

# Private Sector Health Care Providers in Morocco

*Family Planning Attitudes and Characteristics*

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**COMMERCIAL MARKET STRATEGIES**  
NEW DIRECTIONS IN REPRODUCTIVE HEALTH

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**FUNDED BY**  
The US Agency for  
International Development  
USAID Contract No. HRN-C-00-98-00039-00



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**THIS PUBLICATION FINANCED BY USAID**

This publication was made possible through support provided by the Bureau of Global Health, Office of Population and Reproductive Health, US Agency for International Development (USAID) under the terms of Contract No. HRN-C-00-98-00039-00. The views and opinions of authors expressed herein do not necessarily state or reflect those of USAID or the U.S. Government.

**RECOMMENDED CITATION**

Abdelhadi C, M Bessaih, M Boubkry, M Steffen, and W Winfrey. 2002. *Private Sector Health Care Providers in Morocco Family Planning Attitudes and Characteristics*. Washington DC: USAID/Commercial Market Strategies Project.

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# 1 Introduction

## 1.1 Context

The population in Morocco is estimated at 30 million inhabitants. Over the last 30 years, the population growth rate in Morocco decreased from 2.8 percent during the 1970s to 1.7 percent in 1997. The fertility rate recently decreased from 4.2 children per woman in 1992 to 3.1 in 1997. The child mortality rate decreased from 122 per 1,000 in 1970 to 37 per 1,000 in 1997 (PAPCHILD 1999).<sup>1</sup>

National programs have played a major role in the improvement of reproductive and child health. Social marketing has contributed to the expansion of family planning (FP) and relieved some of the burden on the public sector. Challenges remain, however, as more women want to limit the number of children they have. Longer-term methods of FP, such as injectables and intrauterine devices (IUDs), are becoming a larger focus of the FP program. Also, the sustainability of FP programs is becoming a greater concern as donors are considering withdrawing or reducing their assistance to these programs. One mechanism for increasing the sustainability of national programs is to increase the private sector's role in the supply and delivery of reproductive and child health services and products.

The Commercial Market Strategies (CMS) project in Morocco is working toward three objectives:

- To increase the sustainability of social marketing of reproductive and child health products and services (especially long-term contraceptive methods)
- To establish a network of reproductive and family health providers in the private sector
- To promote corporate social responsibility related to reproductive health (RH)

The social marketing program promotes three brands of FP products: the *Kinat Al Hilal* oral contraceptives, the *Lawlab Al Hilal* IUD, and the *Hoqnat Al Hilal* injectable contraceptive. The social marketing program also promotes an oral rehydration solution, called Biosel.<sup>2</sup>

In Morocco, general practitioners (GPs) are underused compared with specialist physicians, hospitals, and pharmacists. In response to this problem, CMS is developing and promoting group practices of family health providers that offer quality health services, including family planning.

## 1.2 2001 Complementary Reports

This report is the second of two reports about surveys conducted in Fall 2001. The first one, *Indicators for the Family Planning Program in Morocco and Information to Increase the Use of*

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<sup>1</sup> Mustapha Azelmat, Ahmed Abdemoneim. 1999. *Enquête sur la Santé de la Mère et de l'Enfant (ENSME) 1997*. Ministry of Health, Department of Planning and Financial Resources, Health Study and Information Service, and PAPCHILD.

<sup>2</sup> CMS/Morocco. 2001. *Work Plan: January – December 2001*. Rabat: CMS/Morocco.

*Long-Term Contraceptive Methods and Improve Social Marketing Strategies*<sup>3</sup> is a partial report on the survey of the RH needs and service utilization among married women ages 15 to 49.

Among other things, the first report of this series showed that side effects and characteristics of some methods of FP are the main reason women stop using them. Although the number of IUD and injectable users is small and results may not be reliable, virtually all of the former users mentioned those reasons for stopping. Former pill users provided other fertility-related reasons, such as wanting a child or breastfeeding. The larger lesson, however, is that a good deal of work is required on the management of side effects, especially with long-term methods.

The first report also showed that women of low and lower middle socioeconomic status (SES) base their source choice on a pragmatic set of criteria. They want the source to be close and they want it to have their chosen FP method available. Women of wealthier SES are interested in amenities such as cleanliness and friendliness, in addition to proximity of source and FP method availability.

