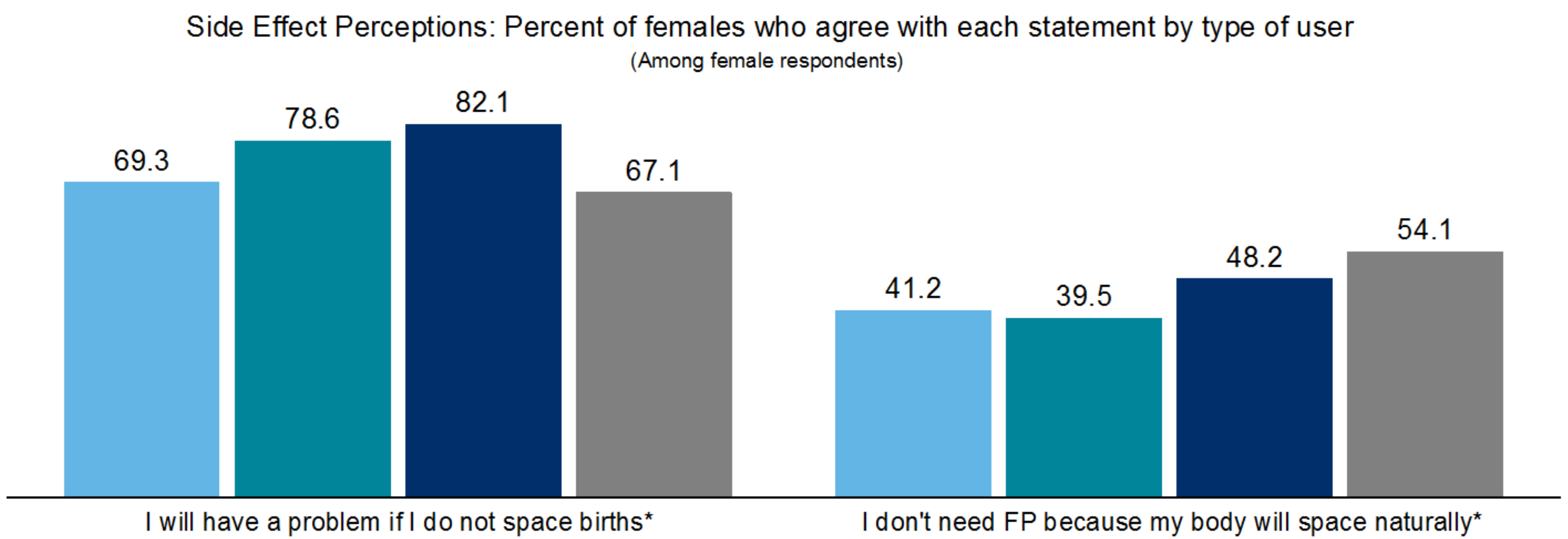
N=964
Difference between current IC and non-users is significant (p<0.01)

N=1983
Difference between current IC and non-users is significant (p<0.01)

Current OC users | Current IC users | Intending users | Non-users

Respondents who refused to answer or provided 'don't know' response are excluded.
* Results are statistically significantly different across type of users. See notes on which differences are significant.

Non-users are less concerned about spacing births



N=1087
Difference between intending and non-users is significant (p<0.05)

N=1079
Differences between current OC and non-users and current IC and non-users are significant (p<0.05)

Current OC users | Current IC users | Intending users | Non-users

Respondents who refused to answer or provided 'don't know' response are excluded.
* Results are statistically significantly different across type of users. See notes on which differences are significant.

