

AN EMPIRICAL STUDY ON CUSTOMER PERCEIVED VALUE OF
EPRODUCTIVE HEALTH CARE SERVICE IN BANGLADESH

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Introduction

Consumption pattern and practices in any market space keeps on changing with the change of various macro and micro environmental variables. Urban market in Bangladesh is therefore no exception from this fundamental behavior of the market and number of factors is accountable for this change. External macro variables such as global economic turmoil, geo-political unrest specially in Middle East, unfasten globalization and many others have impacted the consumers of Bangladesh largely. Rate of Inflation in Bangladesh measured by Consumer Price Index (CPI) reached 7.71, Foreign exchange reserve of USD 14 billion, total remittance in FY 2011-12 of BDT 10.1 billion are some of the macro economic indicator influencing the purchasing behavior of consumers (BBS, 2013). Other macro internal variables such as maintaining consistent GDP (on an average 6.0% in last 5 years) that is helping to improve living standard, per capita income, information and communication access, education, poverty reduction, and many others.

Since independence, Bangladesh has made significant progress in health outcomes. The country has made important gains in providing primary health care and most of the health indicators show steady gains and the health status of the population has improved. Health services are provided both through public and private sectors. The public sector is largely used for out-patient, in-patient and preventive care, while the private sector is used largely for outpatient and in-patient curative care. The Ministry of Health and Family Welfare (MoHFW) is responsible for planning and management of curative preventive as well as promotive health services to the population of the country. But in urban areas, delivery of health services including Primary PHC services is mandated to the Ministry of Local Government, Rural Development and Cooperatives (MoLGRD&C).

Table 1: Household Income and Expenditure (2005-2010)

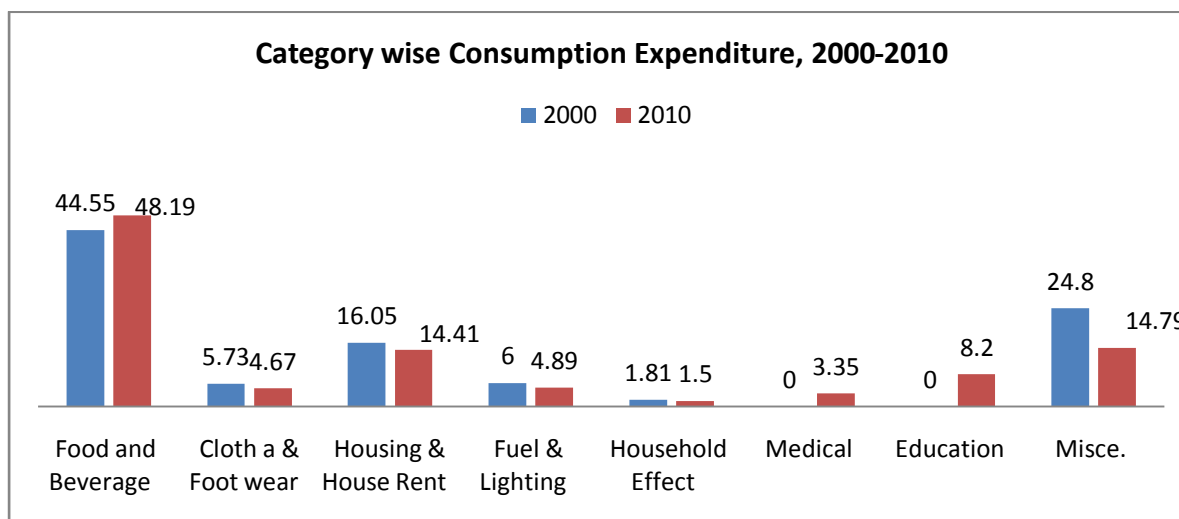
Variables	2010			2005		
	Total	Rural	Urban	Total	Rural	Urban
Income per Household	11,480	9,648	16,477	7,203	6,095	10,463
Income per Capita	2,553	2,130	3,741	1,485	1,246	2,217
Expenditure Per H/H	11,200	9,612	15,531	6,134	5,319	8,533
Consumption Expenditure Per H/H	11,003	9,436	15,276	5,964	5,165	8,315

* Figures are shown in Bangladesh Taka (the currency of Bangladesh)

Source: Bangladesh Bureau of Statistics (BBS), 2010

The average consumption expenditure of urban consumers rose nearly by 100% from FY 2005 to 2010 (8,315 to 15,276). The category wise distribution has also observed variance among various categories as well as by year (shown in Graph 1)

Graph 1: Category wise Consumption Expenditure, 2000-2010



* Figures are shown in %

Source: Bangladesh Bureau of Statistics (BBS), 2010

It is quite evident that the consumption on health care is has increased by 8.2% between year 2000-2010

Banglaesh Health Care sector

For improving effectiveness of the public sector interventions and for providing services responsive to the needs and demands of the population, the Government of Bangladesh, since 1998, has been pursuing a sector-wide approach (SWAp). The initial Health and Population Sector Programme (HPSP) of the period 1998 – 2003 was replaced later by Health, Nutrition and Population Sector Programme (HNPSPP) in 2003- 2010. The MOHFW designed the Program Implementation Plan (PIP) for HNPSPP which covers 38 Operational Plans (OP) to be implemented by 38 Line Directors.

The present government has taken steps to revitalize PHC services by making the community clinics operational. These community clinics, one for every 6000 rural populations, were constructed in 2000-2001; but were not used for service delivery during the previous governments. These service points have some unique characteristics. They are managed by a Community Clinic Management Group which includes local public leaders and representatives. The policy in this regard is to place the responsibility for the health of the people in the hands of the people themselves. A quick assessment of the community clinics, supported by WHO in 2009, showed that with the expansion of the health-care facilities to the peripheral level the distribution of health-care inputs and their utilization became more equitable and the utilization rate of these facilities was almost universal.

Functional community clinics with adequate staff, supplies and logistics along with strengthened union and upazila level services is required to be rapidly institutionalized to improve the delivery of preventive and curative services at the PHC level, particularly for vulnerable women, children and marginalized population.

In the public sector, Upazila health complexes, and district hospitals, are providing curative care at primary and secondary levels respectively. Tertiary- level curative care is mostly provided at national and divisional levels through large hospitals affiliated with medical teaching institutions. While curative, preventive, promotive and rehabilitative services are rendered by public sector facilities and institutions, the private sector facilities, now gradually taking a big share of services at all levels, are mostly providing for-profit curative services.

