

Market Research on Contraceptive Methods



Among Gynecologists

July 2024

Prepared for



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Executive Summary

Research Objective

- We repeated this market research to understand and track the market for contraceptive methods.
- Our research focused on the role of gynecologists in using these methods, including physicians from various institutions, titles, and regions.

Content

- This survey covers the following topics to meet the research objectives:
 - Patient load
 - Profile of gynecologists
 - Awareness of contraceptive methods
 - Preferences for contraceptive methods
 - Recommendations for contraceptive pills
 - Use for contraception
 - Use for treatment
 - Knowledge about after-morning pills
 - Company activities
- The report outlines the findings for each wave and provides a comparison of the results between the two waves, along with a breakdown by institution.

Approach

Quantitative Interviews

- Interviewing technique: Quantitative study via **F2F interviews**
- Length of interview: **20 minutes**
- Sample size & profile: **201 gynecologists.**
- Fieldwork location: **12 cities**
- Fieldwork period: **22-May / 05-July**

Sample

Sample Size

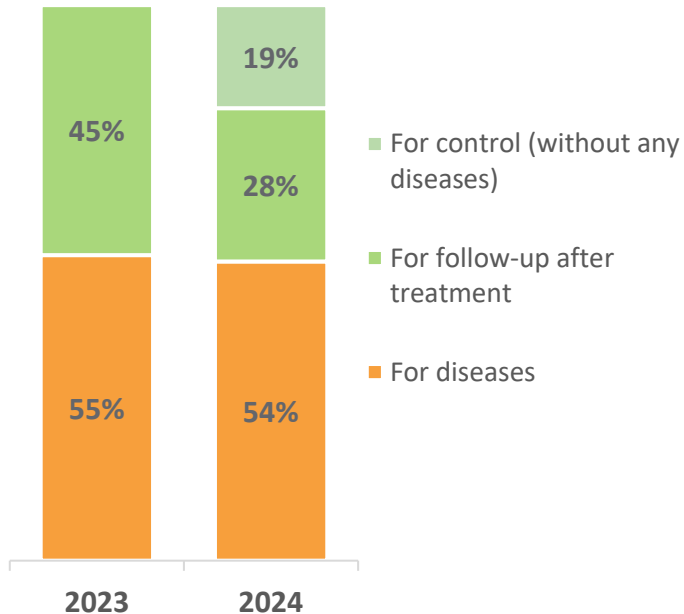
- **201 gynecologists**

RESEARCH SUMMARY | Contraception Discussion



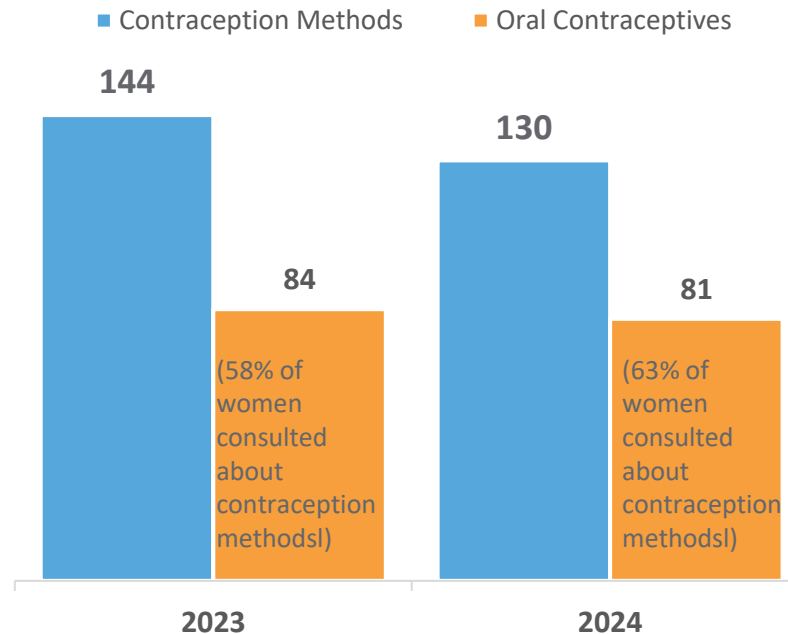
Reason for Visiting

The reasons for visiting physicians are: 54% for diseases, 28% for follow-up after treatment, and 19% for control without any diseases.



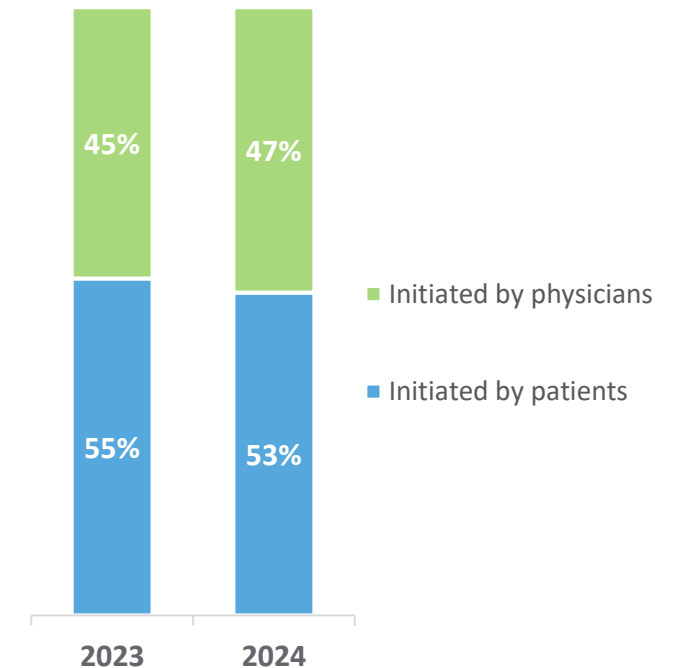
Number of Patients Discussing Contraception Methods / OCs

The number of patients who discussed birth control methods is 130, a slight decrease from last year. Gynecologists discuss OCs with 81 (63%) of the women they talk to about contraception methods. (This rate was 58% in 2023)



Initiation of the conversation about contraception methods

Conversations about contraception methods are initiated by patients 53% of the time and by physicians 47% of the time.



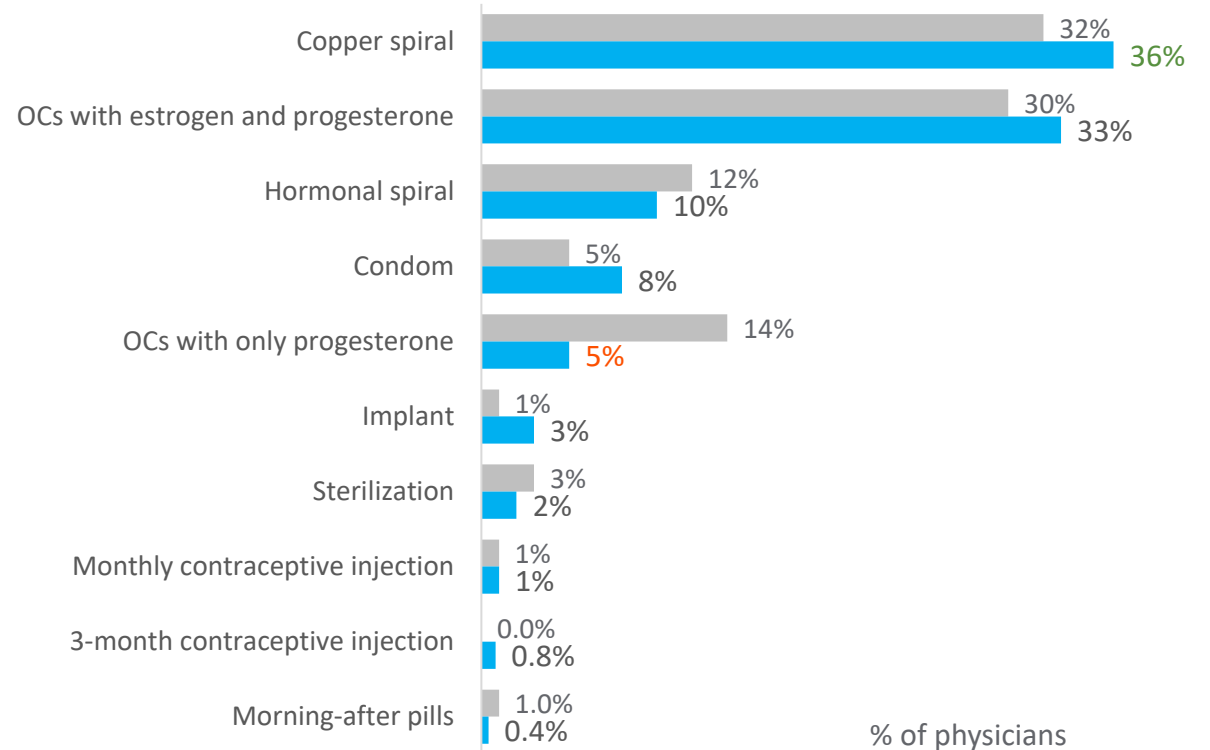
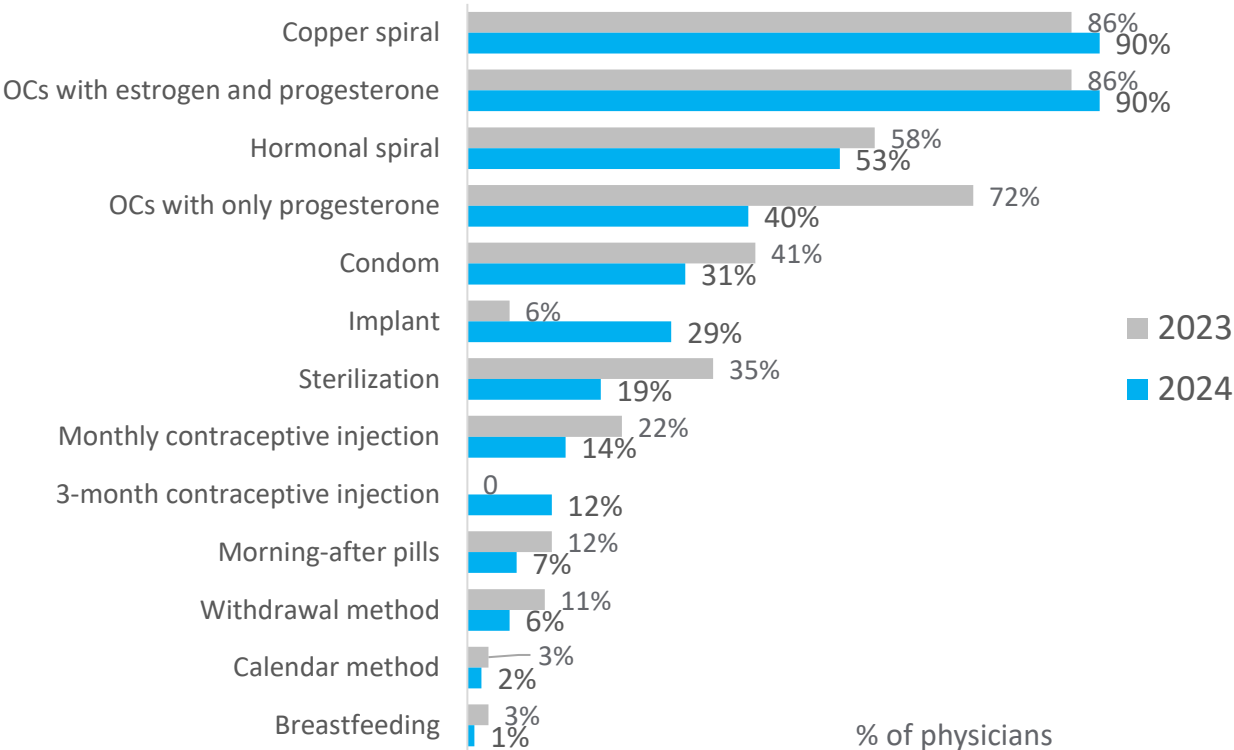
RESEARCH SUMMARY | Recommended Contraceptive Methods INDEXLAB

Common Contraceptive Methods Discussed with Women of Childbearing Age

Gynecologists are increasingly informing women of childbearing age about oral contraceptives and long-term contraceptives like copper spirals and implants, while information on short-term methods such as condoms, the morning-after pill, and withdrawal is becoming less prevalent.

Mostly Recommended Contraceptive Methods to Women of Childbearing Age

The gynecologists recommend mostly copper spiral and combined oral contraceptives to women of childbearing age



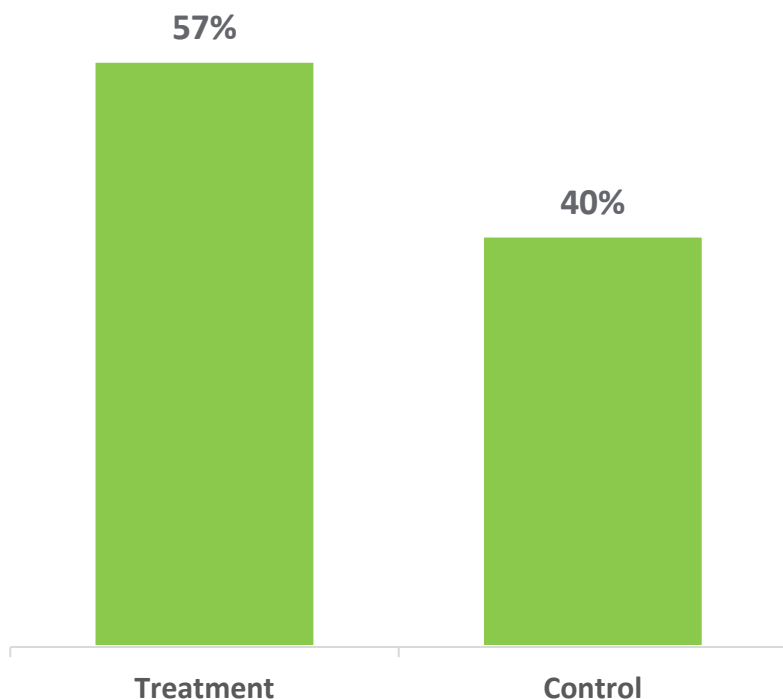
“OCs with estrogen and progesterone” was asked last year as “combined oral contraceptives.”

“OCs with only progesterone” was asked last year as “oral contraceptives” in 2023.

“Contraceptive Injection” was asked separately this year as monthly injection and 3-month injection

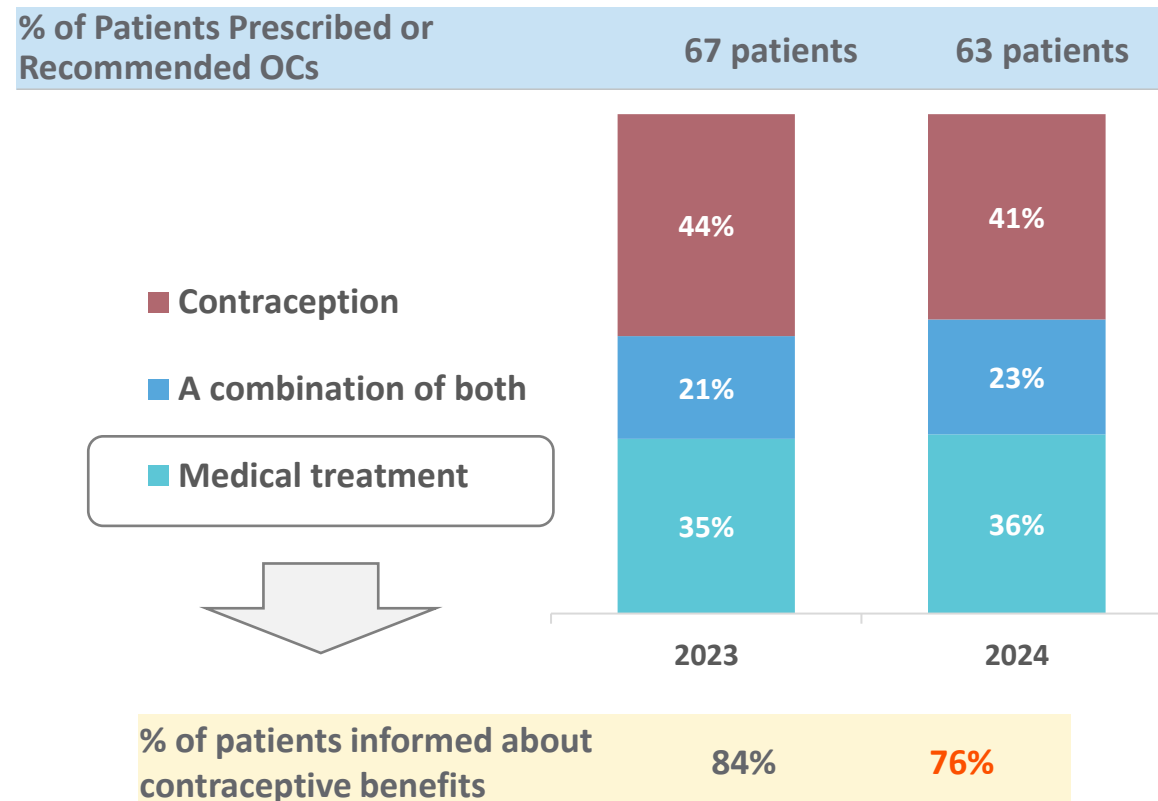
Percentage of Patients Suitable for Oral Contraceptive

57% of childbearing-age patients coming for treatment and 40% of those coming for control are suitable for oral contraceptives.