Summary of OC/IC uptake barriers

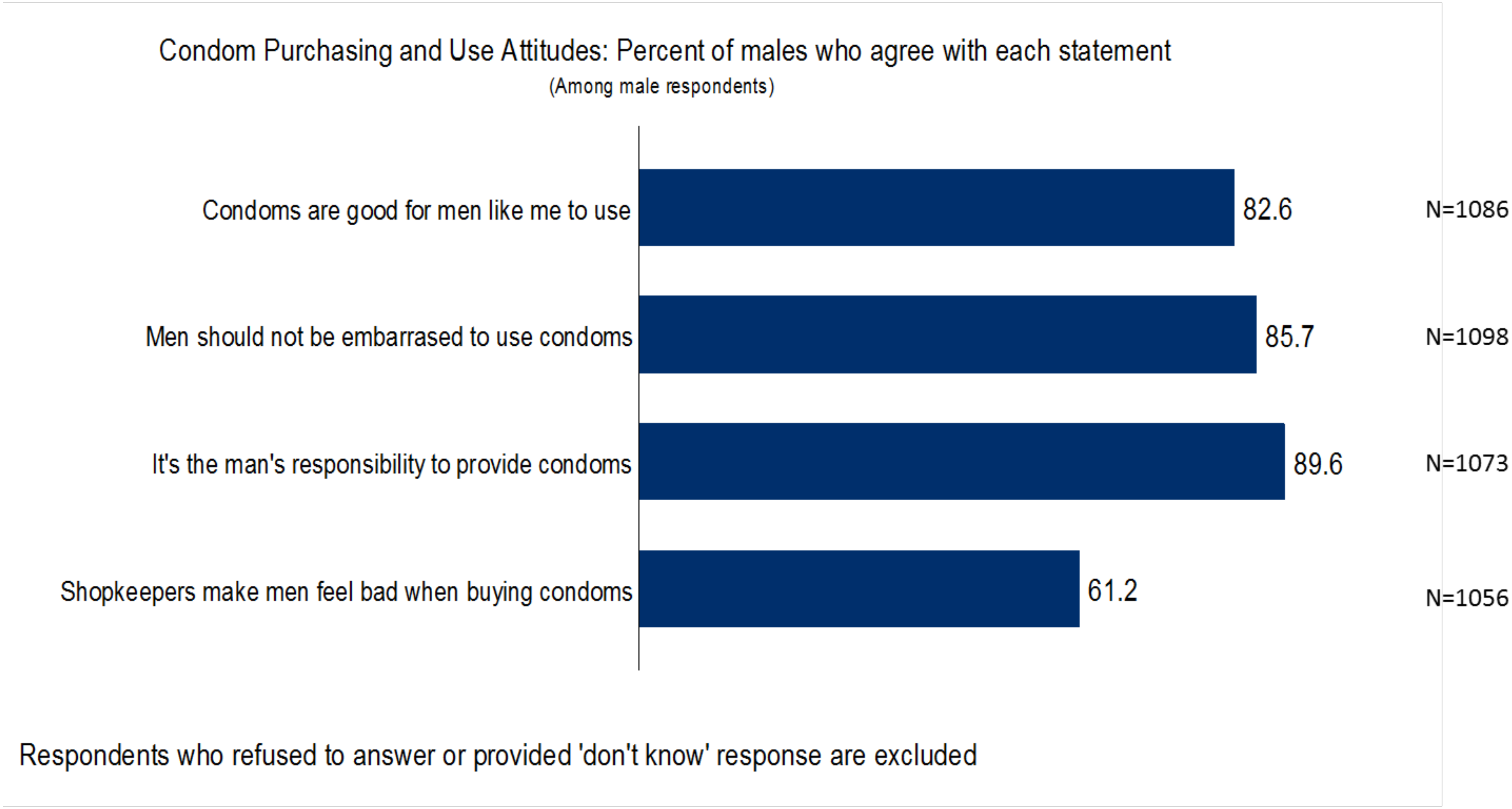
- Nearly **80%** of women report that their husbands determine their FP use
- Practical access barriers:
  - A majority (52%) believe that shopkeepers make women feel bad at point of purchase
  - 51% do believe they could not travel alone to purchase FP products
- Risk for discontinuation?
  - Even among users, nearly 60% fear side effects or bodily harm from using OCs or ICs
- Lack of perceived relevance:
  - Almost half of women (48%) do not perceive that FP is necessary for birth spacing