CMS and the Ministry of Health also conducted a survey of private health care providers — the subject of this report. A major objective of this report is an assessment of the attitudes of public providers, private providers, and pharmacists toward FP and the social marketing brands of FP. Some of the differences across different provider types (i.e. pharmacists, private GPs and private obstetrician-gynecologists (Ob-Gyns)) are emphasized to point out the ways that GPs and family health providers can be better integrated into the FP program.

### **1.3 The influence of providers and pharmacists**

Providers who counsel women and write prescriptions affect the demand for FP services. Also, pharmacists and health care providers largely determine the availability of FP methods. Pharmacists have limited capital to keep products on hand. They can choose to keep a small stock of a variety of FP products or larger stocks of a relatively limited set of products. Physicians are important for long-term methods because these methods require medical skills (such as for injections and IUD insertions). A description of the environment in which they work, their attitudes, and the way they perform their jobs is important information for determining the future direction of social marketing and other private sector promotion activities.

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<sup>3</sup> Commercial Market Strategies/Morocco. 2001. *Indicateurs pour le Programme de planification familiale au Maroc et information pour augmenter l'utilisation des méthodes contraceptives de longue durée et renforcer les stratégies de marketing social*. Rabat: CMS/Morocco.

## 2 Research Questions and Methodology

### 2.1 Research questions

Building upon the observations in the previous section, two main research questions are the focus of this study:

- What is the status of awareness, knowledge, and attitudes about specific FP methods (including oral contraceptives, condoms, IUDs, and injectables) among providers? Particular emphasis will be placed on IUDs and injectables.
- What motivates the private sector in the provision of health and FP services?

CMS/Morocco hired LMS Marketing to conduct surveys of pharmacists, private physicians (GPs and specialists), and representatives of public sector facilities.<sup>4</sup> A separate survey instrument was created for each type of provider to address specific issues.

### 2.2 Sample

The sample sizes are relatively small; therefore, statistically significant results are not abundant. LMS Marketing, however, took great care to ensure that a broad section of Morocco is represented in each of the survey databases.

During this survey 500 professionals were interviewed:

- |                           |     |
|---------------------------|-----|
| • Private GPs             | 200 |
| • Private gynecologists   | 100 |
| • Pharmacists             | 100 |
| • Public sector providers | 100 |

For each of these targets, a stratified random approach was used according to the following rules:

- Proportional stratification of the sample was performed according to the 13 regions.<sup>5</sup> Interviews were conducted in each region in proportion to its share of the total number of professionals in the different categories. This process was done with a further stratification between urban and semi-rural professionals.
- After communications with CMS, physicians and pharmacists were regrouped and reclassified following the same stratification process as above.
- Each regional file was then sorted in alphabetical order of physicians.

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<sup>4</sup> This report does not include public facilities because it concentrates on the promotion of the private sector.

<sup>5</sup> Regions 1, 2, and 3 were regrouped into one single region.



- For random sampling of physicians or pharmacists to be interviewed, a systematic random procedure was applied:
  - Calculation of the sampling interval  $N/n$  (Total population of a given region/sample to interview in that region.)
  - Random sorting of a name  $i$  between 1 and the value  $N/n$  that begins the list.
  - Systematic selection of individuals  $i, i+N/n, i+2N/n \dots$  until arriving at the number of desired individuals.
- In the particular case of the public sector, the decision was to interview a health facility (dispensary, health center, or hospital) by point of sampling from the household survey. The health facility was located in the survey district or the one closest to it.

### 2.3 Data collection

Three different survey instruments were designed for the distinct types of service providers. A brief summary of information collected with each type of provider follows:

- Pharmacists: general information, accessibility, FP services, FP, social marketing, attitudes and practices, and financial aspects
- Private sector: general information, accessibility, FP services, attitudes and practices related to FP, social marketing, curative care, medication, equipment, and financial aspects
- Public sector: general information, accessibility, FP services, other preventive services, medication, and equipment

Data from the surveys was entered into databases and cleaned. This report presents simple cross-tabulations of the data using categories interesting to the social marketing program and targeted towards the goal of encouraging an expansion of the role of GPs as the physician of first resort for Moroccans.

This section describes segmentation used for analysis:

- Casablanca/Rabat, other urban and rural (milieu): household surveys have long shown that FP use is highest in urban areas with the largest cities leading the way. An important question for the FP program and for the social marketing program is whether supply barriers are reducing usage at the level of the milieu aggregations.
- Size of establishments: Larger establishments may be able to stock a greater variety of products. Slower moving pharmaceuticals (e.g., FP products) may not be stocked at smaller pharmacies.