In spite of availability of all those services at different levels, utilization of the services by the population is comparatively low. Improvement of the access of the population to quality services and increase responsiveness of the service delivery system to the needs and demands of the population is a difficult challenge to be addressed by the government.

Table 2: Public health infrastructure in Bangladesh

Medical college and hospital	16
Specialised hospital and centre	61
National institute	5
Medical university	1
Post graduate institute and hospital	5
Infectious diseases hospital	6
TB hospital	4
Chest hospital	45

Leprosy hospital	3
Mental hospital	2
Paramedic institute	1
Dental college hospital	2
Upazila Health Complex	402
Union sub-centre	3175

(Statistical Pocketbook Bangladesh, 2006)

Objectives

General Objective:

To capture the insight of reproductive health care sector and get an overview of this sector.

Specific Objective:

- To analyze the overall buying behavior process and critical factors that influences their buying behavior.
- To determine and analyze consumers' perceived value in this sector.
- To explore whether the demographic variables (e.g. age, gender) have any role in this decision process.

Methodology

This study is exploratory in nature and sample was taken from a leading reproductive health care provider-Mariestopes, in three different locations considering three different types of clinics they have. These were taken from the capital of Dhaka City of Bangladesh. The three different forms of clinics are-Referral clinics are basically located around slum areas and they provide very basic health care services where as Upgraded mini clinic and Premium Maternity provide upgraded service in this area.

Referral Clinic: is located at Basabo, Dhaka

Upgraded Mini Clinic: is located at Kollayanpur, Dhaka

Premium Maternity: is located at West Dhanmondi, Dhaka

Sample Distribution:

Sample	Total no of Sample
Doctor/Paramedics	3
Assistant/Nurse	3
Marketing Staff	3
Admin staff	3

Pharmacist	12
Existing Clients	176
Potential Clients	25
Other Service Provider	3
Total	228

Literature Review

Potential benefit of understanding consumer perceived value:

However it is necessary to work with perceived value when putting into practice a relationship marketing approach, which consists of creating, maintaining and growing long term relationships in order to benefit from customers' loyalty and participation (Berry, 1983). The relational perspective proposes integrating the customer in the process of management. This approach has its beginnings in the literature on industrial and services marketing. Although it could be thought that making efforts to keep a clientele loyal to the firm would be much more costly for the firm, in fact relational practices improve the productivity of marketing (Sheth and Parvatiyar, 1995). Thus some studies have shown that this perspective is not only profitable but also a source of a possible competitive advantage (Reichheld and Sasser, 1990; Weinstein and Johnson, 1999). Empirical studies have shown that keeping a customer -and therefore starting a continued relationship – can be up to ten times cheaper than attracting a new one (Heskett et al., 1990), so efforts and resources should be aimed at the retention of customers, attempting to minimise their migration. For a relationship to begin, there have to be at least two interested parties who hope to obtain certain advantages and benefits (value) through the working and development of the relationship (Gwinner et al., 1998). The advantages that the provider obtains from the relationship are linked to the loyalty of the customer. A faithful customer will generate more income than a customer who abandons the relationship. This loyalty also leads the customer to increase his/her volume of business with the organisation. The latter becomes more closely acquainted with the evolution of the customer's needs and expectations, so that it will be in an advantageous position to adapt to them. Various costs can also be reduced. On the one hand, better knowledge of the customer will facilitate the work of employees, who will be more productive, as they carry out their work with greater knowledge of what the customer wants and values. On the other hand, the firm's communication expenditure is used more effectively, as it is aimed at known individuals and not at an anonymous mass. At the same time, the customers who are satisfied with the relationship become the firm's best sales force, thanks to their referrals. Not only are they cheaper, but they generate a trust that means customers who come to the firm through referral are usually more loyal than those who come for other reasons (Goodwin and Gremler, 1996). However, it must be borne in mind that not all customers are the same. It is therefore fundamental to focus on the generation of value for the right customers (Jones and Sasser, 1995; Reichheld, 1996).

From the customer's point of view, they can appreciate achieving economic benefits (Peterson, 1995), obtaining a service better adapted to their needs, preferential treatment, or additional services (Gwinner et al., 1998; Rust et al., 2000). Another type of benefits of great importance to the customer are the social benefits derived from establishing a relationship. In sum, customers initiate and maintain a market relationship because they expect to receive a positive value as a consequence of their participation (Peterson, 1995).

Conceptual framework of perceived value

With the intention of clarifying the different points of view relating to the value perceived by the customer, and analyzing the common points of the definitions given in the literature, we observe two important characteristics in customer value. First, it is inherent to the use of the product, which differentiates it from personal or organizational values. Second, it is perceived by customers, and cannot be determined objectively by the seller. Only the customer is able to perceive whether or not a product or service offers value. At a general level, perceived value is defined as a judgment or a valuation by the customer of the comparison between the benefits or utility obtained from a product, service or relationship, and the perceived sacrifices or costs (Zeithaml, 1988; Monroe, 1990; Lovelock, 1991; Gale, 1994; Bigne' et al., 2000; Teas and Agarwal, 2000).

When investigating the concept of perceived value, two major approaches to the conceptualization and dimensionality of perceived value can be identified. The first approach defines perceived value as a construct configured by two parts, one of benefits received (economic, social and relational) and another of sacrifices made (price, time, effort, risk and convenience) by the customer (Dodds et al., 1991; Rapp and Collins, 1991, 1996; Grewal et al., 1998; Cronin et al., 2000; Bigne' et al., 2000).

According to the definition by Zeithaml (1988), value for the consumer results from the personal comparison of the benefits obtained and the sacrifices made. It is therefore conceived as a highly subjective and personal concept (Parasuraman et al., 1985). Also it contains a component of benefits and another of sacrifices, being an essentially utilitarian perception of the result. It is thus a general view applicable in the field of products, services and relationships. The benefits component, or what a consumer receives from the purchase, would include the perceived quality of the service and a series of psychological benefits (Zeithaml, 1988). The quality of service is a fundamental element in the perception of perceived value, as it is the most difficult thing for competitors to imitate (Parasuraman and Grewal, 2000) and the base on which differentiation (Berry, 1995) and competitive advantage (Reichheld and Sasser, 1990) are sustained. The sacrifices component, what the consumer must contribute, would be formed by the monetary and non-monetary prices, i.e. money and other resources such as time, energy, effort, etc. Thus for the customer to buy the product, or to buy it again, it has to be endowed with value, either by incorporating benefits or by reducing the sacrifices to the customer, setting a price that the latter can afford (Dodds et al., 1991).