Purpose of Recommending / Prescribing Oral Contraceptives

Gynecologists recommend OCs to 63 patients per month, a slight decrease from 67 last year. These are recommended for contraception (41% vs. 44% last year), medical treatment (36% vs. 35%), and both (23% vs. 21%). For 76% of patients using OCs for medical treatment, additional information is provided, compared to 84% last year.

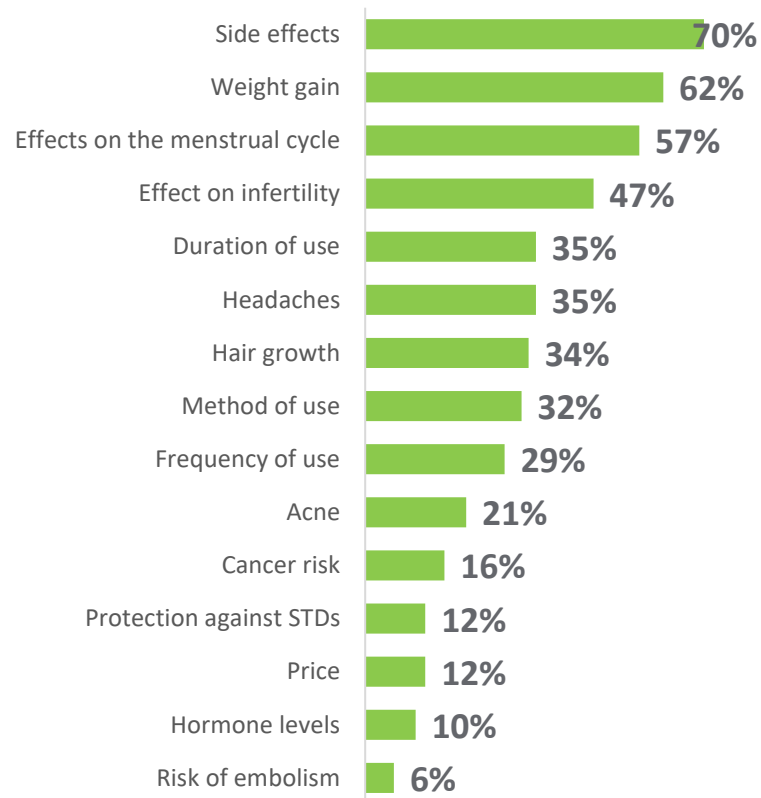


RESEARCH SUMMARY | Overview of Oral Contraceptives (OCs)



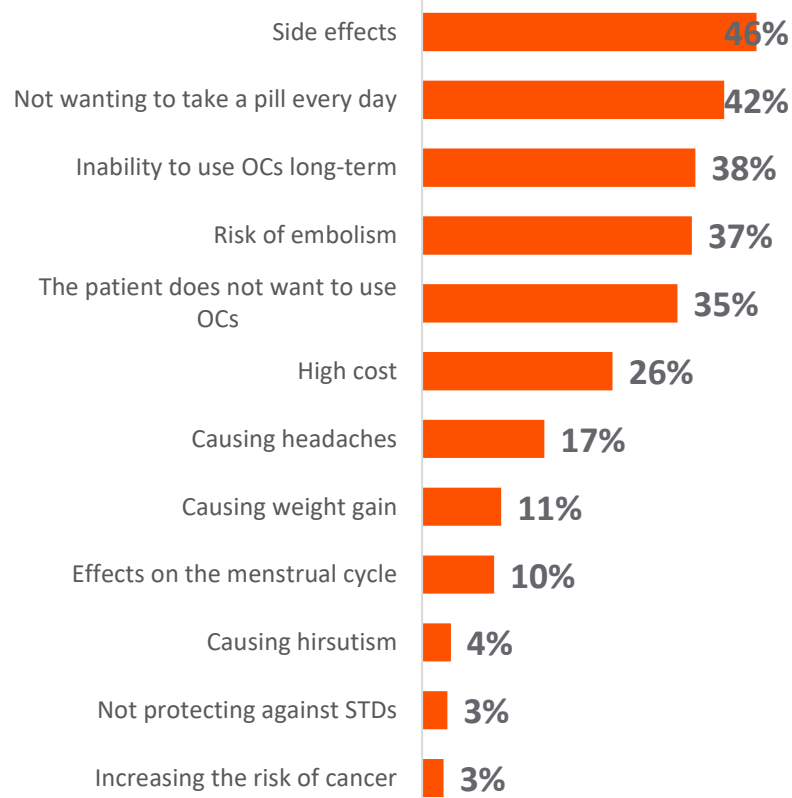
Frequently Asked Questions About OCs

Patients most frequently ask about the side effects (70%), weight gain (62%), and effects on the menstrual cycle (57%) of OCs. Other common inquiries include effects on infertility (47%), duration of use (35%), headaches (35%), hair growth (34%), method of use (32%), and frequency of use (29%).



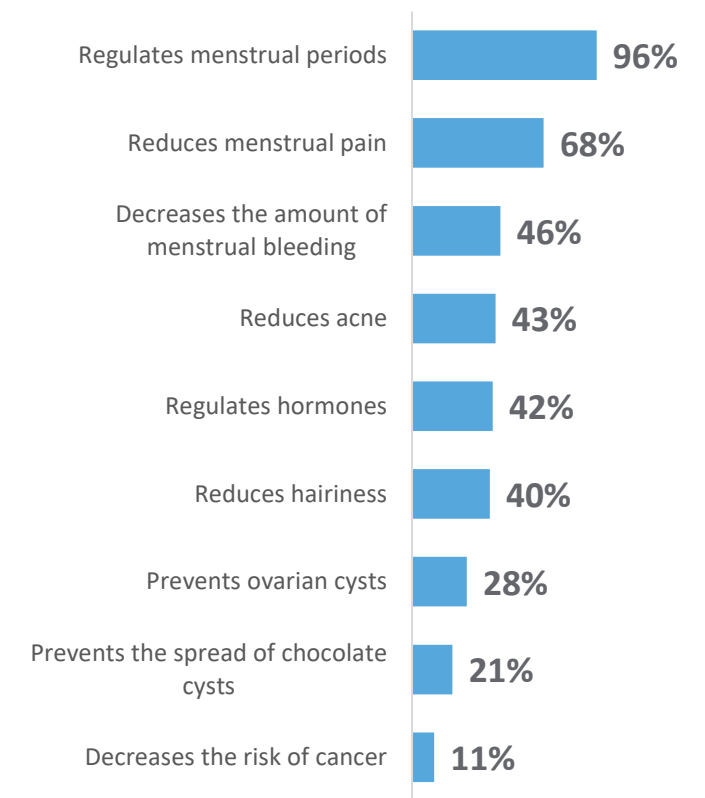
Reasons not to recommend OCs

OCs are often not recommended due to side effects (46%), daily intake inconvenience (42%), long-term use issues (38%), embolism risk (37%), and patient preference (35%).



Additional benefits of OCs

When recommending birth control pills, the primary additional benefits discussed include regulating menstrual periods (96%), reducing menstrual pain (68%), and decreasing menstrual bleeding (46%).

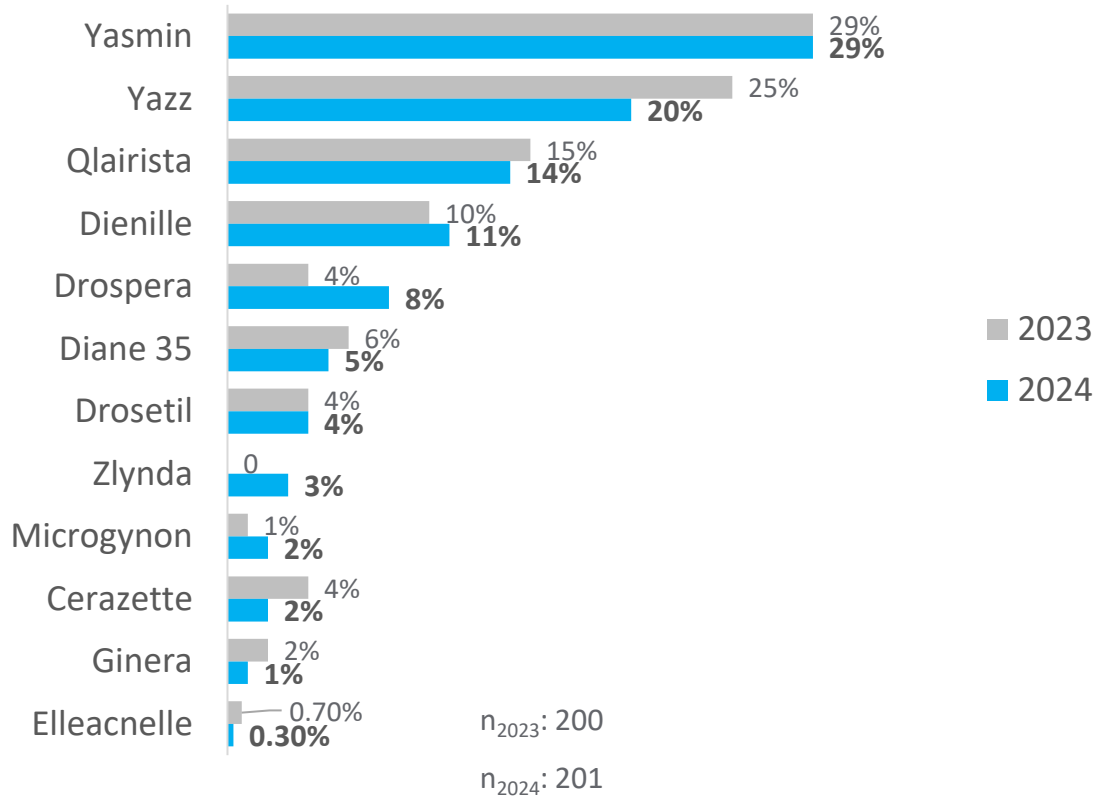


RESEARCH SUMMARY | Brand Share



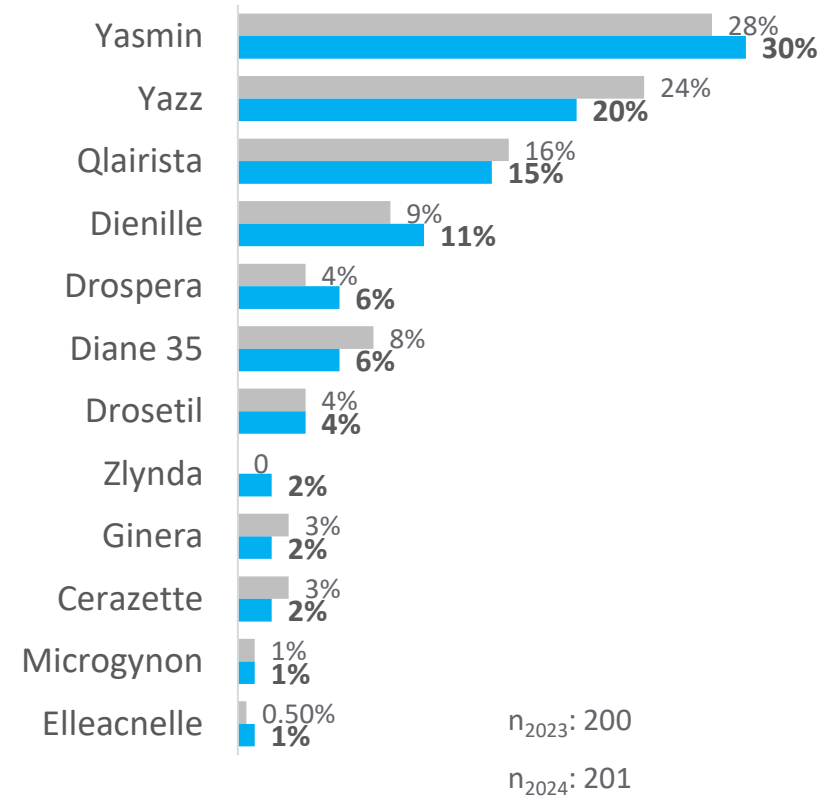
Brand share of OCs as a contraceptive method

The prescription rate of Yasmin remains unchanged. However, there is an increase in the prescription rates of Drospira and Zlynda. As part of this trend, the prescription rate of Yazze has decreased from 25% to 20%.



Brand share of oral contraceptives as a treatment

Yasmin's brand share of oral contraceptives increased to 30% from 28% last year. Yazze decreased to 20% from 24%, Qlairista slightly decreased to 15% from 16%, Dienille increased to 11% from 9%, and Diane 35 decreased to 6% from 8%.



RESEARCH SUMMARY | Brand Preferences and Changes



Most prescribed brands

Endometriosis & Adenomyosis: Qlaira is the most preferred brand. For Premenstrual complaints, Yaz is the top choice. For all other indications, gynecologists most frequently prefer Yasmin.

Primary Dysmenorrhea - Yasmin

Abnormal Uterine Bleeding – Yasmin / Qlaira

Menstrual irregularity - Yasmin

Endometriosis & Adenomyosis - Qlaira / Yasmin / Yaz

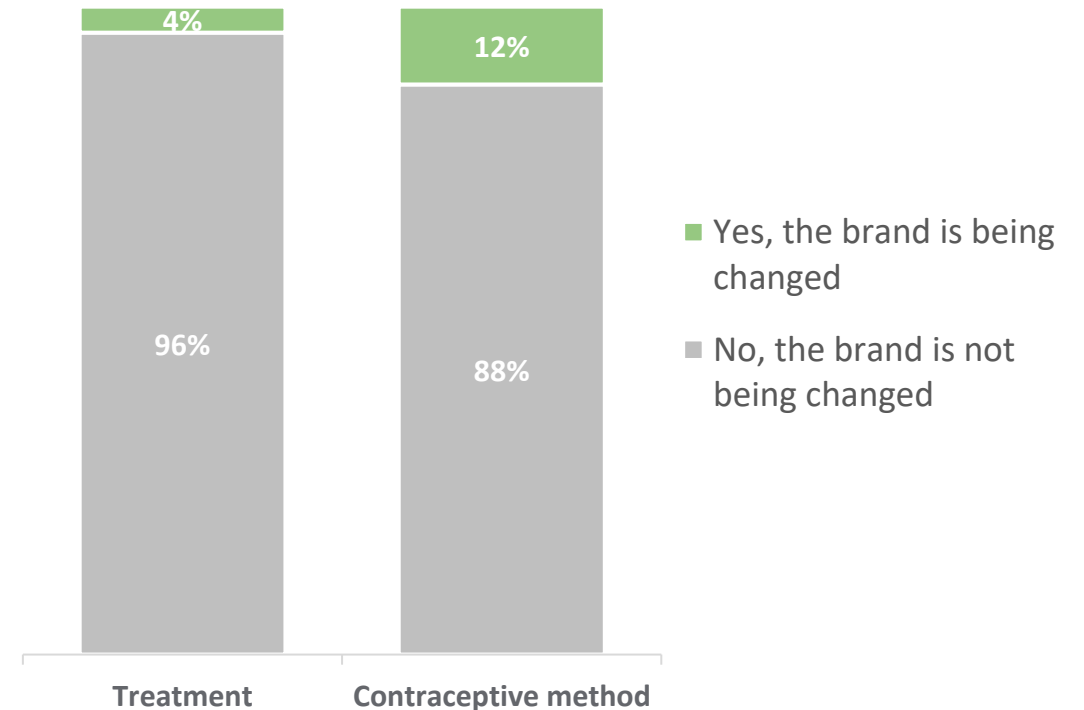
Polycystic ovary - Yasmin

Hormonal complaints – Yasmin / Yaz

Premenstrual complaints–Yaz

Changing Oral Contraceptive Brands

Gynaecologists rarely change previously prescribed brands, adjusting them for 4% of treatments and 12% of contraceptives, while keeping the brand unchanged in 96% and 88% of instances, respectively.