## 3 Pharmacists

### 3.1 Characteristics of the sample

Only 95 pharmacists were interviewed. Although confidence intervals are not calculated for any specific tabulation in this report, it is noted that only large differences in the data tables below are statistically significant. The 95 percent confidence interval for a yes/no question is on the order of +/-10 percent.<sup>6</sup>

The data for this section is disaggregated by milieu and pharmacy size. Pharmacy size is determined by the number of people working in the establishment. A small pharmacy employs two, an average size pharmacy three, and a larger pharmacy has four employees or more.

The following table presents a cross tabulation of the clientele of the pharmacies and the size of the pharmacies according to the milieu where the pharmacy is located. The pharmacists do not report large differences in the SES clientele that they serve across milieu. Also, the size of the facilities does not seem to follow any systematic pattern across the milieu categories. There are some size characteristics, however, that vary by region. More of the rural pharmacies are medium-sized than are in either of the urban categories. On the other hand, there are more small and large pharmacies in the urban areas.

*Table 1: Descriptive breakdown of pharmacies across milieu by type of clientele and size of facility*

	Casablanca & Rabat/Salé	Other urban	Rural	All
<b>Client SES*</b>				
% superior	31%	42%	25%	36%
% average	76%	84%	69%	79%
% inferior	83%	74%	75%	77%
N=	50	29	16	95
<b>Facility Size</b>				
% small facilities	31%	44%	25%	37%
% average facilities	45%	32%	56%	40%
% large facilities	24%	24%	19%	23%
Total	100%	100%	100%	100%
N=	50	29	16	95

\*The sum exceeds 100 percent because multiple responses are possible.

### 3.2 FP availability

Tables 2 and 3 show the percentage of pharmacies that offer various kinds of FP products. All of the pharmacists interviewed sold FP products and all sold oral contraceptives. Almost three-quarters of urban pharmacies sold injectables, whereas only half of rural establishments did. This result is surprising as the survey among women showed that only a small number of them obtain injectables from private sources. Less than 25 percent of urban pharmacies sold IUDs and none are sold in rural areas.

<sup>6</sup> This calculation is based on a sample of 95 pharmacists, taken from a total of approximately 9,742 pharmacists in Morocco. This calculation is valid when the distribution of yes/no responses are close to 50 percent. When the number of yes/no responses are not equal, the confidence interval is not as wide.

Table 2: Percentage of pharmacies offering FP and FP supplies

	Casablanca & Rabat/Salé	Other urban	Rural	All
% offering FP	100%	100%	100%	100%
% selling OCs	100%	100%	100%	100%
% selling injectables	69%	74%	50%	69%
% selling IUDs	14%	20%	0%	15%
% selling condoms	97%	100%	94%	98%
% selling spermicides	79%	72%	56%	72%
N=	29	50	16	95

Table 3 shows FP availability by facility size. FP seems to be more available in larger facilities. IUDs, for example, are much more likely to be available in large facilities than in the small ones.

Table 3: Percent of pharmacies offering FP and FP products by pharmacy size

	Small	Medium	Large	Total
% offering FP	100%	100%	100%	100%
% selling OCs	100%	100%	100%	100%
% selling injectables	66%	66%	77%	68%
% selling IUD's	9%	10%	32%	15%
% selling condoms	94%	100%	100%	98%
% selling spermicides	63%	79%	73%	72%
N=	35	38	22	95

### 3.3 Attitudes of pharmacists toward FP

As many women seek FP products without prescriptions or without the consultation of health professionals, the attitudes of pharmacists toward birth spacing, ideal family sizes, and FP are important. These attitudes can affect the advice they offer, their demeanor, the variety of methods and brands offered, and the attention they give to avoiding stock-outs.

Table 4 shows attitudes of pharmacists in different milieu regarding FP. In general, pharmacists are well disposed to the goals of the FP program — 70 percent of pharmacists believe births should be spaced at least three years apart and more than half think that an ideal family size is two children or less. Somewhat surprisingly, rural pharmacists seem a little more receptive to the goals of the FP program — only 25 percent are unfavorable to a particular FP method and 75 percent think that an ideal family size is two or less.

Over three quarters of pharmacists are willing to counsel their clients to take oral contraceptives. Twenty percent would suggest IUDs. There is, however, a difference between large cities and the rural milieu and "other urban" areas. Over one-third of pharmacists in large cities would recommend the IUD, compared to less than 15 percent in other milieu (other urban and rural). Condoms, injectables, and natural methods are suggested infrequently. The last column of the table shows the percentage of pharmacists who expressed disfavor for at least one FP method. Twenty-five to 40 percent mentioned at least one method and, generally, injectables are the most disfavored.