The second approach is based on the conception of perceived value as a multidimensional construct (Woodruff, 1997; De Ruyter et al., 1997 and 1998; Sweeney and Soutar, 2001; Sa'nchez et al., 2006). This view of value incorporates, as well as the functional dimension,

an affective dimension that captures emotional and social aspects of the individual, examining more closely subjects relating to the consumer's.

In this sense authors such as Mattson (1991) deal with the multidimensionality of perceived value and capture the cognitive and affective aspects of perceived value. Sheth et al. (1991a, 1991b) go in the same direction, identifying up to five dimensions of the concept of value (social, emotional, functional, conditional and epistemic). They define functional value as a perceived utility of the attributes of the products and services. Emotional value consists of the feelings or the affective states generated by the experience of consumption. Social value is the acceptability or utility at the level of the individual's relationships with his social environment. Epistemic value for its part is the capacity of the product or service to surprise, arouse curiosity or satisfy the desire for knowledge. Finally, conditional value refers to the conjunctural or situational factors such as illness or specific social situations (Sheth et al., 1991a).

In the same line, De Ruyter et al. (1997) propose a comprehensive approach to value, which incorporates a cognitive response (value for money) and affective components. According to these authors, perceived value is made up of three dimensions: one emotional, one functional and one logical. The emotional dimension shows the customer's affective evaluation of the service encounter, the functional dimension reflects practical aspects of the service episode, and finally the logical dimension is made up of the quality of service and the price, the aforementioned value for money. Each phase of the process of performance of the service can be evaluated in terms of these dimensions.

In a later study, Sweeney and Soutar (2001) did not consider the epistemic and conditional dimensions proposed by Sheth et al. (1991a, 1991b) to be important. The five initial dimensions were therefore reduced to three: functional value, social value and emotional value. These authors designed a scale of measurement of value known as PERVAL. Within the functional dimension of value they include factors like price (value-for-money), quality (perceived quality and expected yield of the product or service), and versatility (adaptability and practicality of the product). The social and emotional dimensions are represented by the set of intangibles that affect the relationship.

Sánchez et al. (2006) developed a scale of measurement of post-purchase perceived value of 24 items, called GLOVAL. In this paper six dimensions of perceived value are identified. Four of them correspond to dimensions of functional value: functional value of the establishment (installations), functional value of the contact personnel (professionalism), functional value of the service purchased (quality) and functional value price. The two remaining dimensions refer to the affective dimension of perceived value, made up of emotional value and social value. In general the authors who treat the concept of value as a multidimensional construct agree that two dimensions can be differentiated: one of a functional character and another emotional or affective. Factors identified in the functional dimension include value for money (Sweeney et al., 1999), product quality (Sweeney et al., 1999; Sweeney and Soutar, 2001; Petrick, 2002), versatility (Sweeney et al., 1999), quality of service (Sanchez et al., 2006), non-monetary sacrifices.

About Mariestopes and its scope of services

MS was established in 1988 in Chittagong following a survey by Marie Stopes International (MSI) which highlighted the need for a high quality family planning service in the region. We started our journey with a modest clinic financed by the UK's then Overseas Development Administration Joint Funding Scheme. This clinic soon became very successful due to its client focus, high quality services and innovative marketing. Within three years, approximately 500 clients were being seen each month, and the clinic was well on the way to financial sustainability.

Following this success, we set up three more clinics in 1990-92 with European Commission co-financing, and in 1994 established an employment based family planning project with further funding from the ODA's JFS. By 1995, MS had firmly established itself as a high quality service provider and as a result was awarded a large bilateral grant by the UK's Department for International Development (DFID). This allowed us to establish a head office in Dhaka, invest substantially in developing and expanding our team and significantly expand our service delivery network. Simultaneously, we also extended the range of reproductive health services provided in our clinics, including the management of sexually transmitted infections – an area in which our expertise is ranked very highly in Bangladesh. The DFID project also provided us with the opportunity to work with vulnerable and marginalized groups, and to work in partnership with other non-governmental organizations (NGOs) to help address the needs of these groups.

Referral Clinic (RC):

- All located in district towns
- Main service provider qualified female doctor
- Serve 1000-3000 clients / clinic / month (Basabo 450/Month)
- Established pricing structure with safety net

Scope of services:

- All Family Planning services (FP)
- Safe Motherhood -Antenatal Checkup (ANC)& Postnatal Checkup (PNC)
- Reproductive Health (RH)
- Safe Menstrual Regulation (MR) and D&C
- General Health (GH)
- Child Health (CH)
- Limited Vaccination
- VIA & Breast Examination with Vaccination
- Limited Pathological Test
- USG Services

References of client generation:

- Satisfied client
- Pharmacy/RMP
- MSB field staff

- Self
- Other NGO
- Branding (Signboard/Billboard)

Upgraded Mini Clinic (UMC)

- Small team
- Services by female paramedics
- Serve 400-600 clients / clinic / month (Kollayanpur 600/Month)
- Small infrastructure
- Less running expenditures
- Further subsidized service charges

Types of services

- Family Planning services (Without Implant & Permanent Method)
- Safe Motherhood (Antenatal Checkup & Postnatal Checkup)
- Reproductive Health
- Safe MR
- General Health
- Child Health
- Limited Vaccination
- Limited Pathological Test

References of client generation

- MSB field staff
- Satisfied client
- Pharmacy/RMP
- Self
- Other NGO
- Branding (Signboard/Billboard)

Premium Maternity Clinic

- Deliver full range of obstetrics care
- Indoor & outdoor services
- Serve 500-1000 clients / clinic / month (Dhanmondi 950/Month)
- About 50-100 deliveries/clinic/ month (Dhanmondi 50/month)
- Main service provider female gyne consultant

Types of services

- All Family Planning services
- Safe Motherhood (Antenatal Checkup & Postnatal Checkup)
- Safe Delivery
- Reproductive Health

- Safe Menstrual Regulation (MR) and D&C
- General Health
- Child Health
- Limited Vaccination
- VIA & Breast Examination with Vaccination
- Limited Pathological Test
- USG Services

Summary of the results

- The areas that people like most about Marie Stopes (MS) are: good reputation, friendly environment, good service standard, good experience and reasonable cost. However, the importance level varies from clinic to clinic.
- People are mostly informed by the friends, relatives and family members (from 12%-20%). Communication reach through TV commercials also experienced quite effective (around 20%). However, very few people could recall any communication from MARIESTOPES (around 30%)
- Most of the cases we have observed that people have positive perception (more than 90%) about MS in various areas such as product and service, price, availability, communication. However, perception towards communication still areas of improvement.
- Due to positive perception, most of the customer replied that they are satisfied with the experience of MS.
- More than 70% people commented that no one ever from MS came to them which indicate that there is not enough pro-activeness from MS to remain competitive in the market.
- Many people prefer other private service provider as they offer wide ranges of service as well as with more availability though price is at least 20% higher than MS.
- Due to increased social indicators such as safe motherhood, women empowerment most of the cases people said that they take family planning and health related decision jointly.
- In most of the cases, we have got the impression that there is no dedicated marketing staff to coordinate and communicate with the field and the market.
- Many people also believe that Friday is much convenient for them considering most of them are working.
- When we talked with the existing client we have noticed that most of them came here for the very first time. That does indicate that there are lot of areas of improvement in the area of customer loyalty and relationship management.