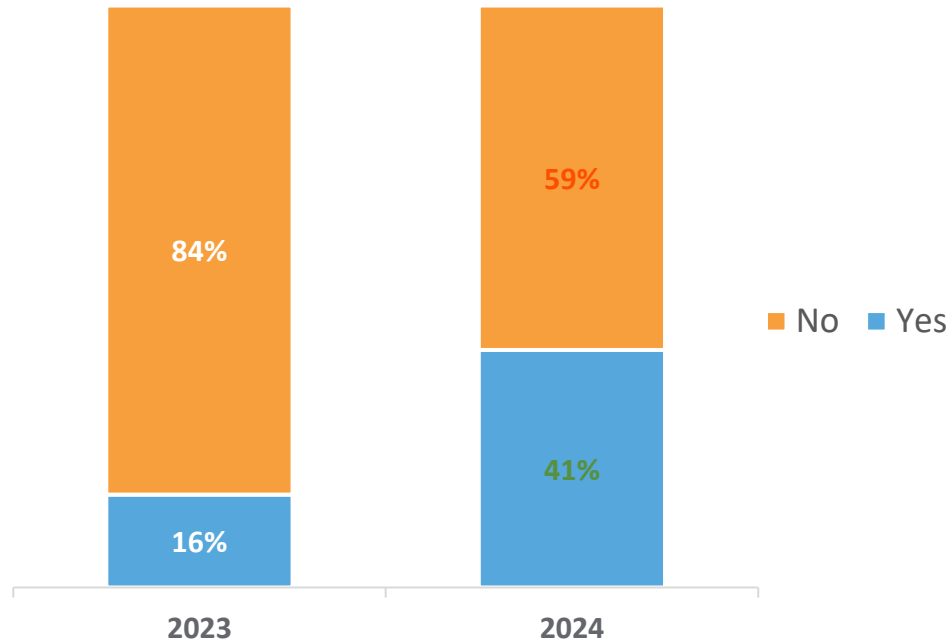


RESEARCH SUMMARY | Taking a Break Using OCs



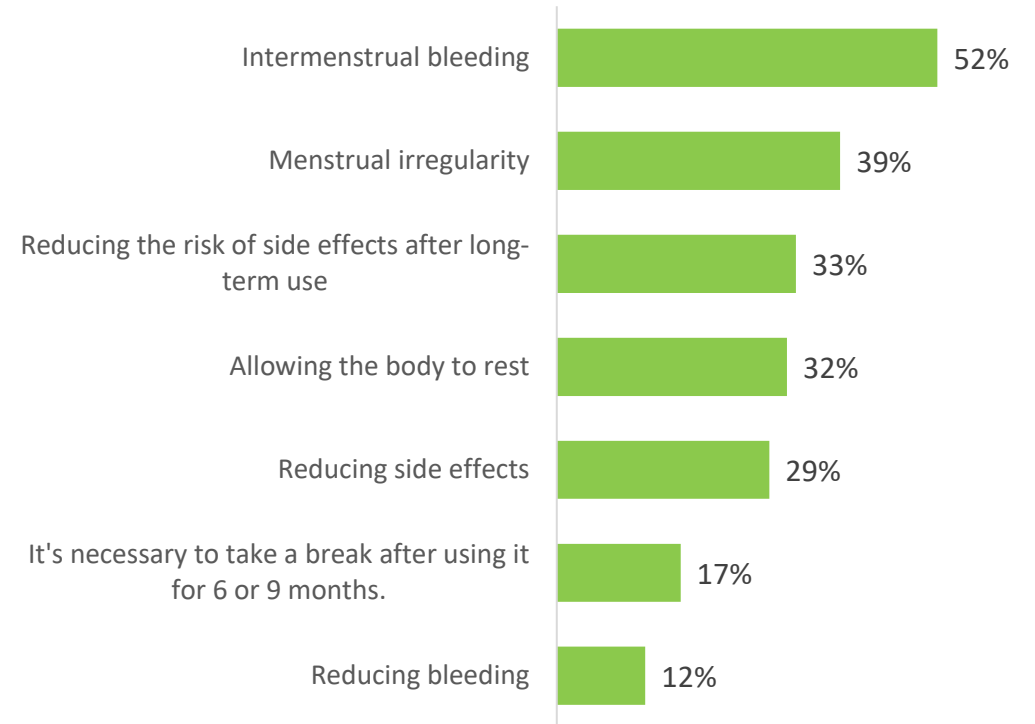
Taking a Break Using OCs

41% of physicians now recommend that their patients take a break from OC usage, a notable rise from 16% last year.



Reasons

41% of physicians now recommend that their patients take a break from OC usage, a notable rise from 16% last year.

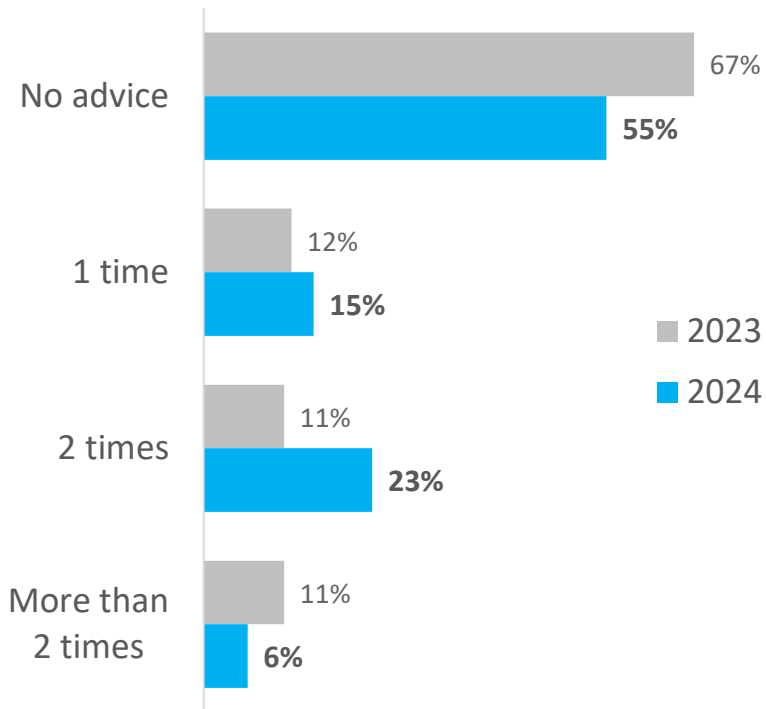


RESEARCH SUMMARY | Morning-After Pills



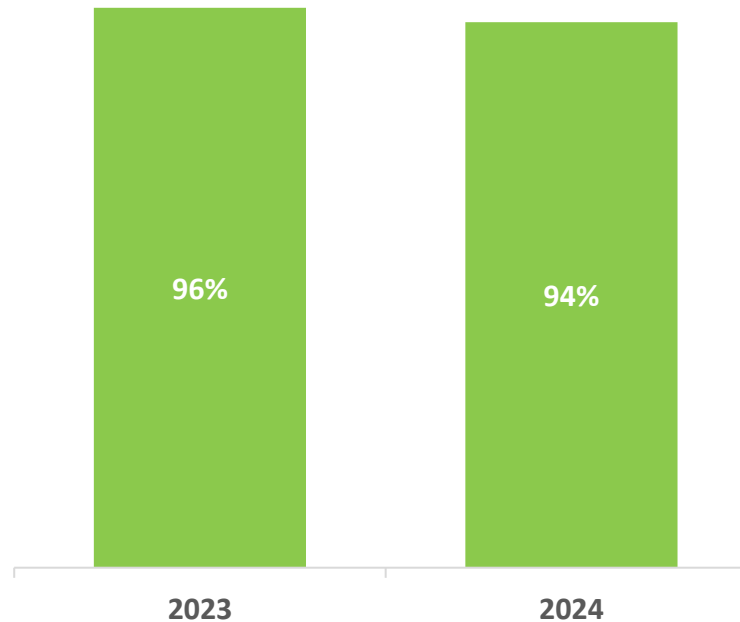
Usage Frequency

55% of physicians do not offer any recommendations on the use of the morning-after pill, a notable decrease from 67% last year. Among the remaining physicians, 15% advise it can be used once a year, while 23% suggest it can be used twice a year.



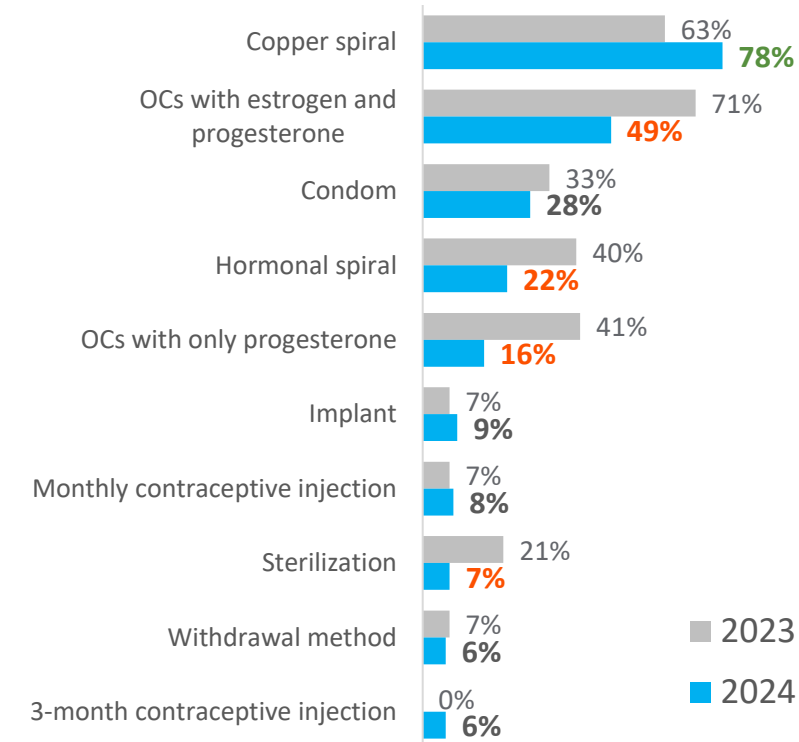
Warning / Informing about Side Effects

94% of respondents warn or inform their patients about the side effects of morning-after pills, while 6% do not



Recommended Contraceptive Methods Instead of Morning-After Pills

Gynecologists mostly recommend copper spirals and OCs with estrogen and progesterone to patients who use morning after pills more frequently than usual.





Sample Distribution

SAMPLE DISTRIBUTION

of physicians

| <u>Region</u> | WAVE I | WAVE II |
|---------------|------------|------------|
| ISTANBUL | 51 | 51 |
| ANKARA | 31 | 30 |
| IZMIR | 18 | 18 |
| SAMSUN | 15 | 15 |
| ANTALYA | 14 | 14 |
| ADANA | 16 | 13 |
| BURSA | 13 | 12 |
| KAYSERI | 11 | 12 |
| KONYA | 11 | 12 |
| ERZURUM | 10 | 11 |
| TRABZON | 10 | 10 |
| MERSIN | 0 | 3 |
| TOTAL | 200 | 201 |

| <u>Institution type</u> | WAVE I | WAVE II |
|-------------------------|------------|------------|
| State Hospital | 21 | 21 |
| T & R Hospital | 48 | 46 |
| City Hospital | 22 | 29 |
| University Hospital | 63 | 65 |
| Private Hospital | 46 | 40 |
| Total | 200 | 201 |

| <u>Gender</u> | WAVE I | WAVE II |
|---------------|------------|------------|
| Women | 115 | 123 |
| Men | 85 | 78 |
| Total | 200 | 201 |

| <u>Title</u> | WAVE I | WAVE II |
|---------------------|------------|------------|
| Professor | 7 | 4 |
| Associate professor | 13 | 5 |
| Specialist | 146 | 155 |
| Assistant | 34 | 37 |
| Total | 200 | 201 |

| | | |
|------------------------|-------------|-------------|
| Margin of error | 6,8% | 6,8% |
|------------------------|-------------|-------------|



Detailed Findings



Physician Profile

Physician Profile



On average, the gynecologists see 730 patients per month. The physicians have an average age of 40 years old and around 13 years of experience. The assistants have an average experience of around 2,8 years.

Average age

2023: **41,2** y/o

2024: **41,5** y/o

Experience

specialists

2023: **14,6** years

2024: **13,3** years

assistance

2023: **3,5** years

2024: **2,8** years

Patient load

2023: **683,7** patients

2024: **730,2** patients



Patient Profile

Patient Load

Out of 730 patients, 372 are in childbearing age. They visit gynecologists mainly for vaginitis, menstrual irregularity, polycystic ovary, and abnormal uterine bleeding. The physicians at state hospitals treat more patients.

| | TOTAL | | State Hospitals | | University Hospitals | | Private Hospitals | |
|--|---------------------|---------------------|---------------------|---------------------|----------------------|---------------------|---------------------|---------------------|
| | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 |
| | 200 | 201 | 91 | 96 | 63 | 65 | 46 | 40 |
| # of patients of childbearing age | 342 patients | 372 patients | 447 patients | 451 patients | 293 patients | 328 patients | 200 patients | 255 patients |
| Reasons for visiting | | | | | | | | |
| Vaginitis | NA | 77 | NA | 96 | NA | 63 | NA | 53 |
| Menstrual irregularity | 69 | 71 | 88 | 87 | 56 | 58 | 50 | 53 |
| Polycystic ovary | 33 | 44 | 43 | 49 | 26 | 41 | 23 | 36 |
| Abnormal uterine bleeding | 45 | 34 | 57 | 45 | 46 | 28 | 22 | 16 |
| Primary dysmenorrhea * | 31 | 28 | 38 | 36 | 33 | 24 | 12 | 16 |
| Hormonal complaints (Acne, Hairiness) | 44 | 24 | 56 | 29 | 34 | 21 | 32 | 19 |
| Premenstrual complaints | 15 | 14 | 21 | 19 | 13 | 11 | 5 | 9 |
| Just contraception | NA | 13 | NA | 17 | NA | 10 | NA | 7 |
| Endometriosis & Adenomyosis ** | 17 | 11 | 21 | 15 | 17 | 9 | 11 | 7 |

* Last year it was only asked as dysmenorrhea.

** Last year these were asked separately.

NA: Not asked

T13. Bu hastalarınız içinde gebelik ve menopoz dönemi haricindeki yani doğurganlık döneminde olan hastalarınızın sayısını söyler misiniz?