Table 4: Attitudes of pharmacists towards birth spacing, optimal family size, and use of FP products by milieu

	Casablanca & Rabat/Salé	Other Urban	Rural	All
<b>Minimum spacing</b>				
2 years	28%	28%	31%	28%
3 years	45%	56%	50%	52%
>3 years	21%	16%	19%	18%
Not knows	6%	0%	0%	2%
Total	100%	100%	100%	100%
N=	29	50	16	95
<b>Ideal # of children</b>				
2 or less	55%	50%	75%	56%
3 or more	45%	50%	29%	43%
N=	29	50	16	95
<b>Recommended FP method*</b>				
Oral contraceptives	73%	84%	85%	80%
IUD	35%	14%	14%	21%
Masculine condom	4%	12%	0%	7%
Natural methods	8%	5%	0%	4%
N=	29	35	18	82
<b>% who are unfavorable to at least one FP method</b>				
N=	29	50	16	95

\* The sum is not 100 percent because multiple responses are possible.

### 3.4 Social marketing of methods

Table 5 shows the availability of FP methods in pharmacies, use of prescriptions, and some indicators of support to social marketing brands of FP. Almost every pharmacy had oral contraceptives available. Most pharmacies had injectables available, but almost none had IUDs. Data shows that about 10 percent of the pharmacies stocked IUDs in the past, but no longer do.

If a pharmacy carries a particular method of FP, it is likely to carry the social marketing brand. Seventy-three percent of the pharmacists will recommend pill brands to their customers; this information is interesting as it contrasts sharply with the low percent of clients who arrive at the pharmacies with prescriptions for pills. In this environment, pharmacists could play a larger role in influencing the choice of women.

On the other hand, the table shows that a higher percentage of clients who use injectables and the IUD have prescriptions, so pharmacists would likely play a smaller role in influencing their use.

*Table 5: Availability of methods, availability of the Kinat al Hilal, use of prescriptions, and percentage of pharmacies that recommend a brand*

	Oral contraceptives	Injectables	IUDs
Method in stock	98%	65%	6%
Previously had method*	1%	4%	9%
N=	95	95	95
Has social marketing brand in stock (Al Hilal)	92%	63%	4%
N=	95	95	95
Percent of clients with a prescription (among pharmacists who answered the question)	13%	26%	40%*
N=	93	74	5
Recommends a brand	73%	14%	5%
N=	95	95	95

\*Based on only five observations.

### 3.4.1 Pharmacist's opinions in relation to Al Hilal products

Table 6 presents findings relative to the Al Hilal product line. More than half of the pharmacists classify the Al Hilal pills (Kinat Al Hilal) and Al Hilal IUD (Lawlab Al Hilal) as good products. On the other hand, barely one third thinks that injectables are a quality product. Pharmacists think that the Al Hilal pills and injectables are targeted to middle and lower class women. The distribution of answers for the IUDs seems to show, although not overwhelmingly, that pharmacists think the Al Hilal IUD is targeted toward a slightly wealthier clientele.

Most pharmacists noticed an increase in Kinat Al Hilal pills sales as a result of the advertising campaign. Fewer pharmacists have noticed an impact on injectables and IUD sales. This result is not surprising given that relatively few pharmacies sell the products and almost none sell the IUD (see table 3).

*Table 6: Pharmacists' perception of the social marketing program*

	Oral contraceptives	Injectables	IUDs
% considering that SM brand is a quality product	74	34	58
N=	95	95	95
% of pharmacists who think the product is marketed to the following classes of people:*			
Wealthier class	29	8	44
Middle class	68	35	69
Disadvantaged class	92	70	69
Does not know	3	21	19
N=	95	95	95
% of pharmacists who believe that the media campaign has increased demand	70	38	32
N=	95	95	95

\* The sum does not add up to 100 percent because multiple responses are possible.

## 4 Private sector physicians

### 4.1 Overview

LMS Marketing interviewed 100 private Ob-Gyns and 196 GPs. The confidence interval of 95 percent for a yes/no question is about 8.5 percent for the sample of gynecologists and about 6.6 percent for GPs.<sup>7</sup> The analysis that follows concentrates on the differences between the two types of providers.

Table 7 shows descriptive information about the size and location of the private physicians interviewed. None of the Ob-Gyns in the sample are in rural areas.<sup>8</sup> The GPs are more likely to be located in Morocco's smaller cities.