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Appendix:

1. Market feedback report of Dhanmondi Clinic

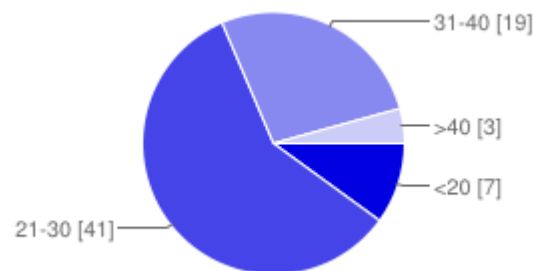
1.1 Existing Clients:

1.1.2 Sample representation: Total sample size is 70

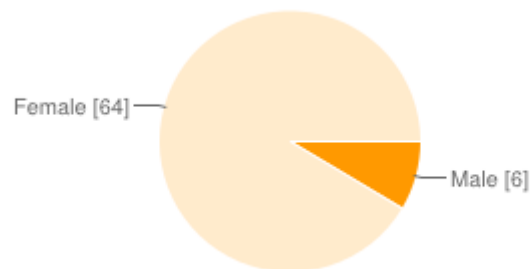
1.1.3 Results:

1.1.3.1 Demographic profile:

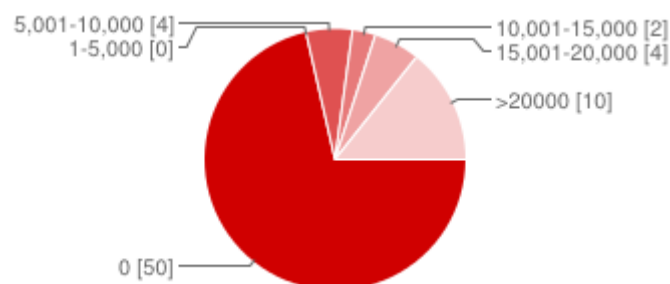
a. Variable 1-Age:



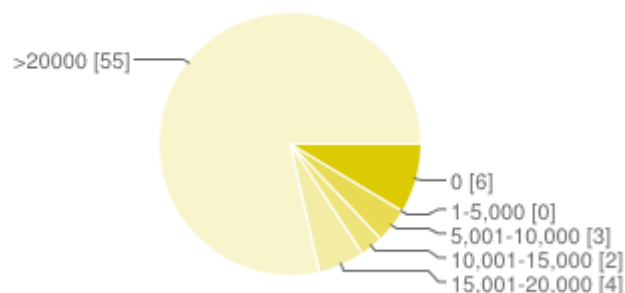
b. Variable 2-Gender:



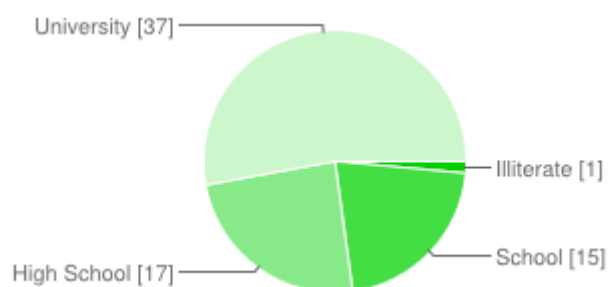
c. Variable 3-Income (Individual):



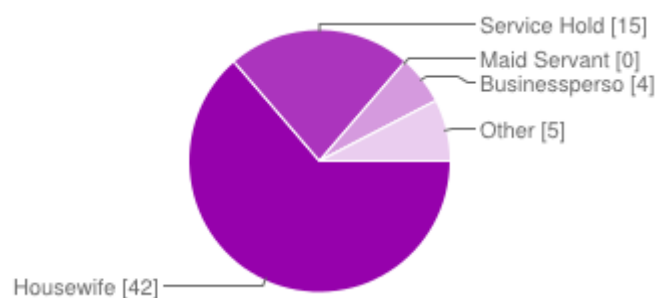
d. Variable 4-Income (Family)



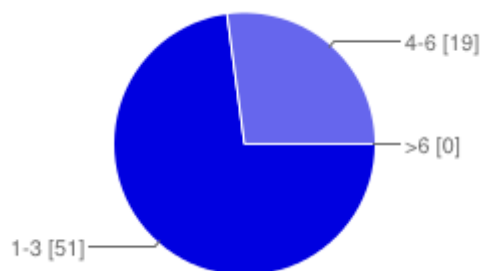
e. Variable 4-Education



f. Variable 5- Occupation



g. Variable 6- Family Members



*Expressed in number

1.1.3.2 Market feedback:

a. Various health related problem people have experienced with:

Most frequent health related problems	Frequency	%
Fever	42	32%
Cold	38	29%
Migraine	11	8%
Gastric	9	7%
Pressure	7	5%
Reproductive health	5	4%
Hypertension	4	3%
Skin irritation/infection	3	2%
Diarrhea	3	2%
Allergy	2	2%
Eye problem	2	2%
Infection	2	2%
Malnutrition	2	2%
Diabetes	1	1%
Asthma	1	1%
Urine Infection	1	1%
Insomnia	0	0%

b. Reasons behind people prefer MS as service provider:

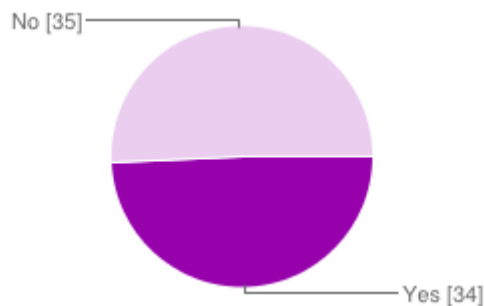
Reasons	Frequency	%
Referred (by relative)	20	25%
Good reputation	12	15%
Referred (by doctor)	10	13%
Good service standard	8	10%
Referred (by friends)	7	9%
Convenience of location	5	6%
Reasonable cost	5	6%
Maternity expertise	5	6%
Reliable doctors	2	3%
Good experience	2	3%
Friendly environment	2	3%
No unnecessary tests	1	1%
Expertise in baby care	1	1%

c. How did people get informed about MS?