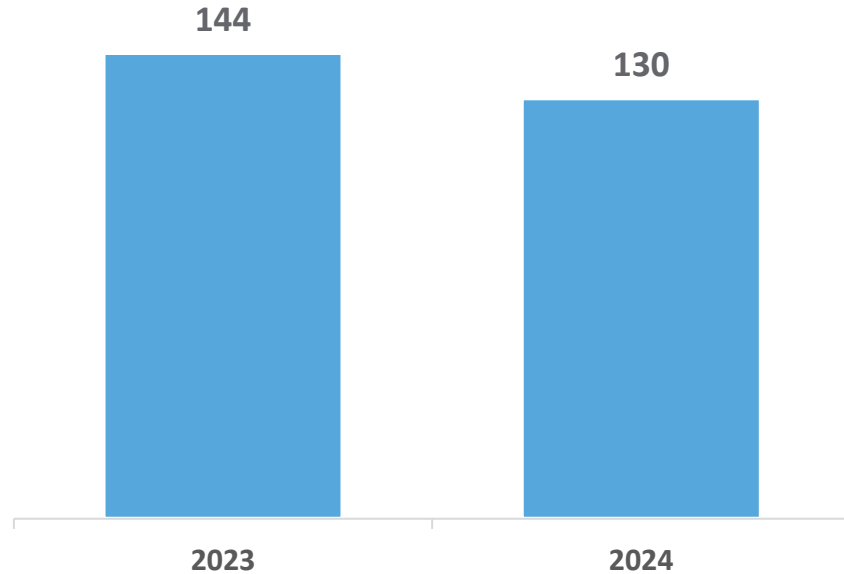
T14. Doğurganlık döneminde olan hastalarınızın kaçی aşağıdaki sebeplerle size gelmektedir?

of Patients Discussing Contraception Methods



The number of patients who discussed birth control methods is 130, a slight decrease from last year.

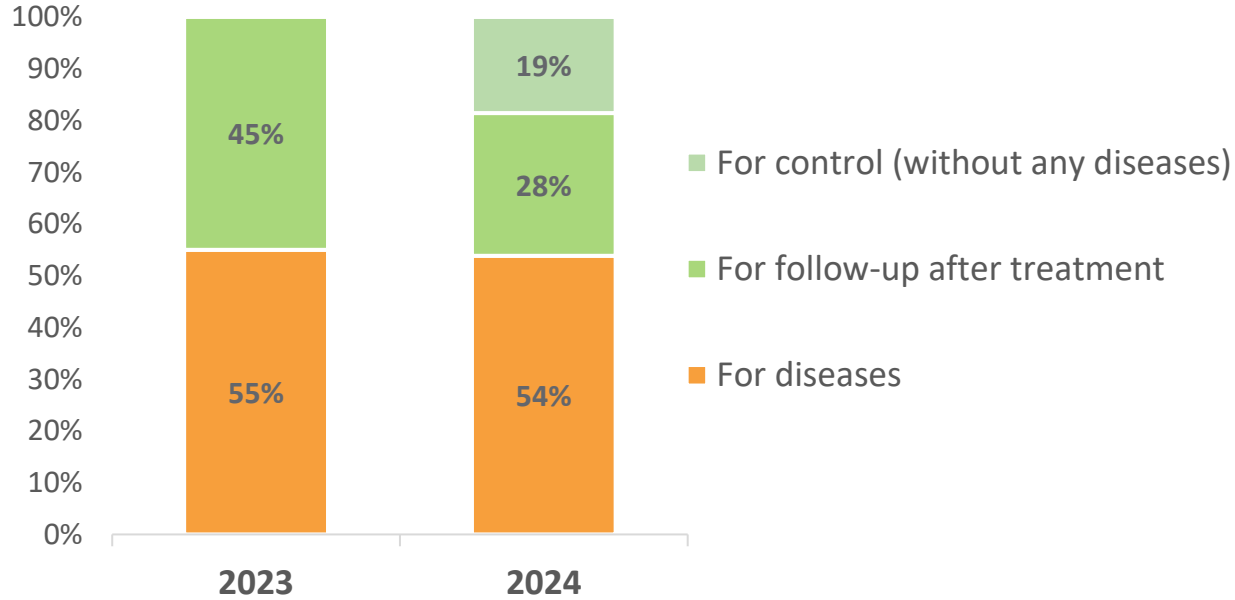
of patients



| | 2023 | 2024 |
|----------------------|---------------------|---------------------|
| Total | 144 patients | 130 patients |
| State Hospitals | 185 patients | 151 patients |
| University Hospitals | 121 patients | 125 patients |
| Private Hospitals | 96 patients | 85 patients |

Reason for Visiting

The reasons for visiting physicians are: 54% for diseases, 28% for follow-up after treatment, and 19% for control without any diseases.



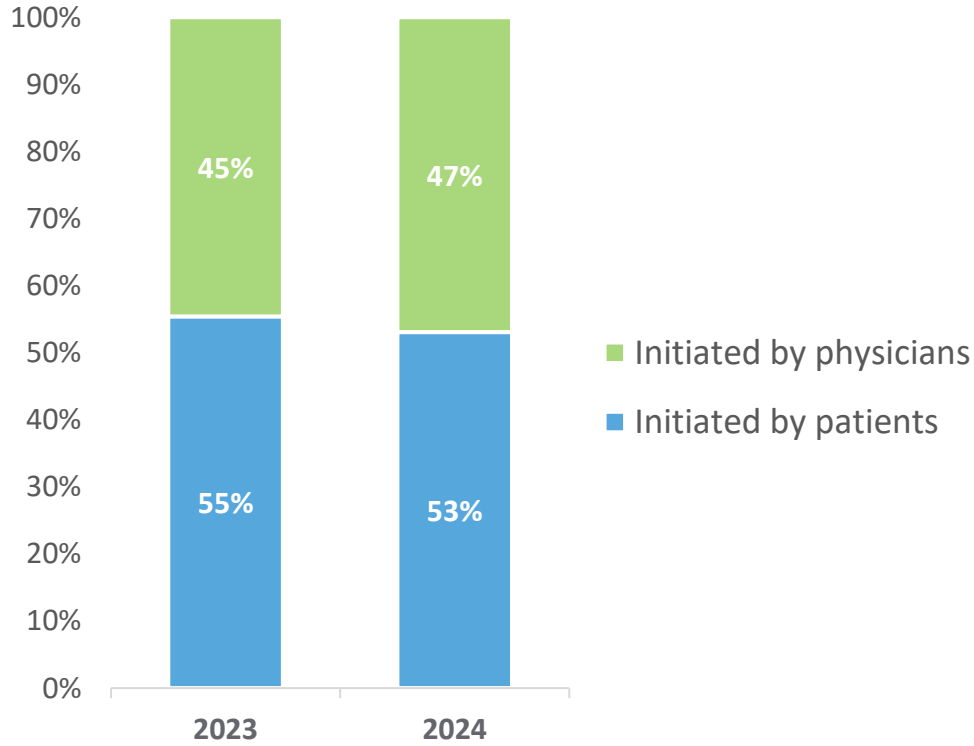
| | Total | State Hospitals | University Hospitals | Private Hospitals |
|------------------------------------|------------|-----------------|----------------------|-------------------|
| | 201 | 96 | 65 | 40 |
| Reasons for visiting | | | | |
| For diseases | 54% | 55% | 55% | 49% |
| For follow-up after treatment | 28% | 27% | 27% | 30% |
| For control (without any diseases) | 19% | 18% | 18% | 21% |

This year, the control option has been updated to include post-treatment control and control only.

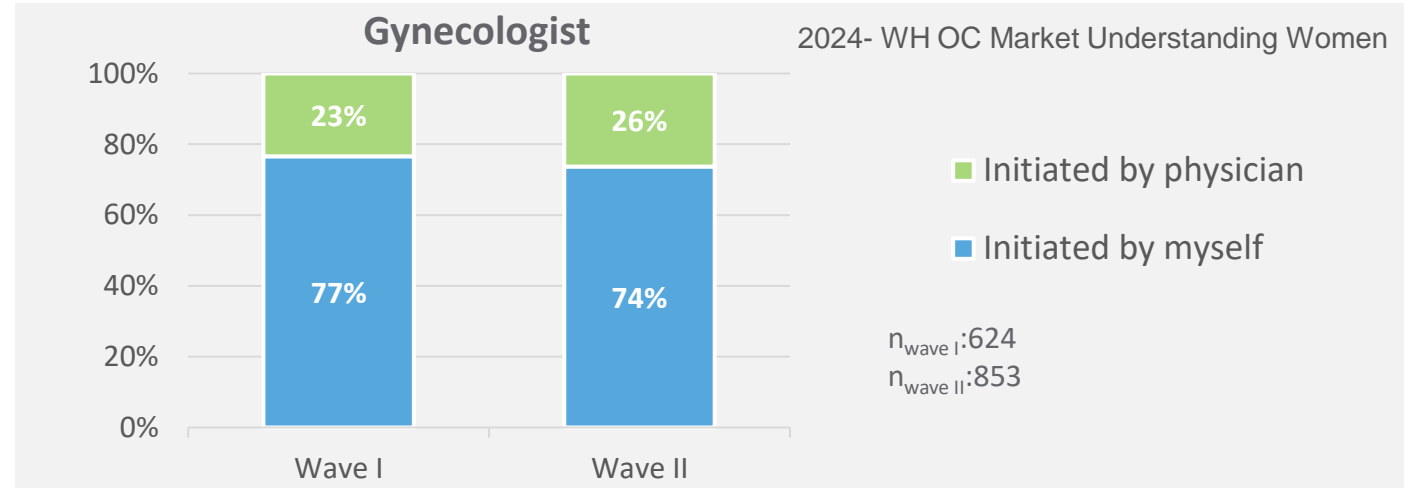
S3. Doğum kontrol yöntemleri hakkında konuştuğunuz hastalarınızın yüzde kaç hastalık nedeniyle başvuran hastalardan, yüzde kaç geçirilen hastalığın kontrolü ve yüzde sadece kontrol amaçlı gelen hastalardan oluşmaktadır?

Initiation of the conversation about contraception methods

Conversations about contraception methods are initiated by patients 53% of the time and by physicians 47% of the time.



| | Total | | State Hospitals | | University Hospitals | | Private Hospitals | |
|-------------------------|-------|------|-----------------|------|----------------------|------|-------------------|------|
| | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 |
| Initiated by patients | 55% | 53% | 54% | 53% | 54% | 51% | 61% | 56% |
| Initiated by physicians | 45% | 47% | 46% | 47% | 46% | 49% | 39% | 44% |



S4. Doğurganlık döneminde olan hastalarınızı düşündüğünüzde bu hastaların yüzde kaç doğum kontrol yöntemleri konusunu kendi açıyor, yüzde kaçında ise konuyu siz açıyorsunuz?

Reasons for initiating a conversation about contraceptive methods with women of childbearing age



Key reasons for discussing contraceptive methods with fertility patients include having several children (59%), advanced maternal age (57%), not wanting to become pregnant (56%), managing a serious or chronic illness (42%), and recent childbirth (37%).

| By institution | Total 176 | By institution | | |
|--|--------------|-----------------------|----------------------------|-------------------------|
| | | State Hospitals 84 | University Hospitals 57 | Private Hospitals 35 |
| Already having several children | 59% | 60% | 56% | 60% |
| Being of advanced age for pregnancy | 57% | 61% | 58% | 49% |
| Not wishing to become pregnant | 56% | 51% | 54% | 71% |
| Managing a serious or chronic illness | 42% | 46% | 39% | 37% |
| Recent childbirth | 37% | 39% | 23% | 54% |
| Experiencing irregular menstrual cycles | 32% | 37% | 25% | 31% |
| Using traditional birth control methods | 31% | 32% | 26% | 34% |
| Having a history of multiple cesarean sections | 28% | 31% | 25% | 29% |
| Managing weight-related concerns | 23% | 30% | 19% | 14% |
| Having a history of abortions or miscarriages | 17% | 21% | 14% | 11% |
| Maintaining an active sex life | 14% | 11% | 14% | 20% |

Base: 176 physicians

Reasons for not discussing contraceptive methods with women of childbearing age



Key reasons for not discussing contraceptive methods with women of childbearing age include lack of knowledge or awareness (55%), shyness or discomfort (51%), belief in sufficient personal knowledge (40%), belief in not needing it (34%), partner hesitation (28%), preference for natural methods (24%), obtaining information from different sources (24%), and religious, taboos, or social pressure (22%).

| By institution | Total 176 | State Hospitals | University Hospitals | Private Hospitals |
|---|--------------|-----------------|----------------------|-------------------|
| | | 84 | 57 | 35 |
| Lack of knowledge or awareness | 55% | 63% | 53% | 40% |
| Shyness or discomfort | 51% | 54% | 47% | 49% |
| Belief that their own knowledge is sufficient | 40% | 44% | 28% | 51% |
| Belief that they do not need it | 34% | 35% | 40% | 23% |
| Hesitation from partner | 28% | 31% | 30% | 20% |
| Preference for natural methods | 24% | 23% | 19% | 34% |
| Obtaining information from different sources | 24% | 30% | 18% | 20% |
| Religious, taboos, or social pressure | 22% | 25% | 21% | 17% |

Base: 176 physicians

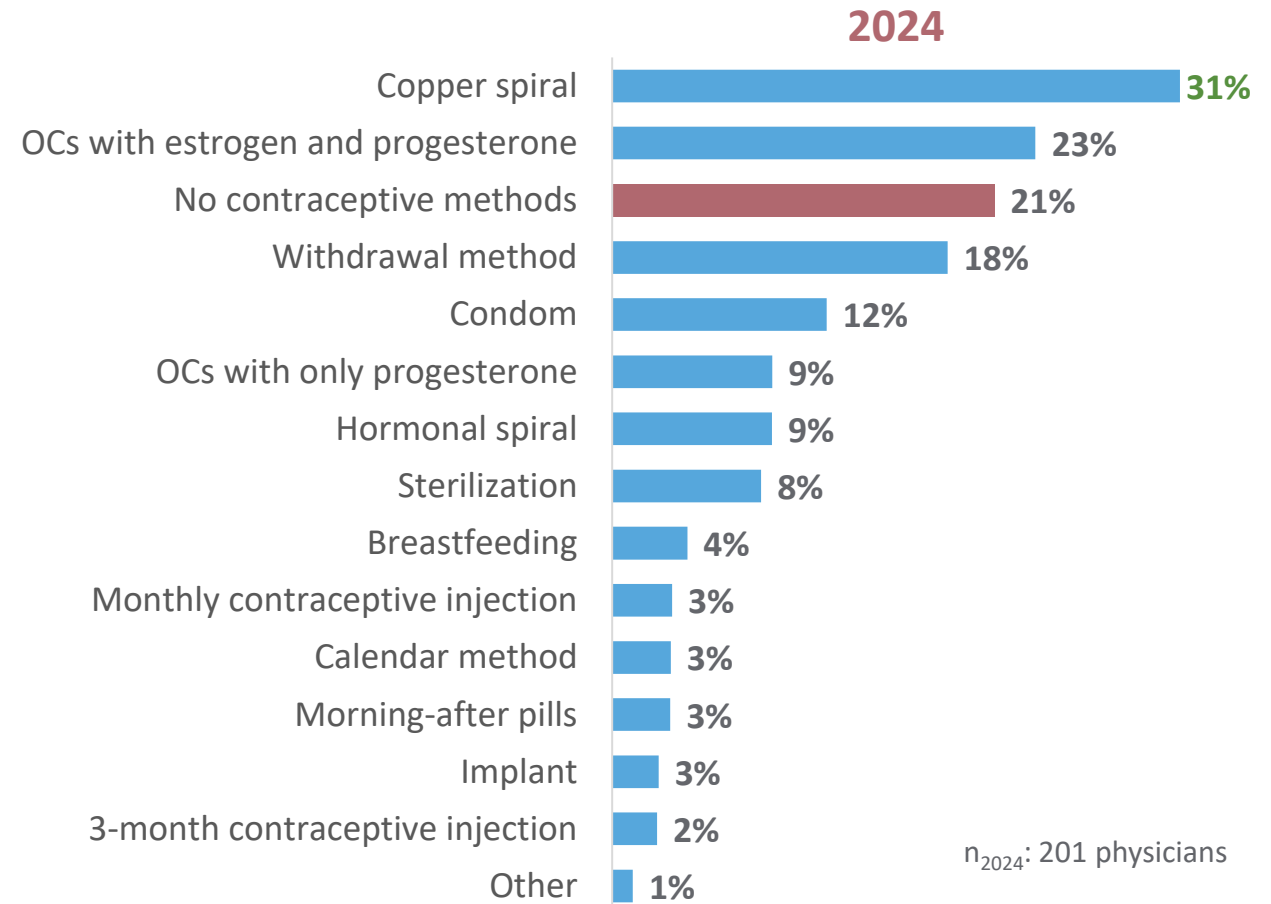
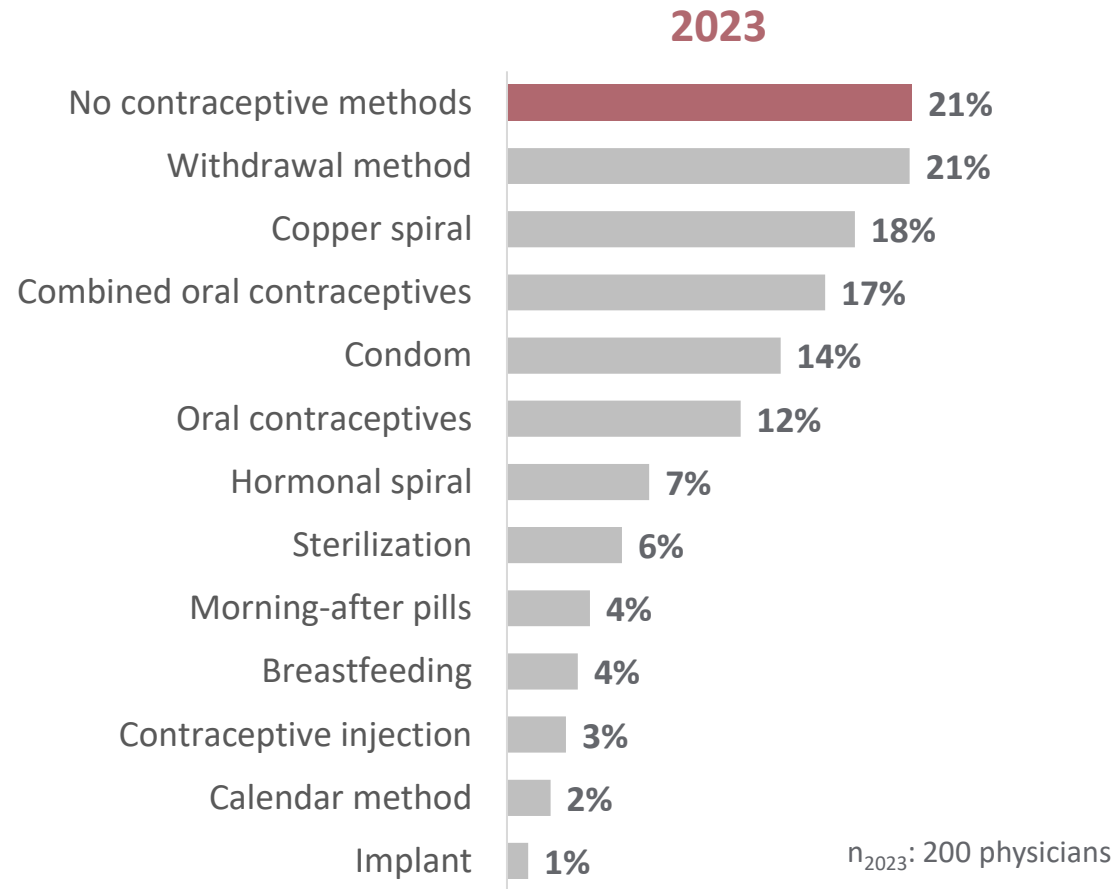