The second section of the table shows the percent of the physicians who serve the different classes of clients. The columns add up to more than 100 percent because most physicians say that they serve several socioeconomic classes. Sampled GPs are more likely to serve lower-income women. More than three-quarters of Ob-Gyns serve high class women, while only one-fourth of GPs serve such women. With regard to office size, Ob-Gyns work out of larger offices, which probably is a function of the higher SES of their clients, but may also reflect the more specialized nature of their profession. Ob-Gyn offices almost always have additional consultation rooms.

*Table 7: Characteristics of the practices of interviewed physicians*

	GPs	Ob-Gyns
<b>Milieu</b>		
Casablanca/Rabat	41%	55%
Other urban	47%	45%
Rural	12%	0%
Total	100%	100%
N=	196	100
<b>Social class of FP clients*</b>		
High	26%	78%
Medium	88%	95%
Low	66%	50%
N =	196	100
<b>Office size (# of rooms)</b>		
2	31%	5%
3	50%	54%
4	17%	31%
5 plus	2%	10%
Total	100%	100%
N=	176	93

\* The sum is not 100 percent because multiple responses are possible.

<sup>7</sup> Calculations are based on a sampling of 100 gynecologists and 196 GPs, taken from respective totals of approximately 394 and 1854 in Morocco. This calculation is valid when the yes/no responses are close to 50 percent. When the yes/no responses are not equal, the confidence interval is narrower.

<sup>8</sup> None of the gynecologists listed in Morocco work in rural areas.

## 4.2 Attitudes and practices relative to family planning

Table 8 shows the percentage of physicians who offer FP services and it presents information about specific opposition to certain FP methods. All of the Ob-Gyns and the vast majority of GPs offer FP services. More than three-fourths of Ob-Gyns offer pills, IUDs, sterilizations, spermicides, and condoms. Less than 20 percent, however, offer injectables. A similar percent of GPs offer condoms and pills. The GPs, however, are less likely to offer the other methods. In general, physicians do not favor injectables. Only 17 percent of Ob-Gyns prescribe them, compared to 35 percent of GPs. Among GPs and Ob-Gyns, those who oppose the injectable do so because of side effects.

Physicians also were asked if training on the management of side effects would change their attitudes about these methods. A vast majority of the GPs and half of the Ob-Gyns would be more favorable to the IUD after training. Training on the management of side effects for injectables would not really change the attitude of Ob-Gyns, although half of the GPs could be more favorable.

Table 8: Family planning services offered

	GPs	Ob-Gyns
<b>% offering FP</b>	95	100
N=	196	100
<b>Among those offering FP, % of those who offer:</b>		
Pills	95	100
Injectables	35	17
IUDs	56	99
Sterilization	25	76
Condom	71	74
Spermicides	51	75
Natural FP	29	16
N=	196	100
<b>% opposing a FP method</b>		
N=	183	100
<b>% explicitly opposed to injectables (of all physicians)</b>		
N=	90	76
<b>Would training on the management of side effects encourage you to increase your offer of IUDs?</b>		
Yes	85%	48%
N=	109	99
<b>Would training on the management of side effects encourage you to increase your offer of injectables?</b>		
Yes	54%	16%
N=	196	100

Table 9 shows information on IUD services (i.e., counseling and insertion) among physicians who offer them. Almost all Ob-Gyns and over 50 percent of GPs insert IUDs. Among the Ob-Gyns who insert IUDs, seventy percent have IUDs in stock; only 40 percent of GPs, however, keep IUDs on hand. That difference may be a result of many GPs getting much of their stock of IUDs from pharmacies, which also have problems stocking certain FP methods. The Ob-Gyns are more likely to purchase their IUDs from wholesale sources like distributors and pharmaceutical representatives.

Table 9: Practices relative to IUDs among physicians offering such services

	GPs	Ob-Gyns
<b>Percentage who insert IUDs</b>	83	98
N=	109	99
% who keep IUDs in stock (among physicians who insert IUDs)	41	69
N=	90	97
<b>How stock obtained (among physicians with supplies)*</b>		
Purchased	62	84
Sample	38	12
N=	37	67
Mean IUD stock (units)	7.3	6.8
N=	35	57
<b>Where is stock usually purchased**</b>		
Representatives	22	25
Pharmacies	42	30
Order from distributor	3	34
FP associations	16	5
Patient	13	8
N=	90	97

\*The columns do not always add up to 100 percent because some physicians refused to respond or do not know.