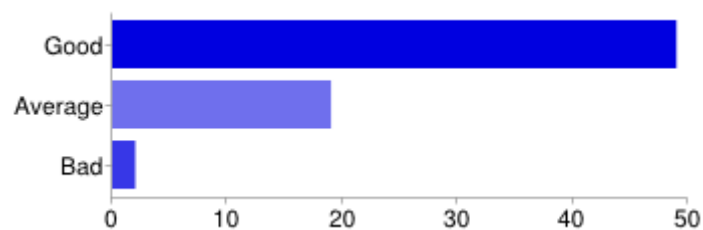
Communication channel	Frequency	%
Family/Relative	32	30%
TV ad	19	18%
Friend	14	13%
Doctor	10	9%
Colleague	7	7%
Live close by	4	4%
Neighbors	4	4%
Internet	4	4%
Neighbors	4	4%
Pharmacy	2	2%
Spouse's colleague	2	2%
Marie Stopes Staff	1	1%
Another MS branch	1	1%
Vaccination campaign	1	1%
Health workers	1	1%
Billboard/Signboard	0	0%
Nurse	0	0%

Telephone	0	0%
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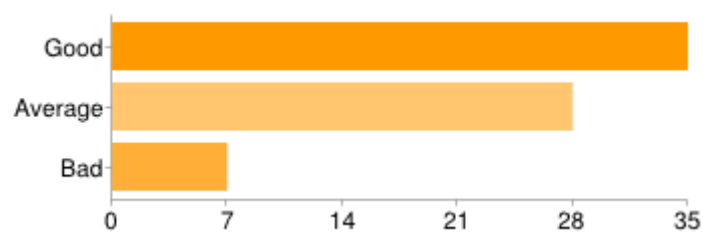
d. Communication recall rate:



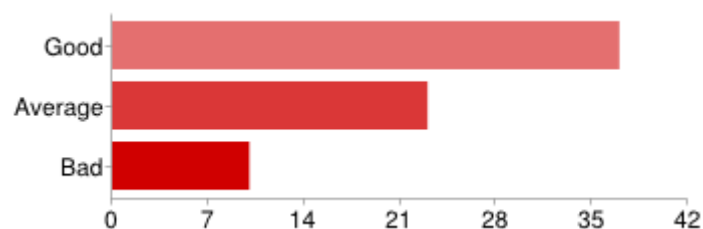
e. Perception related to Service:



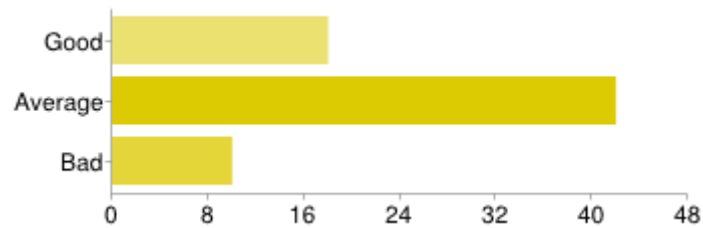
f. Perception related to Price:



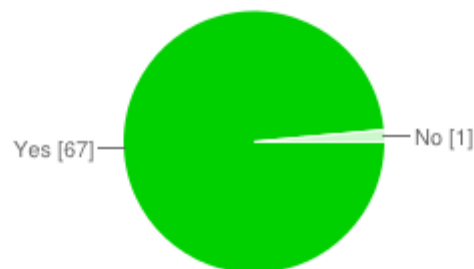
g. Perception related to availability:



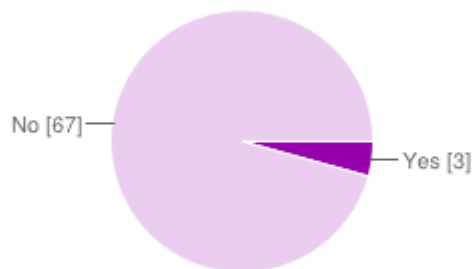
h. Perception related to communication:



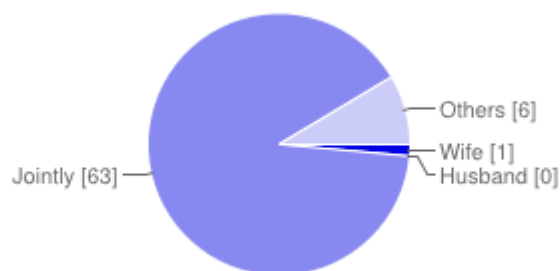
i. Level of satisfaction:



j. Is there anyone from MS came to you ever:



k. Decision maker in the family:



1.2 Feedback from potential Clients and other respondent will be incorporated at recommendation stage

2. Market feedback from Basabo Clinic

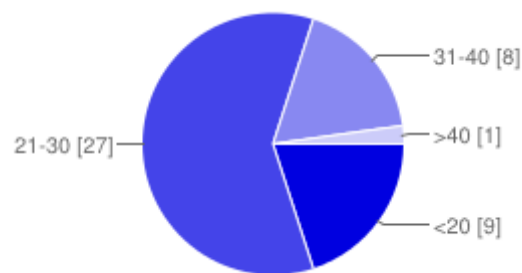
2.1 Existing Clients:

2.1.2 Sample representation: Total sample size is 45

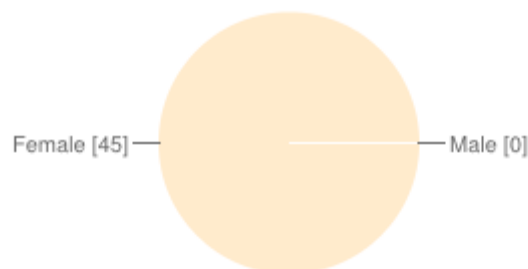
2.1.3 Results:

2.1.3.1 Demographic profile:

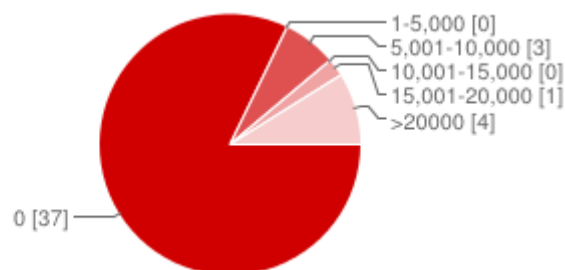
a. Variable 1-Age:



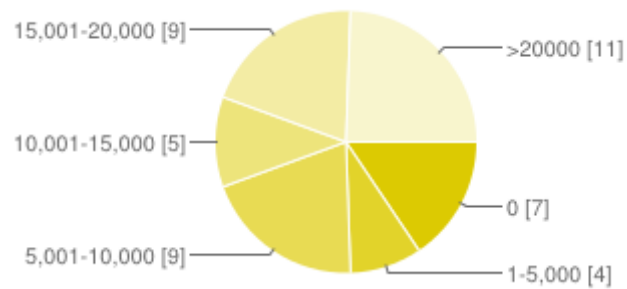
b. Variable 2-Gender:



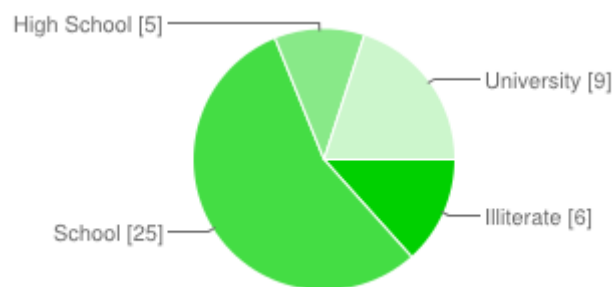
c. Variable 3-Income (Individual):



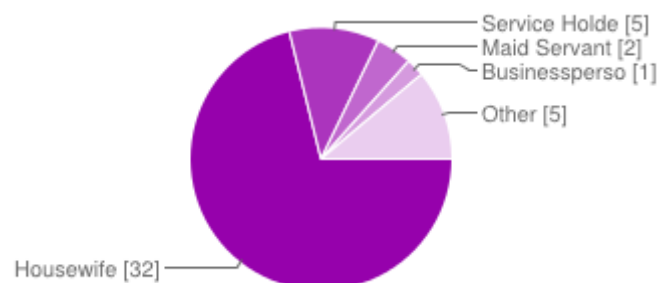
d. Variable 4-Income (Family)



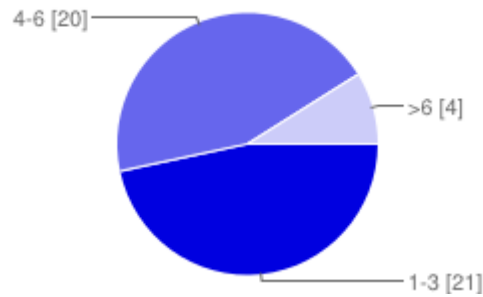
e. Variable 4- Education



f. Variable 5- Occupation



e. Variable 6- Family Members



*Expressed in number

2.1.3.2 Market feedback:

a. Various health related problem people have experienced with:

Most frequent health related problems	Frequency	%
Fever	19	22%
Cold	18	21%
Reproductive health	12	14%
Gastric	9	10%
Diabetes	7	8%
Diarrhea	6	7%
Pressure	4	5%
Migraine	3	3%
Hypertension	3	3%
Malnutrition	2	2%
Asthma	1	1%
Eye problem	1	1%
Infection	1	1%
Skin irritation/infection	0	0%
Allergy	0	0%
Insomnia	0	0%
Urine Infection	0	0%

b. Reasons behind people prefer MS as service provider:

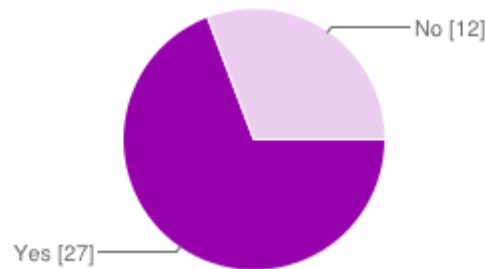
Reason	Frequency	%
Friendly environment	17	24%
Good service standard	12	17%
Good experience	10	14%
Convenience of location	8	11%
Referred (by doctor)	7	10%
Reasonable cost	7	10%
Maternity expertise	4	6%
Reliable doctors	3	4%
No unnecessary tests	1	1%
Referred (by relative)	1	1%
Expertise in baby care	1	1%
Good reputation	0	0%
Referred (by friends)	0	0%

c. How did people get informed about MS?

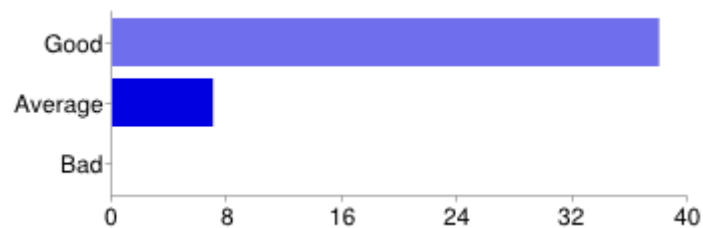
Communication channel	Frequency	%
TV ad	20	27%
Health workers	9	12%
Live close by	8	11%
Pharmacy	6	8%
Billboard/Signboard	6	8%
Doctor	6	8%
Family/Relative	4	5%
Neighbors	4	5%
Neighbors	4	5%
Marie Stopes Staff	3	4%
Colleague	1	1%
Another MS branch	1	1%
Friend	1	1%
Nurse	0	0%
Internet	0	0%
Spouse's colleague	0	0%

Telephone	0	0%
Vaccination campaign	0	0%

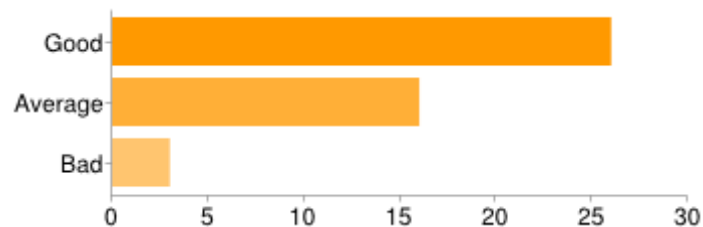
d. Communication recall rate:



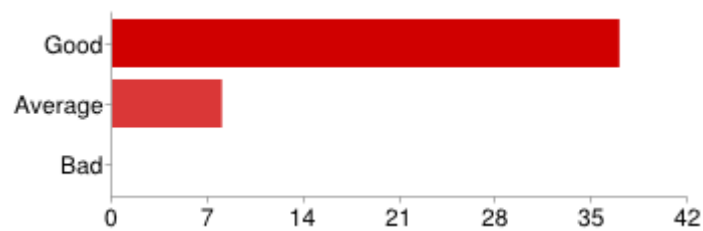
e. Perception related to Service:



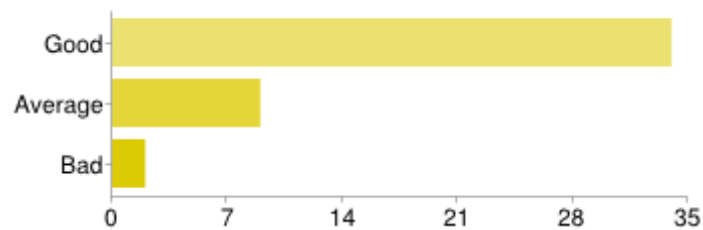
f. Perception related to Price:



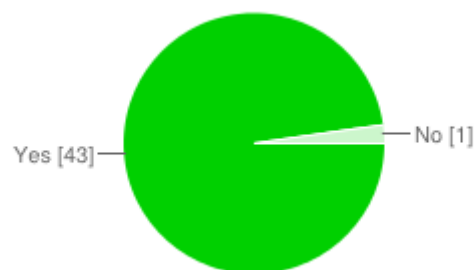
g. Perception related to availability:



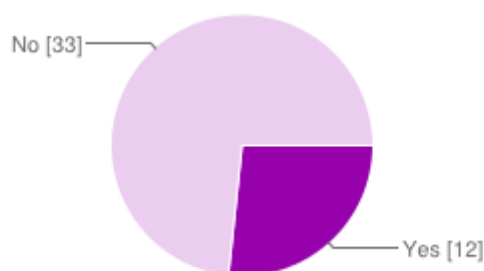
h. Perception related to communication:



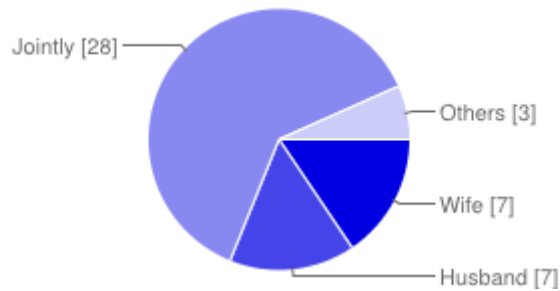
i. Level of satisfaction:



j. Is there anyone from MS came to you ever:



k. Decision maker in the family:



1.2 Feedback from potential Clients and other respondent will be incorporated at recommendation stage

3. Market feedback from Kollayanpur Clinic

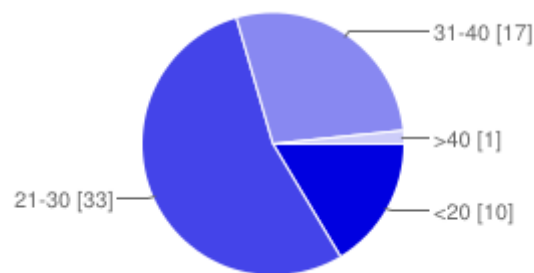
3.1 Existing Clients:

3.1.2 Sample representation: Total sample size is 61

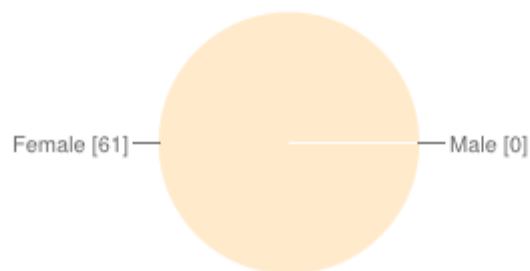
3.1.3 Results:

3.1.3.1 Demographic profile:

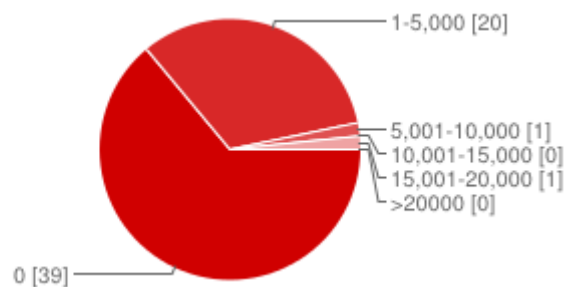
a. Variable 1-Age:



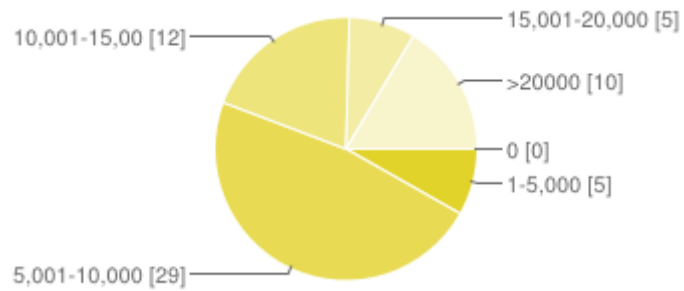
b. Variable 2-Gender:



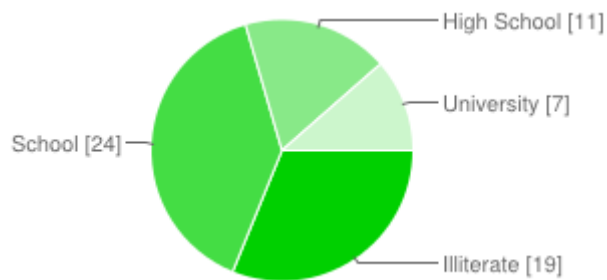
c. Variable 3-Income (Individual):



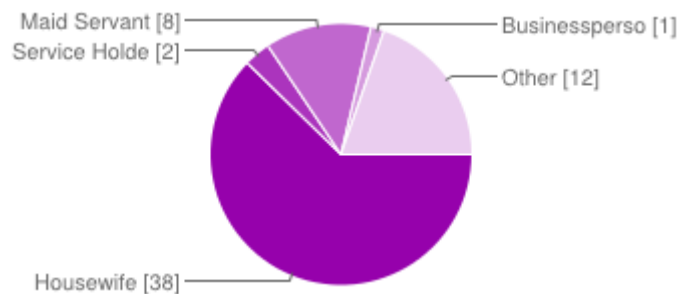
d. Variable 4-Income (Family)