Contraceptive Methods

Distribution of Contraceptive Methods Among Women of Childbearing Age



Long-term contraceptive use has increased: Copper spiral (18% to 31%), Hormonal spiral (7% to 9%), Sterilization (6% to 8%), Implant (1% to 3%). Short-term methods are declining: Condoms (8% to 6%), Morning-after pill (4% to 3%), and Withdrawal (21% to 18%). Oral contraceptive use rose from 29% to 32%, while non-use remains unchanged.



“OCs with estrogen and progesterone” was asked last year as “combined oral contraceptives.”

“OCs with only progesterone” was asked last year as “oral contraceptives” in 2023.

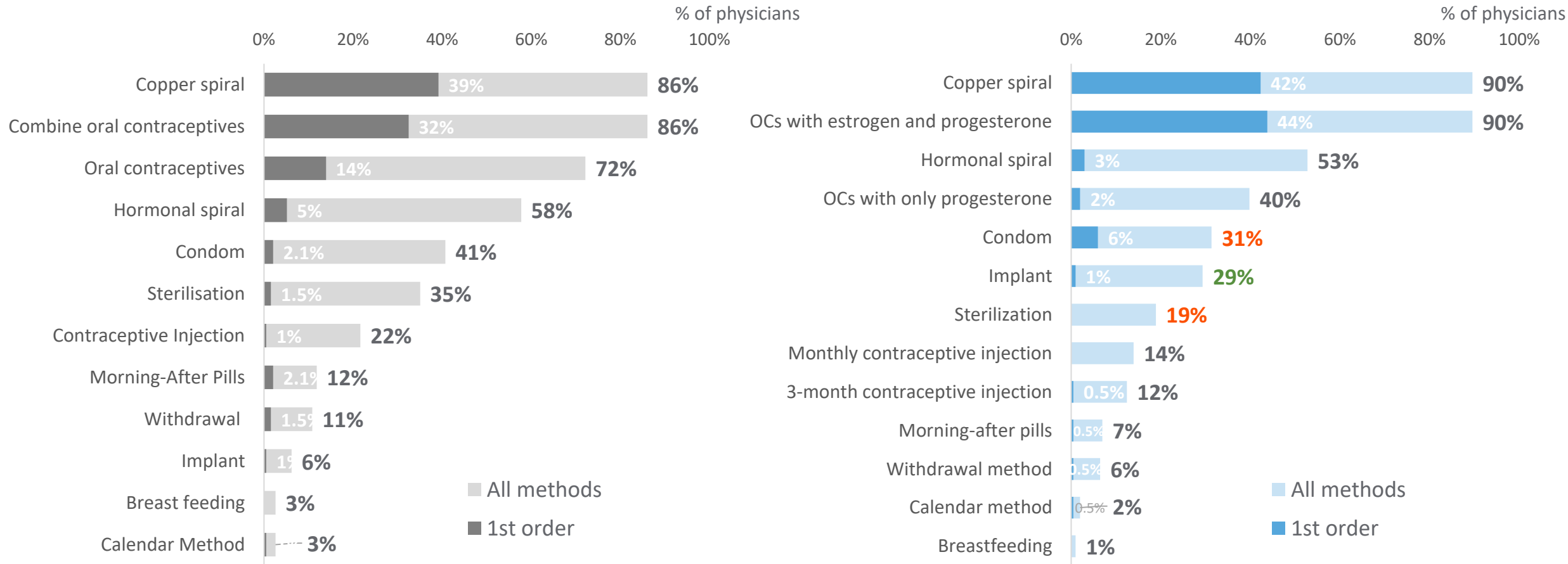
“Contraceptive Injection” was asked separately this year as monthly injection and 3-month injection

Common Contraceptive Methods Discussed with Women of Childbearing Age

Gynecologists are increasingly informing women of childbearing age about oral contraceptives and long-term contraceptives like copper spirals and implants, while information on short-term methods such as condoms, the morning-after pill, and withdrawal is becoming less prevalent.

2023

2024

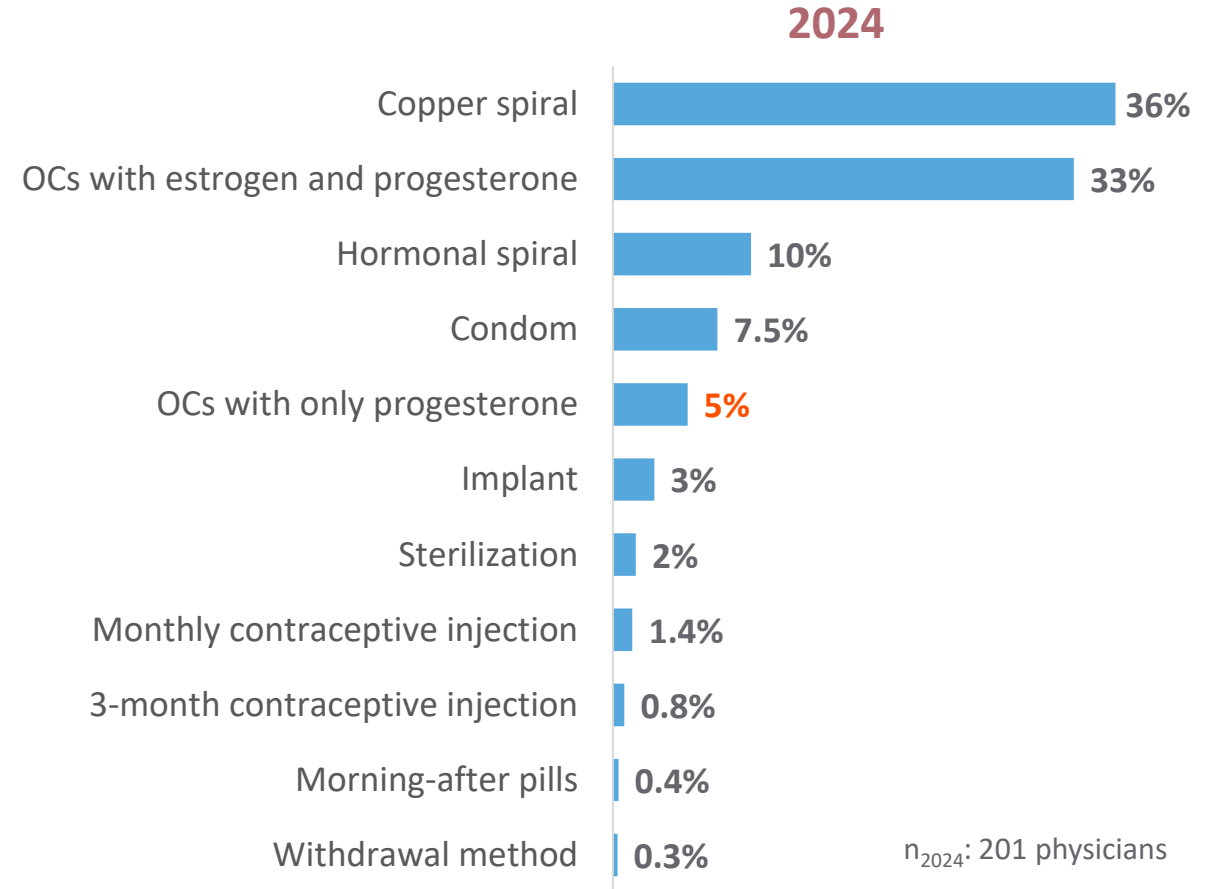
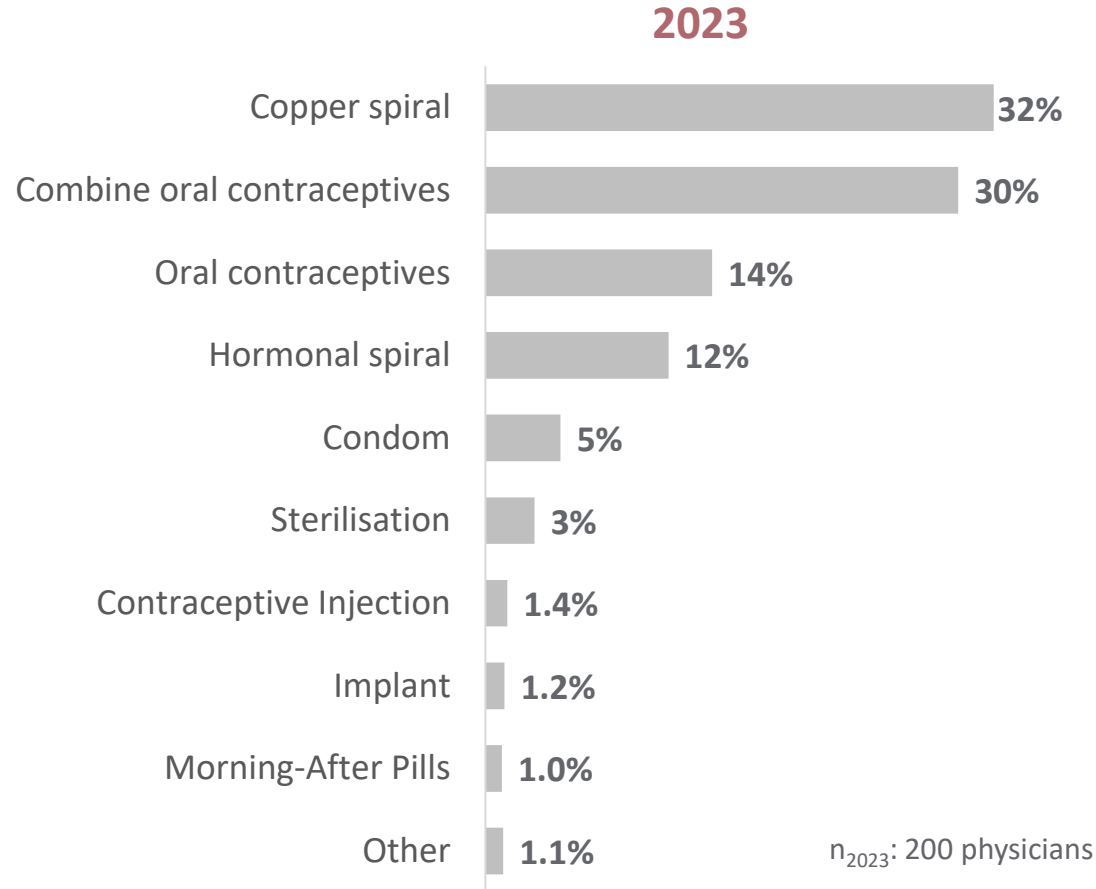


S11. En çok hangi kontraseptif yöntem ile ilgili bilgi veriyorsunuz? Bilgilendirme yaptığınız diğer doğum kontrol yöntemleri hangileridir?