\*\* The sum is not 100 percent because multiple responses are possible.

Table 10 presents the prices physicians charge for various FP services and the number of consultations they make each month. Ob-Gyns' fees are nearly double those of GPs. Also, Ob-Gyns do nearly twice as many consultations for pills and IUDs (compared to GPs). Perhaps reflecting the Ob-Gyns' negative attitudes about injectables, however, the prices and number of injectable consultations is about the same for both kinds of physicians.

Table 10: Number of consultations and fees charged

	GPs	N	Ob-Gyns	N
<b>OC consultations</b>				
Mean price (Dirhams)	83	145	166	61
Mean # of consultations (last 30 days)	11	113	15	57
<b>IUD consultations (insertion)</b>				
Mean price (Dirhams)	257	56	447	32
Mean # of insertions (last 30 days)	2.6	59	3.7	56
<b>Injectable consultations (injection)</b>				
Mean price (Dirhams)	45	45	50	3
Mean # of consultations (last 30 days)	2.5	48	1.7	12

### 4.3 Social marketing

Physicians are perhaps the most important communicator of health information in Morocco. Their perception about the social marketing program, its products, and their communication with patients are important for promoting the brands. Physicians can prescribe these brands and make recommendations about where to purchase them as well. They also are important for providing informed consultations about the methods, as well as management of side effects. Perceptions of quality about brands and the methods of FP use are, in general, often built upon the work of the physicians.



### 4.3.1 Factors that influence physician's recommendations

Table 11 shows why physicians prescribe a particular brand of IUD or injectable. Compared to Ob-Gyns, GPs are more concerned with the price of IUDs and injectables, while Ob-Gyns are interested in the reliability of IUDs and availability of injectables.

*Table 11: Reasons why physicians prescribe a particular brand of FP (among those who prescribe the indicated method)\**

	GPs	Ob-Gyns
<b>Reasons why physicians prescribe a brand of IUD</b>		
Affordable price	53%	37%
More reliable than others	19%	48%
More available than others	49%	43%
N=	109	99
<b>Reasons why physicians prescribe a brand of injectable</b>		
Affordable price	47%	23%
More reliable than others	11%	0%
More available than others	43%	65%
N=	70	17

\* The sum is not 100 percent because multiple responses are possible.

### 4.3.2 Attitudes relative to Al Hilal

Table 12 presents attitudes of physicians related to socially marketed pills (i.e., Kinat Al Hilal). The first two lines show the percent of physicians that prescribe Kinat Al Hilal as well as the most popularly prescribed brands. Kinat Al Hilal, lags far behind Adepal and Microdiol, the most prescribed pills in Morocco. Only 20 percent of the physicians prescribe the Kinat Al Hilal brand. This percentage is low, especially when compared to the brands Microgynon and Minidril (prescribed by 37 to 48 percent of physicians), which are the commercial brand names marketed as Kinat Al Hilal.<sup>9</sup> From this information, it appears that the physicians are not sufficiently influenced by the social marketing program and that they prefer to prescribe the commercial versions of the products. Amongst Kinat Al Hilal, Microgynon, and Minidril, approximately 59 percent of physicians prescribe at least one of the three. Seven brands of pills, however, are prescribed more often than Kinat Al Hilal.

Most physicians believe that Kinat Al Hilal is targeted at middle- and lower-class women. About half of the physicians noted an increase in sales after the publicity campaign. As they are more commercially oriented, GPs are more likely to perceive changes, in spite of the fact that they carry out less FP consultations than Ob-Gyns.

<sup>9</sup>The social marketing program promotes the brands Microgynon and Minidril under the name Kinat Al Hilal.

Table 12: Attitudes related to the Kinat Al Hilal pill

	GPs	Ob-Gyns
<b>Percentage who prescribe</b>		
Kinat Al Hilal	22%	16%
Microgynon	39%	44%
Minidril	45%	48%
Adepal	65%	72%
Microdil	62%	67%
Kinat Al Hilal, Microgynon, and Minidril (altogether)	59%	57%
N=	187	100
<b>% indicating that the SM brand is of good quality</b>		
Yes	82	90
No	6	5
Do not know	11	5
N=	196	100
<b>% believing that the SM brand is targeted at</b>		
Upper class	32%	36%
Middle class	67%	75%
Lower class	84%	91%
N=	196	100
<b>Physician saw an increase in use after publicity</b>		
N=	196	100

Table 13 presents information similar to that of Table 12 but for IUDs. In contrast to results on oral contraceptives, GPs are more likely to prescribe the CuT 380A or Lawlab Al Hilal (which is the same product but with a SM wrapping). Almost 80 percent of GPs and 90 percent of gynecologists think that the SM brand Lawlab Al Hilal is of good quality. Relative to targeted classes, however, there is not a great difference in attitudes. Close to 40 percent of physicians report an increase in use following publicity.