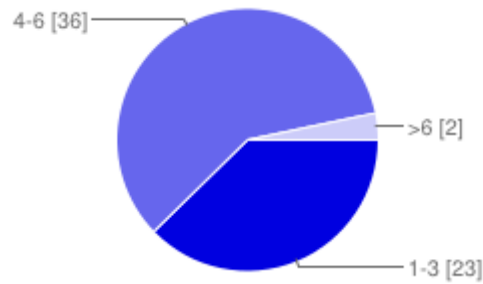
e. Variable 4- Education



f. Variable 5- Occupation



e. Variable 6- Family Members



*Expressed in number

2.1.3.2 Market feedback:

a. Various health related problem people have experienced with:

Most frequent health related problems	Frequency	%
Fever	24	38%
Cold	20	31%
Reproductive health	13	20%
Pressure	5	8%
Diarrhea	1	2%
Infection	1	2%
Gastric	0	0%
Migraine	0	0%
Diabetes	0	0%
Skin irritation/infection	0	0%
Asthma	0	0%
Hypertension	0	0%
Allergy	0	0%
Insomnia	0	0%
Eye problem	0	0%
Malnutrition	0	0%
Urine Infection	0	0%

b. Reasons behind people prefer MS as service provider:

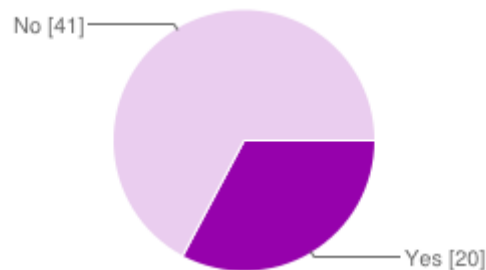
Reasons	Frequency	%
Good service standard	40	41%
Reasonable cost	36	37%
Good reputation	8	8%
Convenience of location	5	5%
Maternity expertise	3	3%
Friendly environment	2	2%
Good experience	1	1%
Referred (by relative)	1	1%
Referred (by friends)	1	1%
Expertise in baby care	1	1%
No unnecessary tests	0	0%
Reliable doctors	0	0%
Referred (by doctor)	0	0%

c. How did people get informed about MS?

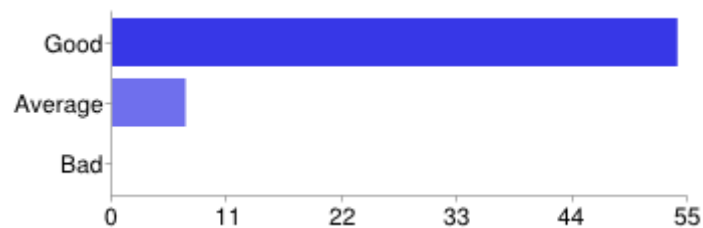
Communication channel	Frequency	%
Family/Relative	18	19%
Neighbors	17	18%
Neighbors	17	18%
Billboard/Signboard	9	10%
Pharmacy	8	9%
Friend	6	6%
Colleague	5	5%
Live close by	8	9%
TV ad	4	4%
Vaccination campaign	1	1%
Marie Stopes Staff	1	1%
Doctor	0	0%
Nurse	0	0%
Internet	0	0%
Spouse's colleague	0	0%
Telephone	0	0%
Another MS branch	0	0%

Health workers	0	0%
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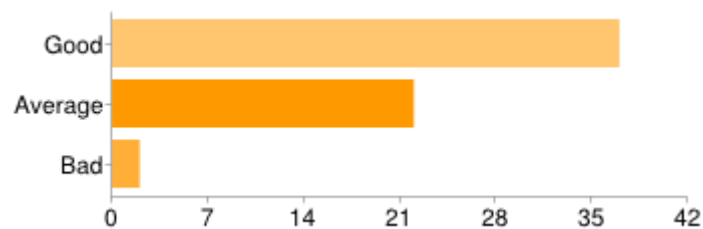
d. Communication recall rate:



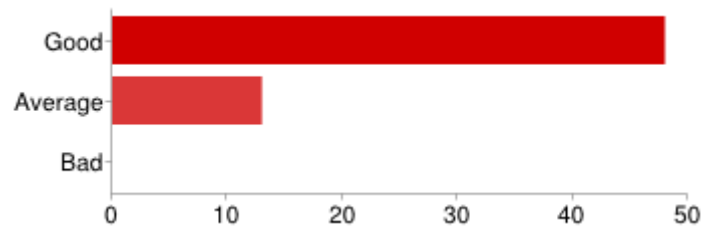
e. Perception related to Service:



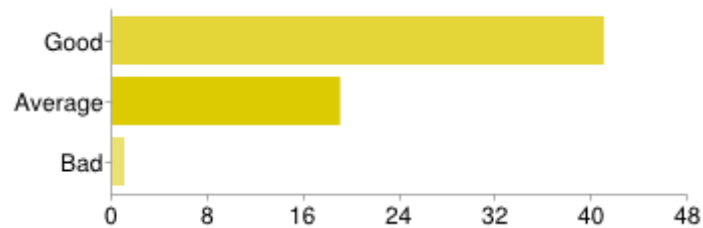
f. Perception related to Price:



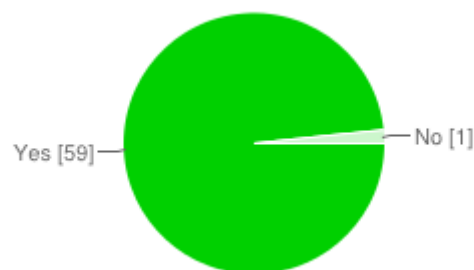
g. Perception related to availability:



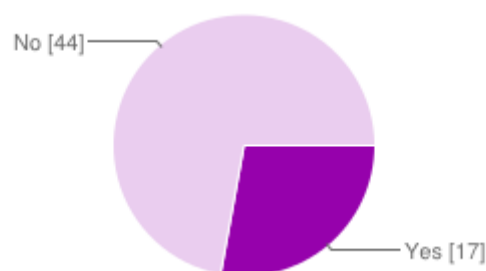
h. Perception related to availability:



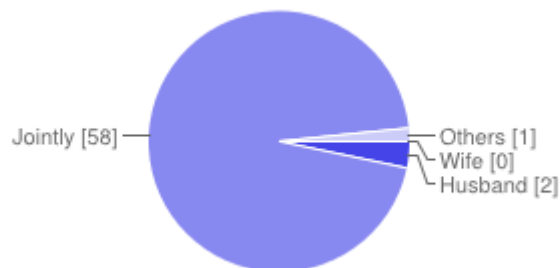
i. Level of satisfaction:



j. Is there anyone from MS came to you ever:



k. Decision maker in the family:



References:

<http://www.mariestopes-bd.org/about%20us.htm>