Mostly Recommended Contraceptive Methods to Women of Childbearing Age

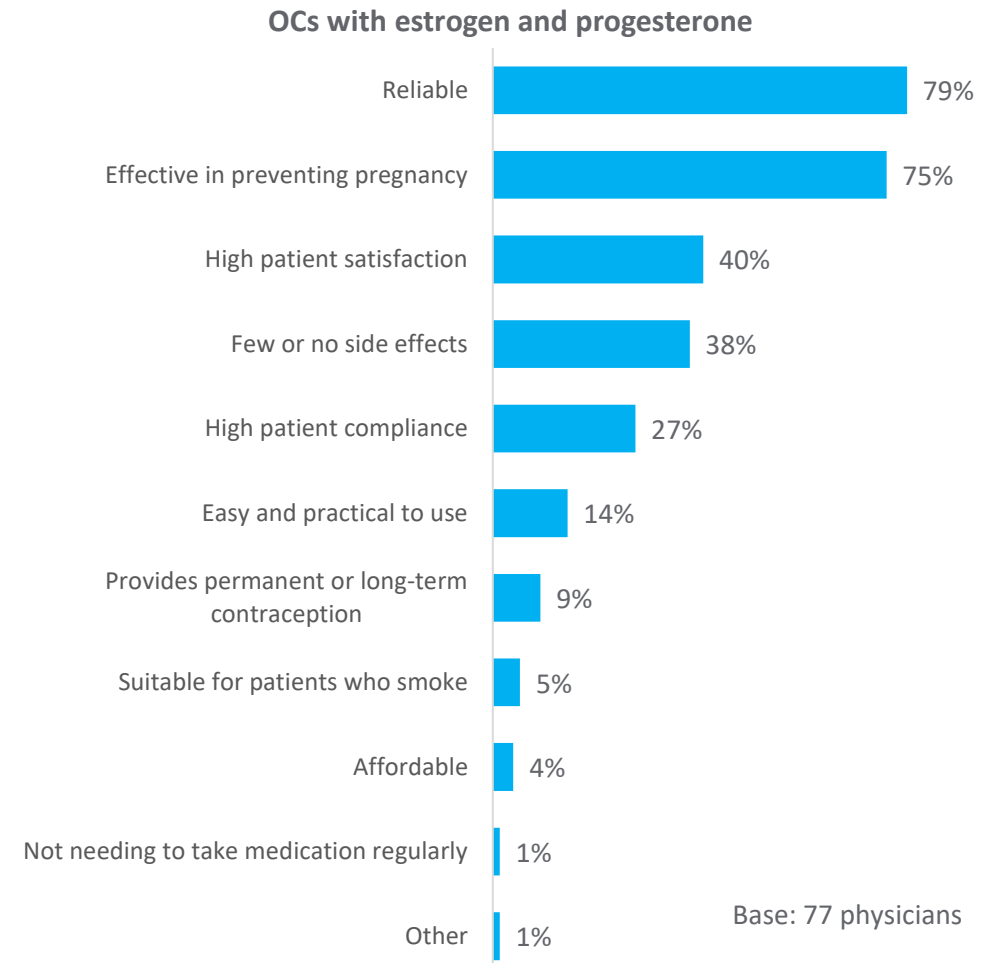
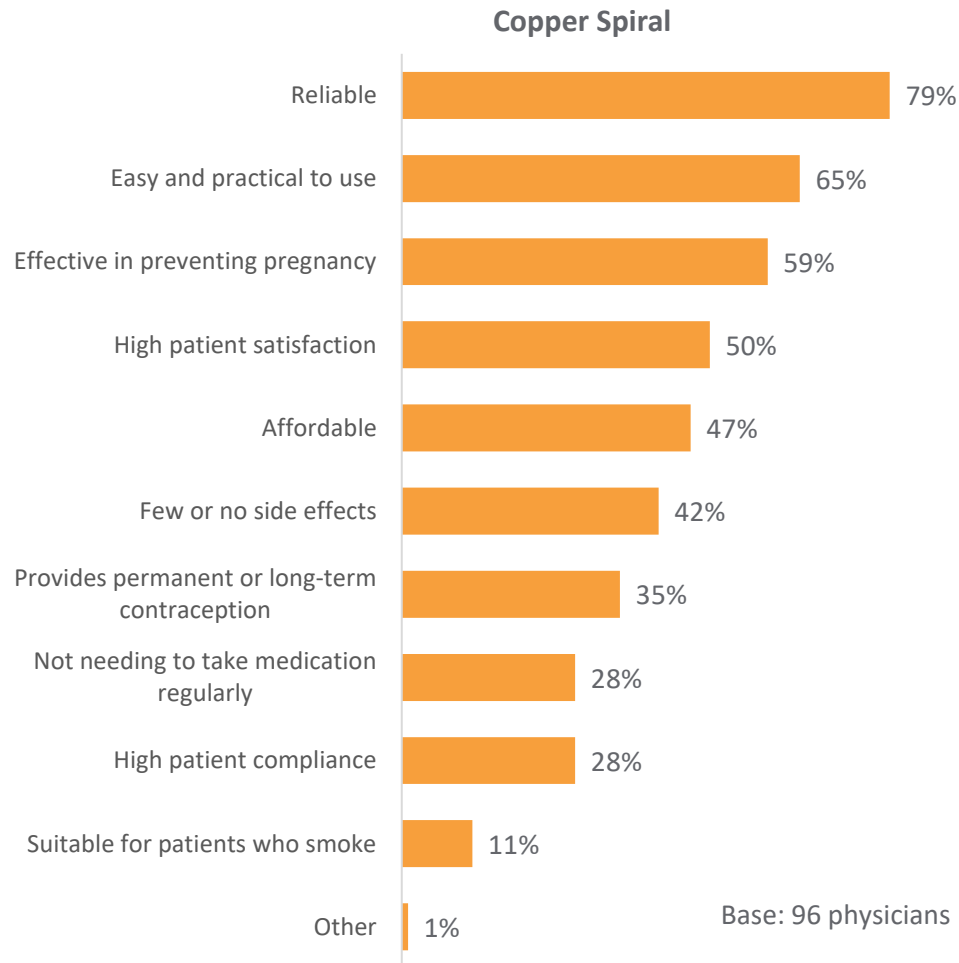


The gynecologists recommend mostly copper spiral and combined oral contraceptives to women of childbearing age



Reasons to recommend

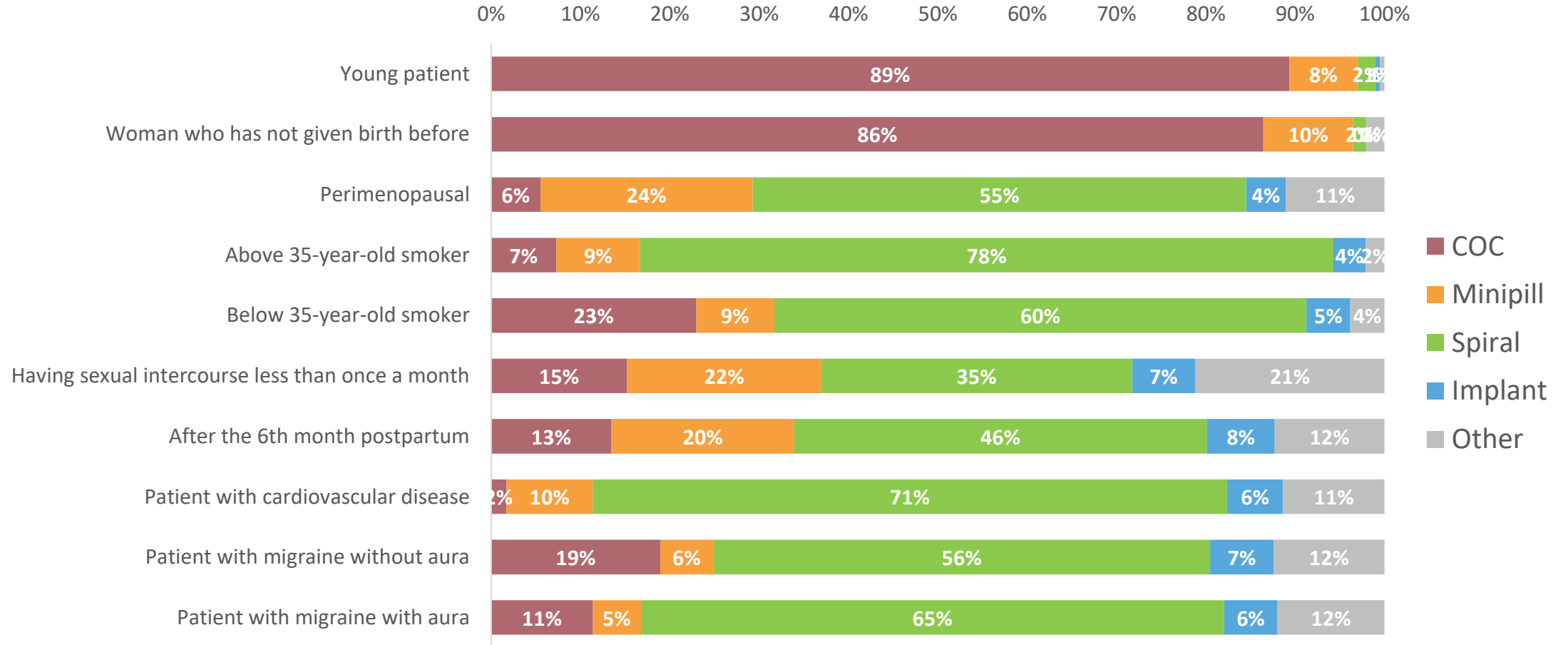
"Reliable" is the primary reason to recommend Copper Spiral & COC. The secondary reason for Copper Spiral is its ease of use, while for COC, it is its effectiveness in preventing pregnancy.



The Most Recommended Contraceptive Method for the Following Patient Profiles



Gynecologists primarily recommend COC for young patients and women who have not given birth. For other profiles, gynecologists suggest a spiral. There is no significant difference between institution types.



n₂₀₂₄: 201 physicians

S13b. Aşağıdaki hasta profilleri için en fazla önerdiğiniz doğum kontrol yöntemini belirtir misiniz?

Methods for Hormonal Spiral Insertion

Inserting the hormonal spiral in patients typically involves no local anesthesia or sedation for 53% of patients, local anesthesia for 34%, sedation for 10%, and general anesthesia for 3%.

| By institution | Total 201 | By institution | | |
|--------------------------------------|--------------|-----------------------|----------------------------|-------------------------|
| | | State Hospitals 96 | University Hospitals 65 | Private Hospitals 40 |
| General anesthesia | 3% | 3% | 3% | 5% |
| Local anesthesia | 34% | 35% | 35% | 29% |
| Sedation | 10% | 11% | 12% | 3% |
| No local anesthesia or sedation used | 53% | 51% | 50% | 62% |

n₂₀₂₄: 201 physicians



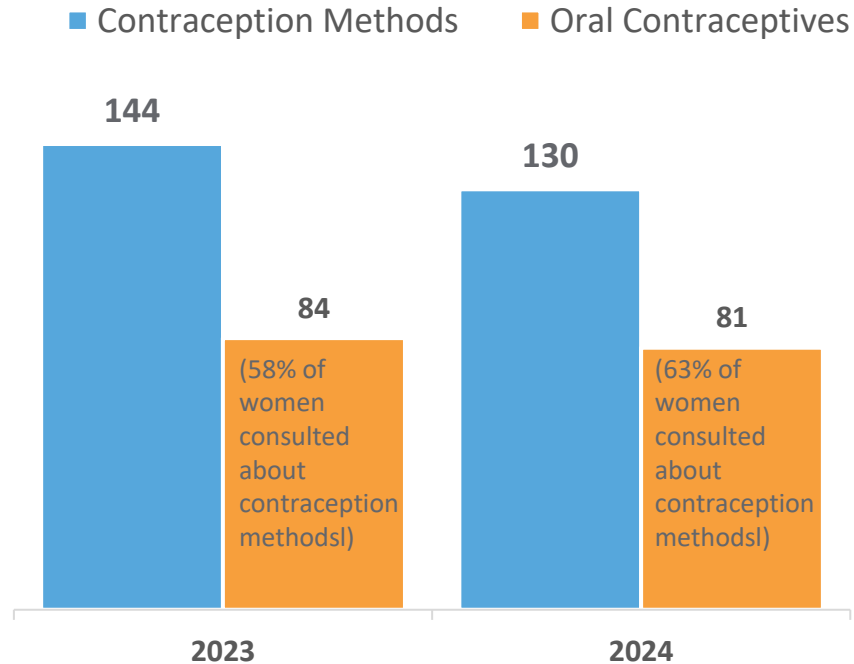
Oral Contraceptives

of Patients Discussing Oral Contraceptives



Gynecologists discuss OCs with 81 (63%) of the women they talk to about contraception methods. (This rate was 58% in 2023)

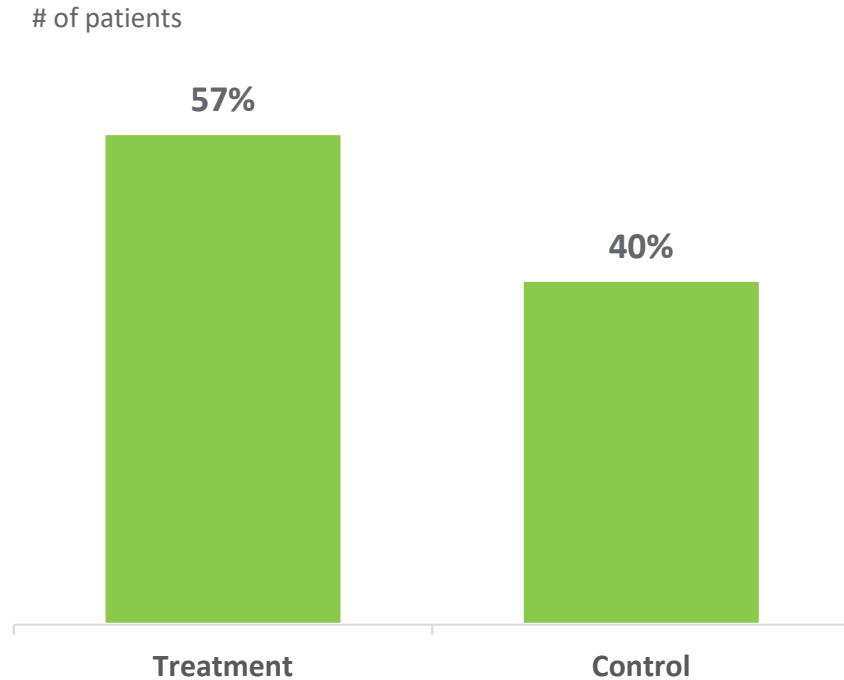
of patients



| | TOTAL | | State Hospitals | | University Hospitals | | Private Hospitals | |
|-----------------------|-------|------|-----------------|------|----------------------|------|-------------------|------|
| | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 |
| Contraception methods | 144 | 130 | 185 | 151 | 121 | 125 | 96 | 85 |
| Oral Contraceptives | 84 | 81 | 109 | 94 | 67 | 80 | 57 | 53 |
| % of women | 58% | 63% | 59% | 62% | 55% | 64% | 59% | 62% |

% of Patients Suitable for Oral Contraceptive

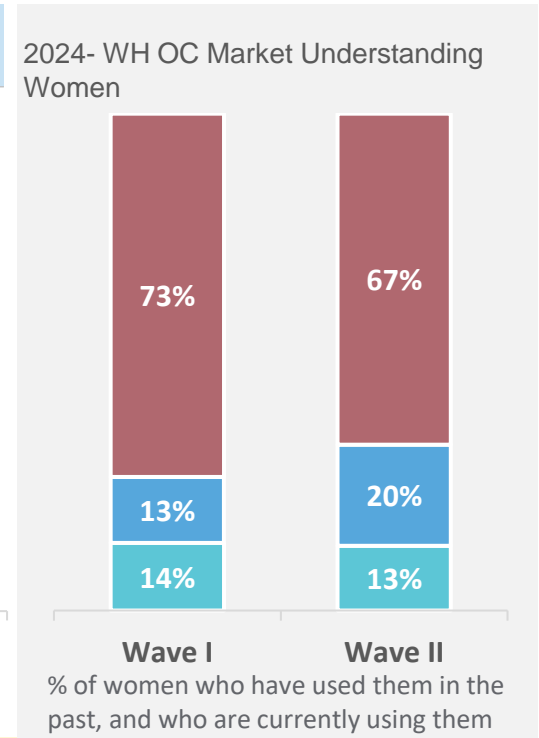
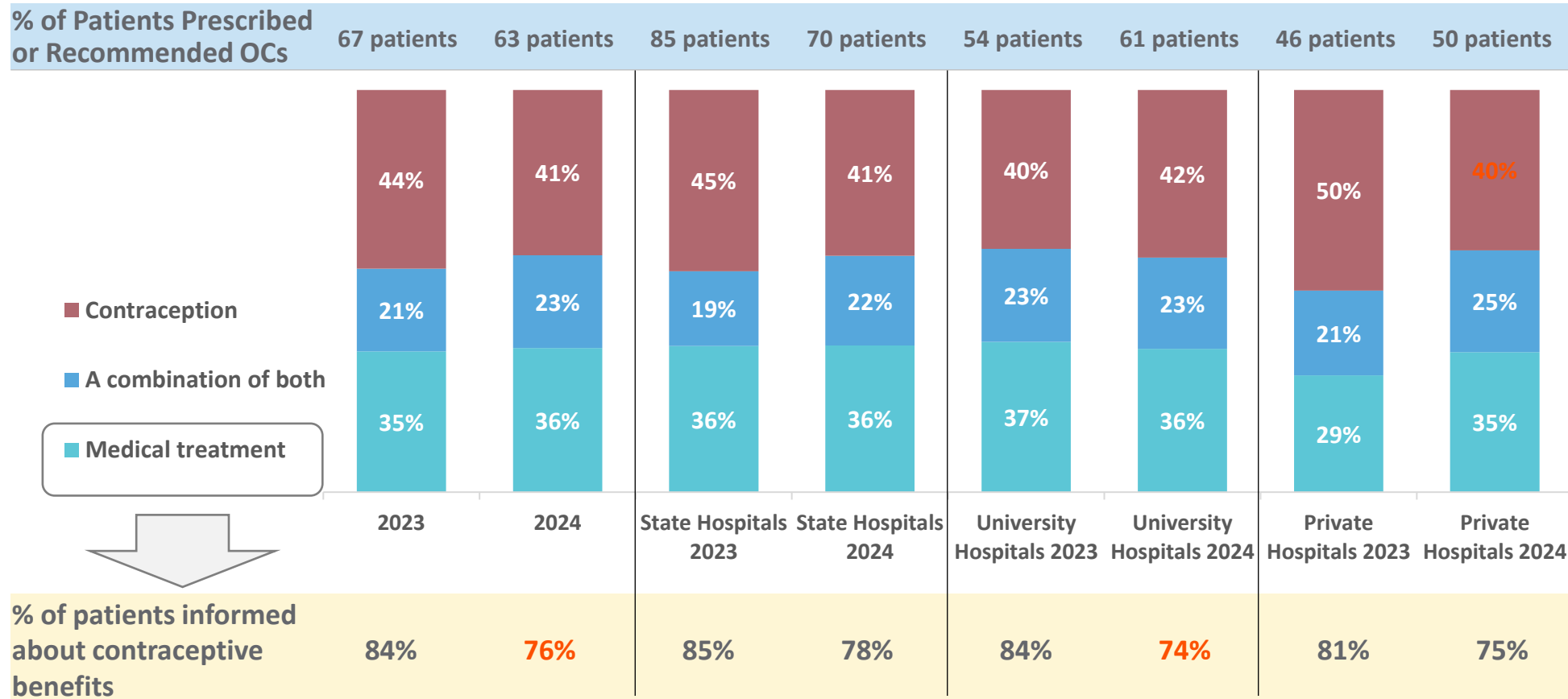
57% of childbearing-age patients coming for treatment and 40% of those coming for control are suitable for oral contraceptives.



| | Treatment | Control |
|----------------------|------------|------------|
| Total | 57% | 40% |
| State Hospitals | 60% | 39% |
| University Hospitals | 55% | 38% |
| Private Hospitals | 54% | 46% |

Purpose of Recommending / Prescribing Oral Contraceptives

Gynecologists recommend OCs to 63 patients per month, a slight decrease from 67 last year. These are recommended for contraception (41% vs. 44% last year), medical treatment (36% vs. 35%), and both (23% vs. 21%). For 76% of patients using OCs for medical treatment, additional information is provided, compared to 84% last year.