Table 13: Attitudes related to IUDs

	GPs	Ob-Gyns
<b>Percentage who prescribe Copper T 380A, 380 S or Lawlab al Hilal (among those who prescribe IUDs)</b>	82%	70%
N=	109	99
<b>% think that the SM brand is of good quality (among all physicians)</b>	84	89
N=	196	100
<b>Percentage who think that the SM brand is targeted at*</b>		
Upper class	59%	69%
Middle class	80%	89%
Lower class	84%	93%
N=	196	100
<b>Physician has perceived an increase in use after publicity</b>	46%	39%
N=	196	100

\*The sum is not 100 percent because multiple responses are possible.

Table 14 presents attitudes related to injectables. Once again, the negative attitude towards or ignorance about injectables is overwhelming. Less than 20 percent of physicians who prescribe injectables prescribe the Hoqnat Al Hilal brand, probably because the physicians are unaware that

the brand Hoqnat Al Hilal is the same product as Depo Provera.<sup>10</sup> As seen on the second line of the table, the Hoqnat Al Hilal injectable or Depo Provera is prescribed by over 80 percent of the physicians who prescribe injectables.

Nearly 40 percent of GPs believe that Hoqnat Al Hilal is a good value, compared to only 20 percent of Ob-Gyns. Physicians in both groups agree that Hoqnat Al Hilal is targeted at lower-class women. Only 18 percent of Ob-Gyns think that the social marketing pill is for middle-class women, compared to 75 percent who thought the social marketing pill was targeted at the middle class. An impact on demand was mentioned by both categories of physicians after the publicity campaign for Hoqnat Al Hilal, although more frequently by GPs.

Table 14: Attitudes related to Al Hilal (injectables)

	GPs	Ob-Gyns
% prescribe SM brand (Hoqnat Al Hilal)	17%	12%
% prescribe SM brand or Depo Provera	87%	82%
N=	70	17
<b>Consider the SM brand to be of good value</b>		
Yes	41	21
N=	196	100
<b>% believe that the brand is targeted at *</b>		
Upper class	14%	7%
Middle class	37%	18%
Lower class	78%	69%
N=	196	100
<b>Physicians who perceive an increase in use after publicity</b>		
N=	196	100

\*The sum is not 100 percent because multiple responses are possible.

The FP methods with social marketing wrapping are sold only in pharmacies. Table 15 shows that approximately 90 percent of physicians know that pharmacies are a source of supply for the social marketing brand. There are also many physicians who think that public health centers sell the products. This misunderstanding could be the result of physicians associating social marketing products with their brand names on the international market.<sup>11</sup> All social marketing products are available in public facilities, but there they are distributed under their international brand names. Forty-seven percent of GPs and 68 percent of Ob-Gyns think that private physicians are a source of supply for Lawlab Al Hilal (IUDs). This perception occurs because the IUD and its insertion usually are sold together.

<sup>10</sup> Another hypothesis is that the physicians know but prefer to prescribe under the name Depo Provera, as it is more prevalent in medical circles.

<sup>11</sup> Kinat Al Hilal=Microgynon and Minidril; Lawlab Al Hilal = CuT 380; and Hoqnat Al Hilal = Depo Provera

Table 15: Perception of physicians on sources to purchase social marketing products, in percent\*

	GPs	Ob-Gyns
<b>Kinat al Hilal (pills)</b>		
Pharmacy***	89	96
Public health center	84	87
Association***	27	27
Dispensary	31	38
Hospital	5	9
N=	194**	100
<b>Hoqnat al Hilal (injectables)</b>		
Pharmacy***	89	89
Public health center	80	86
Association***	22	26
Dispensary	27	41
Hospital	5	8
N=	196	100
<b>Lawlab al Hilal (IUD's)</b>		
Pharmacy***	86	94
Public health center	86	90
Association***	25	30
Private physician	47	68
Dispensary	22	27
Hospital	5	5
N=	196	100

\* The sum is not 100 percent because multiple responses are possible.

\*\* Two GPs did not respond.