Implications for ASMO

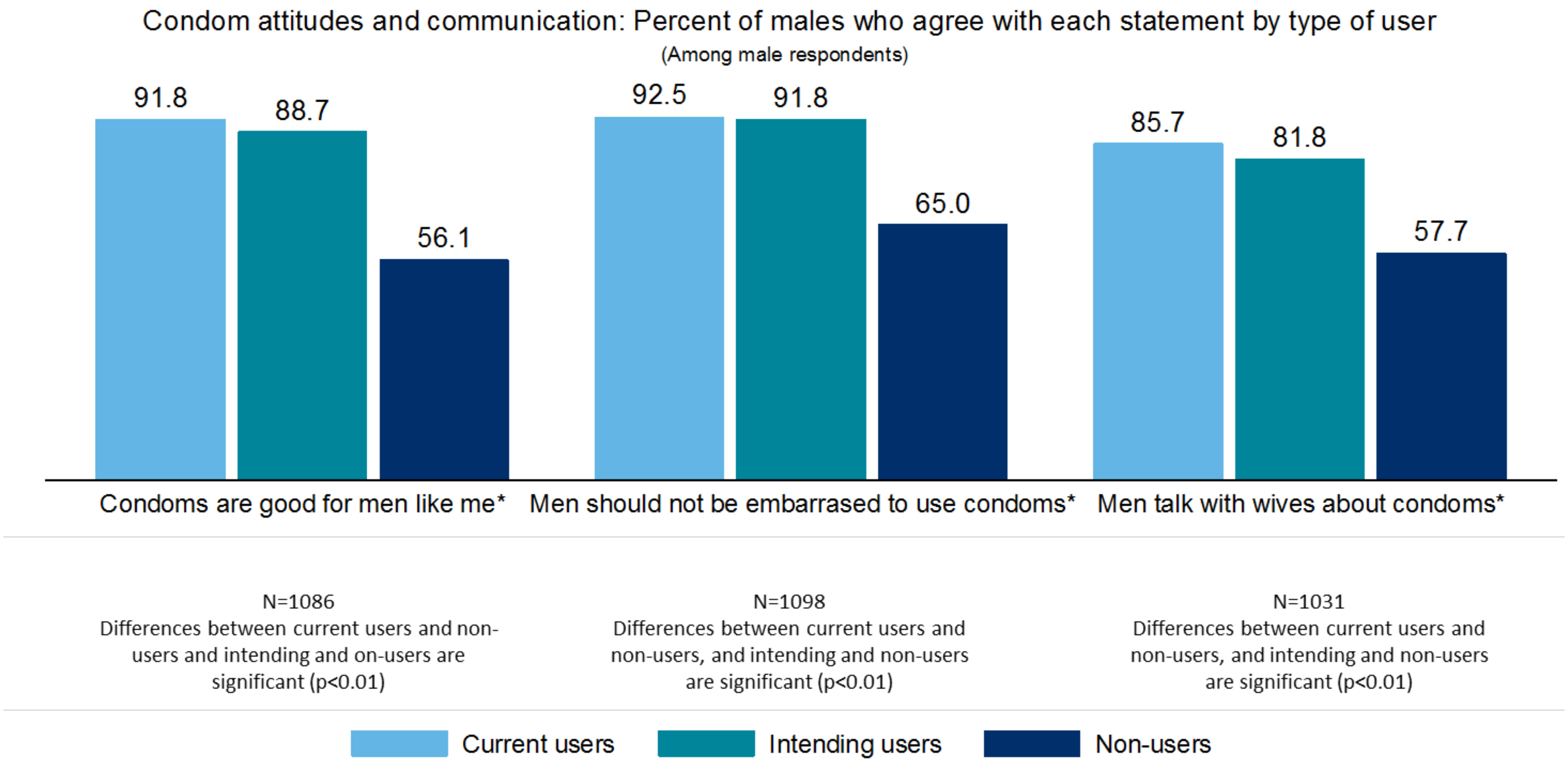
- Improve practical access to product retailers
  - Empower women to feel confident when purchasing contraceptives regardless of shopkeeper attitude
  - Target shopkeepers to reduce stigma and improve negative point of purchase attitudes
- Craft messaging that:
  - Engages men, as they may often be the the key arbiter of FP use in a family;
  - Communicates accurate information about side effects to mitigate fears;
  - Clarifies and emphasizes the importance of birth spacing and need for FP to achieve safe spacing.