S14b. Ortalama bir ayda kaç hastanıza gebelikten korunma veya tedavi amaçlı doğum kontrol hapi öneriyor veya reçeteliyorsunuz?

S15a. Ortalama bir ayda hastalarınızın yüzde kaçına gebelikten korunma amaçlı, yüzde kaçına ise tedavi amaçlı doğum kontrol hapi öneriyor veya reçeteliyorsunuz?

S15b. Tedavi amaçlı doğum kontrol hapi önerdiğiniz hastalarınızın YÜZDE KAÇINA, bu hapların gebeliği önlemesi ile ilgili ek bilgilendirme yapıyor veya bu konuda danışmanlık veriyorsunuz?

Frequently Asked Questions About Oral Contraceptives

Patients most frequently ask about the side effects (70%), weight gain (62%), and effects on the menstrual cycle (57%) of OCs. Other common inquiries include effects on infertility (47%), duration of use (35%), headaches (35%), hair growth (34%), method of use (32%), and frequency of use (29%).

| By institution | Total | State Hospitals | University Hospitals | Private Hospitals |
|--------------------------------|-------|-----------------|----------------------|-------------------|
| | 201 | 96 | 65 | 40 |
| Side effects | 70% | 68% | 69% | 78% |
| Weight gain | 62% | 66% | 62% | 53% |
| Effects on the menstrual cycle | 57% | 56% | 63% | 48% |
| Effect on infertility | 47% | 54% | 38% | 45% |
| Duration of use | 35% | 32% | 42% | 33% |
| Headaches | 35% | 40% | 40% | 18% |
| Hairiness | 34% | 39% | 32% | 25% |
| Method of use | 32% | 36% | 26% | 33% |
| Frequency of use | 29% | 26% | 37% | 23% |
| Acne | 21% | 21% | 23% | 18% |
| Cancer risk | 16% | 17% | 17% | 15% |
| Protection against STDs | 12% | 11% | 14% | 13% |
| Price | 12% | 13% | 14% | 10% |
| Hormone levels | 10% | 9% | 15% | 5% |
| Risk of embolism | 6% | 10% | 3% | 0% |

% of physicians

Reasons not to recommend oral contraceptives (OCs)

OCs are often not recommended due to side effects (46%), daily intake inconvenience (42%), long-term use issues (38%), embolism risk (37%), and patient preference (35%)

| By institution | Total | State Hospitals | University Hospitals | Private Hospitals |
|--------------------------------------|-------|-----------------|----------------------|-------------------|
| | 201 | 96 | 65 | 40 |
| Side effects | 46% | 47% | 51% | 38% |
| Not wanting to take a pill every day | 42% | 45% | 35% | 45% |
| Inability to use OCs long-term | 38% | 34% | 40% | 43% |
| Risk of embolism | 37% | 40% | 35% | 35% |
| The patient does not want to use OCs | 35% | 40% | 26% | 40% |
| High cost | 26% | 25% | 29% | 25% |
| Causing headaches | 17% | 20% | 17% | 10% |
| Causing weight gain | 11% | 10% | 14% | 8% |
| Effects on the menstrual cycle | 10% | 13% | 6% | 10% |
| Causing hirsutism | 4% | 3% | 5% | 5% |
| Not protecting against STDs | 3% | 3% | 3% | 5% |
| Increasing the risk of cancer | 3% | 2% | 2% | 8% |

Additional benefits of oral contraceptives (OCs)

When recommending birth control pills, the primary additional benefits discussed include regulating menstrual periods (96%), reducing menstrual pain (68%), and decreasing menstrual bleeding (46%).

| By institution | Total | State Hospitals | University Hospitals | Private Hospitals |
|--|-------|-----------------|----------------------|-------------------|
| | 201 | 96 | 65 | 40 |
| Regulates menstrual periods | 96% | 96% | 94% | 98% |
| Reduces menstrual pain | 68% | 66% | 74% | 65% |
| Decreases the amount of menstrual bleeding | 46% | 44% | 46% | 50% |
| Reduces acne | 43% | 42% | 45% | 45% |
| Regulates hormones | 42% | 43% | 35% | 50% |
| Reduces hairiness | 40% | 43% | 34% | 45% |
| Prevents ovarian cysts | 28% | 23% | 28% | 43% |
| Prevents the spread of chocolate cysts | 21% | 24% | 15% | 23% |
| Decreases the risk of cancer | 11% | 10% | 11% | 15% |

Distinctions between the old and new generation OCs

53% of physicians know the differences between old and new generation OCs, while 47% do not. Key differences of new generation birth control pills containing 3rd and 4th generation progestins include fewer side effects (42%), lower hormone levels (21%), no hirsutism (16%), and treatment for various indications (14%).

| | Total 201 | State Hospitals 96 | University Hospitals 65 | Private Hospitals 40 |
|--|--------------|-----------------------|----------------------------|-------------------------|
| Are you familiar with the differences between the 1st and 2nd generation OCs and 3rd and 4th generation OCs | | | | |
| YES | 53% | 50% | 60% | 50% |
| NO | 47% | 50% | 40% | 50% |
| Differences | 107 | 48 | 39 | 20 |
| Fewer side effects | 42% | 42% | 38% | 50% |
| Low hormone levels | 21% | 19% | 28% | 10% |
| Does not cause hirsutism | 16% | 17% | 15% | 15% |
| Used to treat various indications | 14% | 15% | 15% | 10% |
| Provides adequate estrogen levels | 9% | 13% | 5% | 10% |
| Reduced androgenic effects | 5% | - | 10% | 5% |
| Does not cause edema | 4% | 4% | 3% | 5% |
| Utilizes advanced technology | 2% | 2% | 3% | - |

S22a. 1. ve 2. jenerasyon progestinler içeren eski nesil kontrol hapları ile 3. ve 4. Jenerasyon progestin içeren yeni nesil doğum kontrol hapları arasındaki farkları biliyor musunuz?

S22b. 1. ve 2. jenerasyon progestinler içeren eski nesil kontrol hapları ile 3. ve 4. Jenerasyon progestin içeren yeni nesil doğum kontrol hapları arasındaki farkları söyler misiniz?

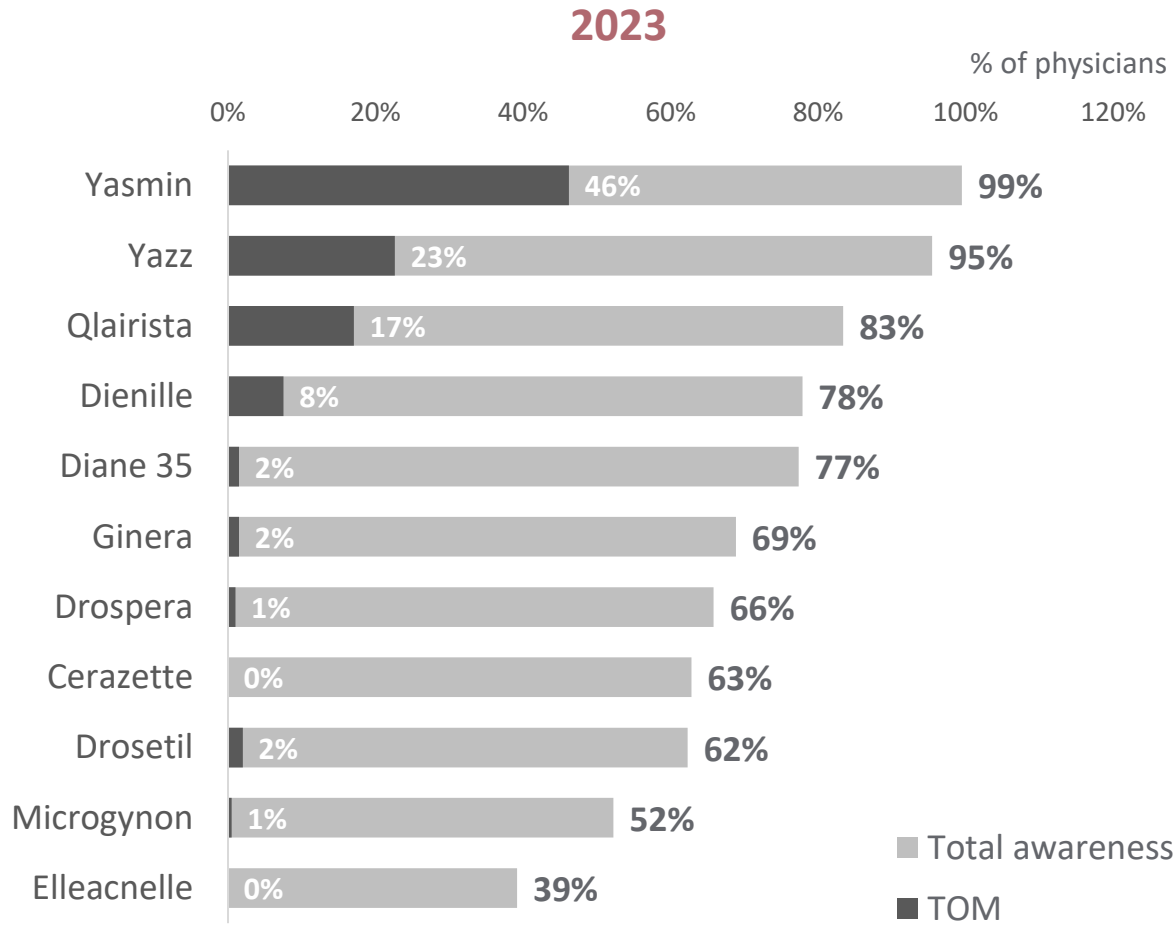


Brand preferences

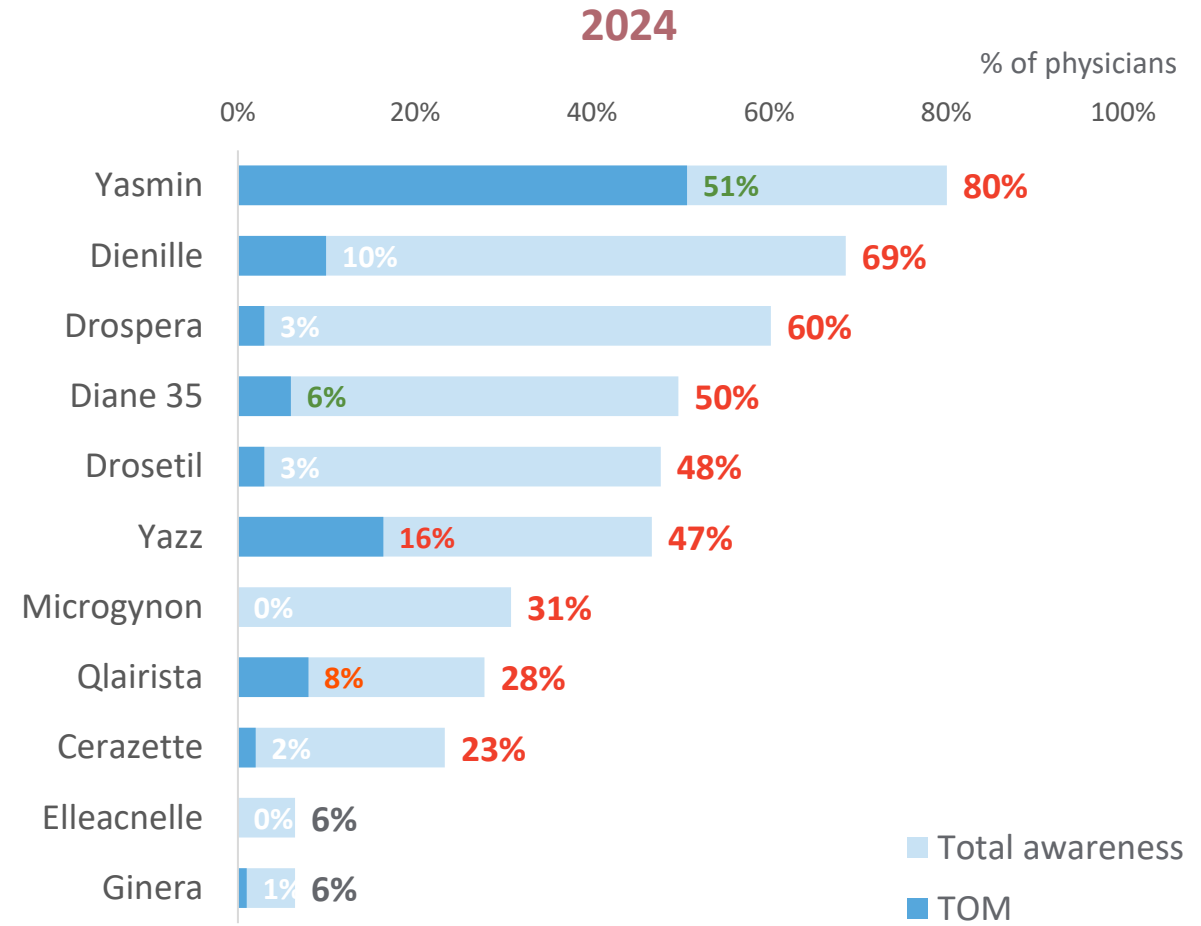
OCs Brand Awareness



Yasmin's recall rate rose from 46% to 51%. Diane 35's rate increased from 2% to 6% Recall rates for Yazz, and Qlairista declined. Yasmin remains the most recalled brand overall, followed by Dienille and Drospera.



n₂₀₂₃: 200



n₂₀₂₄: 201

OCs Brand Awareness (Top of Mind)