\*\*\* Indicates normal channel of sale

#### 4.4 Breastfeeding women

A possibility for the social marketing program in Morocco is the addition of an oral contraceptive for breastfeeding women. The following table shows that almost all physicians are ready to recommend these pills for nursing women. In Morocco, there are two brands of pills for nursing women — Microval and Milligynon. Half of the GPs and two-thirds of Ob-Gyns prescribe one of them.

The last line in the table shows the percentage of physicians who prescribe incorrectly for breastfeeding women. About 10 percent of physicians prescribe Microval or Milligynon and another brand (which is not intended for breastfeeding women). Eighteen percent of GPs and eight percent of Ob-Gyns prescribe only pills that are not indicated for breastfeeding women. As a result, one quarter of physicians are prescribing the incorrect pills for breastfeeding women. The social marketing program can have a positive impact on public health if it manages to correct the practices of physicians in this respect.

Table 16: Practices related to breastfeeding women

	GPs	Ob-Gyns
<b>FP methods recommended by physicians (spontaneous responses)*</b>		
OC %	94%	99%
Condom %	17%	22%
IUD %	12%	23%
Natural methods %	2%	0%
N=	183	100
<b>% prescribe pills for breastfeeding women **</b>		
	96%	100%
N=	187	100
<b>Brands of pills prescribed for breastfeeding women</b>		
Microval or Milligynon only	71%	80%
Microval or Milligynon and another brand (prescription partially correct)	9%	11%
Another brand but not Milligynon or Microval (Incorrect prescription)	18%	9%
Do not know	2%	0%
N=	180	100

\* The sum is not 100 percent because multiple responses are possible.

\*\* These answers are in response to the question "Do you prescribe pills to your breastfeeding patients?"

## 5 Discussion and Conclusion

This report looked at three groups of FP providers in the private sector: pharmacists, GPs, and Ob-Gyns. According to “Indicators for the FP Program in Morocco and Information to Increase the Use of Long-Term Contraceptive Methods and to Improve Social Marketing Strategies,” these groups provide about 40 percent of the FP services in Morocco. The promotion of the social marketing program, enlarging the private sector for FP, and increasing the share of long-term methods in the market require further integration of these providers into the Moroccan FP program. This report provides some interesting results for understanding the sector for developing new programs and making mid-course changes to old programs.

In general, all providers are well disposed to the goals of the Moroccan FP program. Virtually all providers interviewed offered FP services, although some limited themselves to non-medical interventions like counseling. More than 90 percent, however, offered services related to oral contraceptives. Large pharmacies are more likely to carry a wide range of FP services. Urban pharmacies are more likely to stock injectables and IUDs (in fact, none of the rural pharmacies stocked them). Although close to two-thirds of the pharmacies sold injectables, less than 3 percent of FP users currently use them (CMS, 2001).

Service providers were well disposed to all of the FP methods except injectables. On almost every measure of perception, injectables scored lower than pills and IUDs. Providers did not often prescribe injectables because of various factors: the social marketing brand was low of quality, it was uniquely targeted at women in lower classes, etc. The most common reason given for the opposition was side effects and Ob-Gyns were the main group of providers opposed to the method. Training for physicians in counseling and management of side effects may be helpful. On the other hand, remedial work in restoring the reputation of the product may be necessary. Although resistance exists among GPs, it is less than with the Ob-Gyns. Efforts toward promotion of injectables among GPs may be more fruitful than with Ob-Gyns.

Growth of the social marketing brand of pills (Kinat Al Hilal) may be facilitated by the pharmacists. They report that women usually request oral contraceptives without a prescription. Pharmacists, on the other hand, are well disposed to make recommendations. To the extent that Kinat Al Hilal is recommended, it will help increase its name recognition.

Physicians, especially Ob-Gyns, prescribe Kinat Al Hilal relatively infrequently, although detailing of the product to physicians may help increase prescriptions. Careful evaluation, however, needs to be performed; as noted above, pharmacists report that relatively few women request pills via prescription.

The report noted several differences between Ob-Gyns and GPs. GPs' clients are of a lower class than Ob-Gyns. The GPs are open to training related to injectables and other FP methods. In general, GPs charge about half the price that Ob-Gyns charge for services. GPs could offer themselves as low-cost alternatives to Ob-Gyns for regular FP visits, including consultations for pills and injectables, as well as IUD insertions. Few GPs, however, are qualified to perform sterilizations and they may not have sufficient specialized knowledge to handle complications.

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