Motivations and Barriers to Condom Use

60% of men say shopkeepers make them feel bad when buying condoms



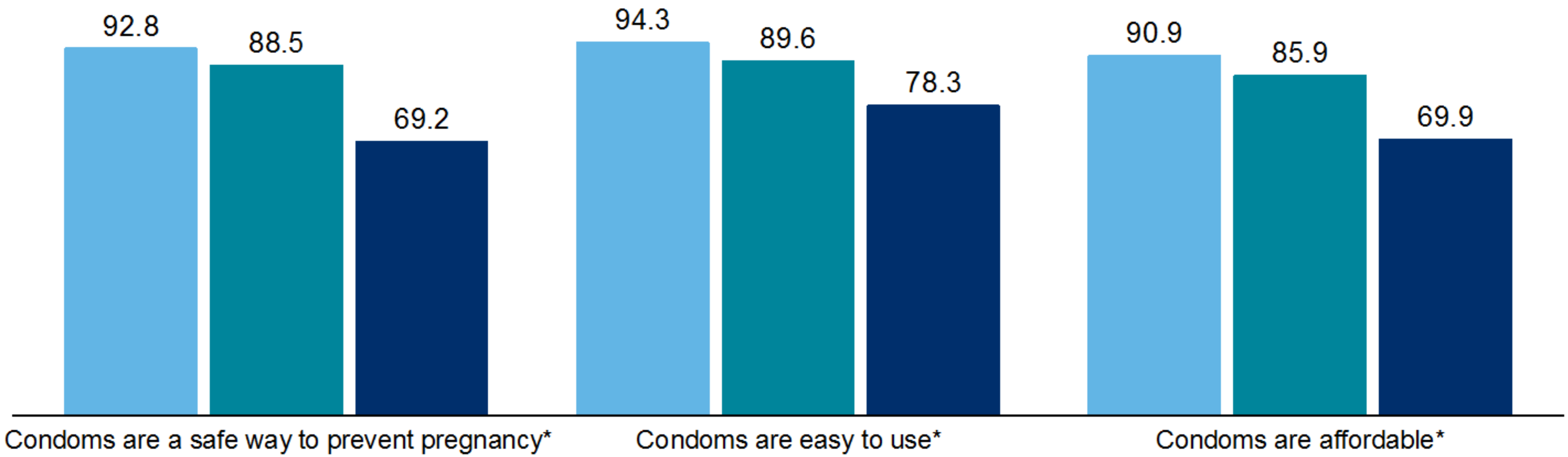
Non-users reported negative attitudes towards condoms



Respondents who refused to answer or provided 'don't know' response are excluded.
* Results are statistically significantly different across type of users. See notes on which differences are significant.

Condom product perceptions vary by type of user

Condom product perceptions: Percent of males who agree with each statement by type of user
(Among male respondents)



N=1054
Differences between current users and non-users, and intending and non-users are significant ($p<0.01$)

N=1074
Differences between current users and non-users, and intending and non-users are significant ($p<0.01$)

N=1091
Differences between current users and non-users, and intending and non-users are significant ($p<0.01$)

Current users   Intending users   Non-users

Respondents who refused to answer or provided 'don't know' response are excluded.
* Results are statistically significantly different across type of users. See notes on which differences are significant.

Summary of condom uptake barriers

- Non-users have much <u>more negative condom views</u> that current or intending users. Non-users agree that condoms are:
  - Not good for men to use (56%)
  - Not effective (31%)
  - Not easy to use (22%)
  - Not affordable (30%)
- Many non-users (42%) have never talked to their spouse about condoms.
- About a third (35%) of non-users feel embarrassment around using condoms.

Implications for ASMO

- Barriers among non-users would require intensive behavior change to alter
- May be better for ASMO to grow its condom market among individuals who are more accepting of condoms as a FP method

Want to learn more?

- We collected **much more** information than presented here
- Data collected includes more detail on:
  - Reach and recall of each campaign
  - Media use
    - Time and day respondents use each radio/TV station
    - Where respondents access Internet
  - Diarrhea treatment and purchasing behavior
    - Who purchased treatment and from where; treatment decision-making
  - Contraception use and purchasing behavior
    - Ever use, who obtained FP method and from where, pregnancy data
  - Advertisement perceptions and reactions
  - Additional product related social norms, attitudes, perceptions

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