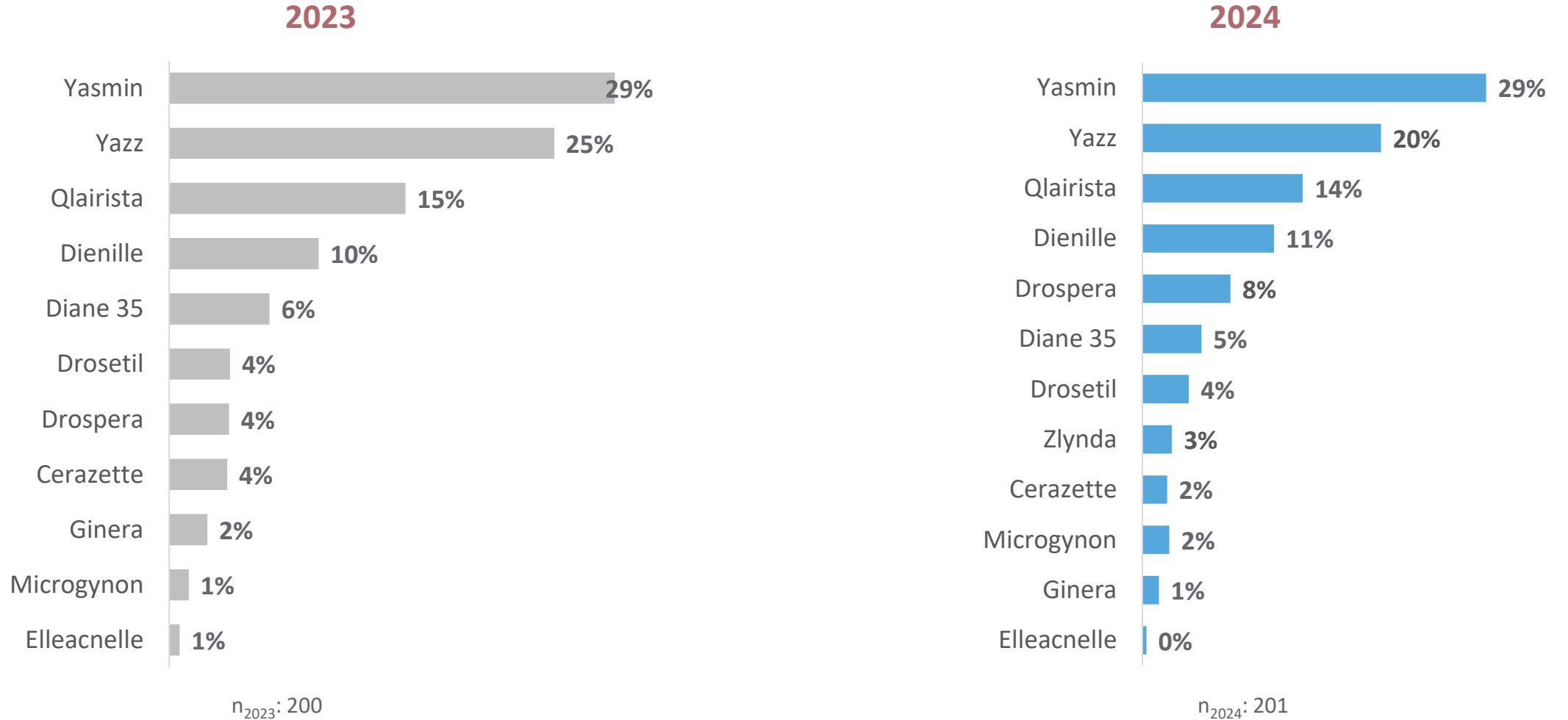
| | TOTAL | | State Hospitals | | University Hospitals | | Private Hospitals | |
|------------|-------|-----------|-----------------|------------|----------------------|-----------|-------------------|------|
| | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 |
| | 200 | 201 | 91 | 96 | 63 | 65 | 46 | 40 |
| Yasmin | 46% | 51% | 45% | 52% | 48% | 45% | 47% | 58% |
| Yazz | 23% | 16% | 26% | 11% | 17% | 26% | 22% | 13% |
| Dienille | 8% | 10% | 2% | 8% | 14% | 12% | 9% | 10% |
| Qlairista | 17% | 8% | 15% | 8% | 17% | 6% | 20% | 10% |
| Diane 35 | 2% | 6% | 2% | 6% | 2% | 8% | - | 3% |
| Drospera | 1% | 3% | 2% | 4% | - | 2% | - | 3% |
| Drosetil | 2% | 3% | 4% | 4% | - | - | - | 5% |
| Cerazette | - | 2% | - | 3% | - | 2% | - | - |
| Ginera | 2% | 1% | 1% | 2% | 2% | - | 2% | - |
| Microgynon | 1% | - | 1% | - | - | - | - | - |

S23a. Doğum kontrol haplarından bildiklerinizi söyler misiniz?

Significantly higher than others

Brand share of oral contraceptives as a contraceptive method

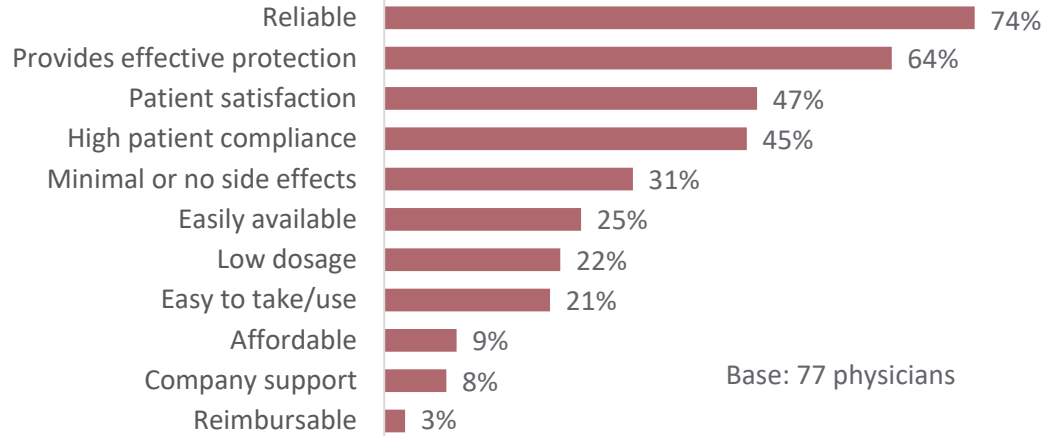
The prescription rate of Yasmin remains unchanged. However, there is an increase in the prescription rates of Drospira and Zlynda. As part of this trend, the prescription rate of Yazz has decreased from 25% to 20%.



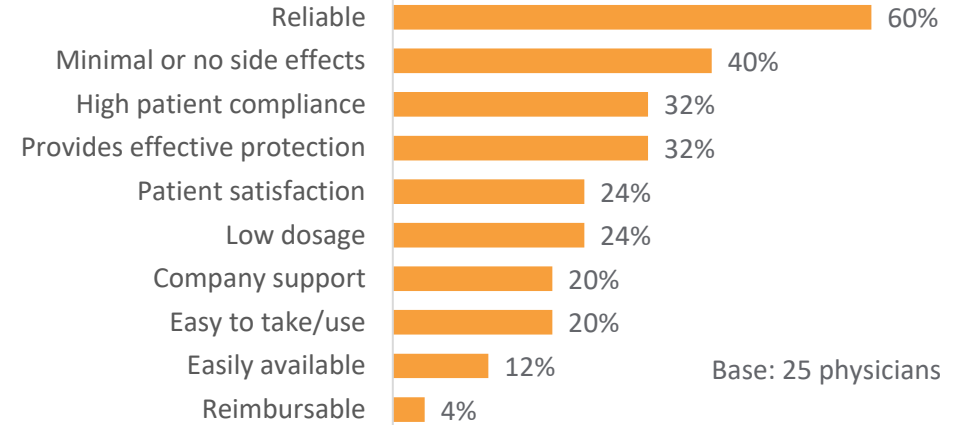
Reasons to recommend



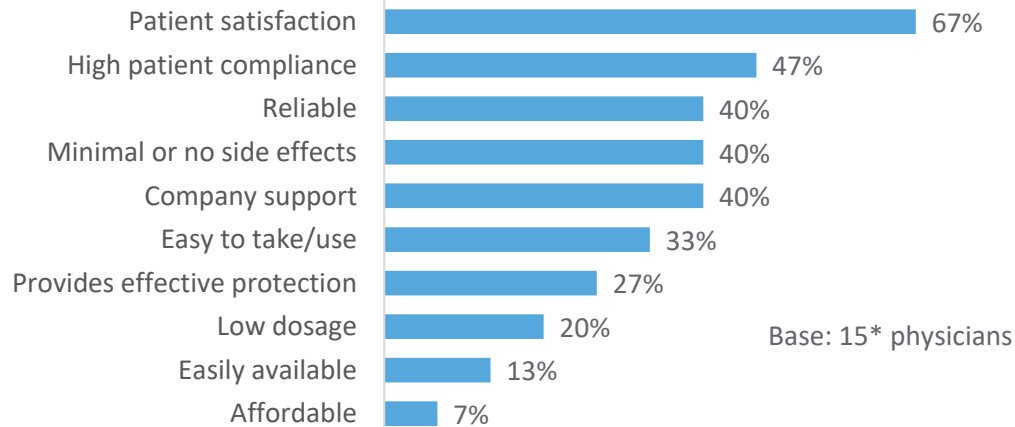
Yasmin



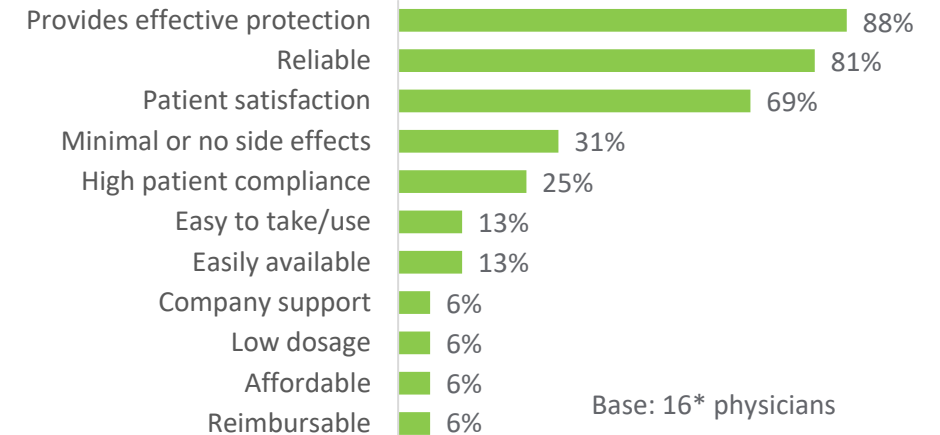
Yazz



Qlairista



Dienille



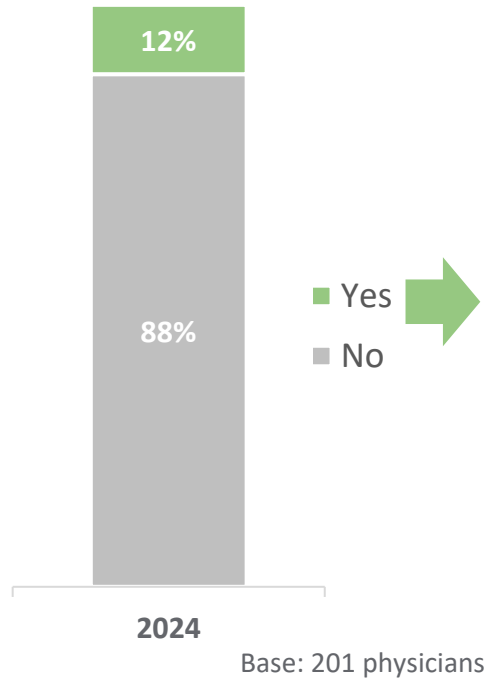
* Small base

S25. Doğum kontrol yöntemi olarak neden en fazla bu ürünü tercih ettiğinizi belirtir misiniz?

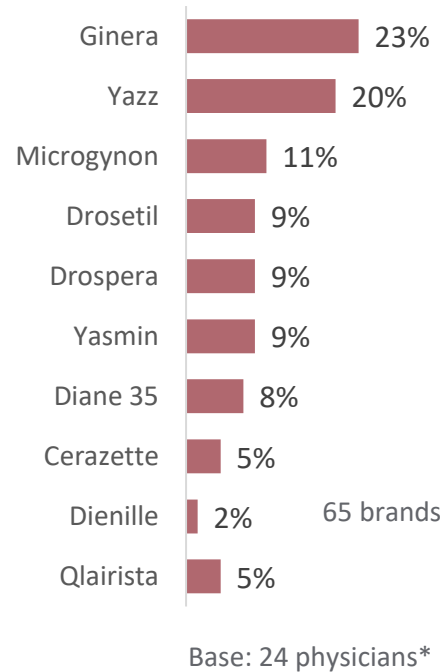
Changing Oral Contraceptive Brands

Only 12% of physicians switch OCs previously used by patients. The most frequently changed brands are Gintera (23%) and Yaz (20%). Instead of the OC brands they alter, physicians primarily recommend Yasmin (32%), Qlaira (20%), and Dienelle (18%). The primary reason for changes is side effects, with cost having minimal impact.

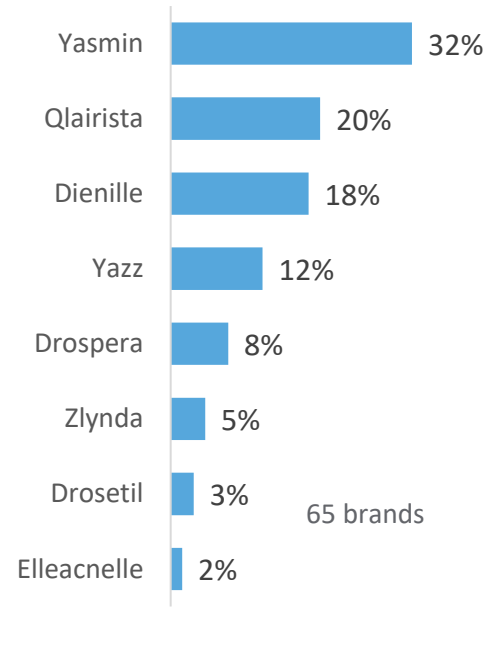
Do you switch OCs that your patients have previously used as a contraceptive method?



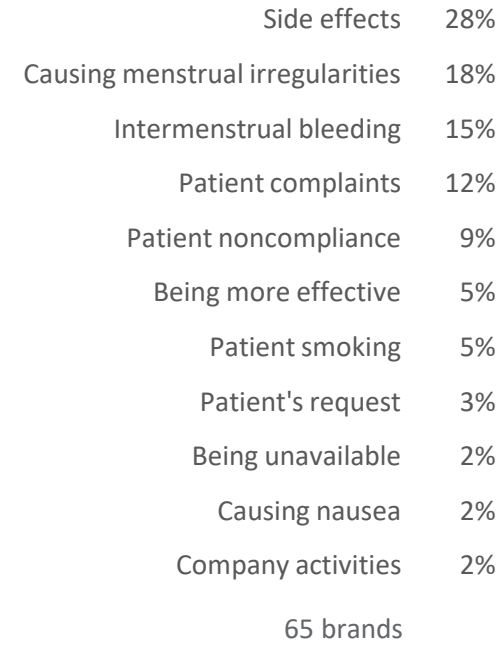
OC Brands Physicians Switch From



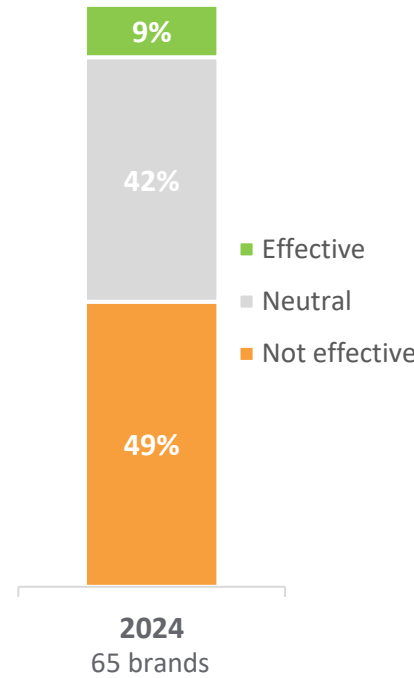
OC Brands Physicians Switch To



Reasons for Switching



Impact of Brand Costs on Switching



* Only 24 physicians have made changes to OC brands, and these physicians reported making changes for a total of 65 brands.

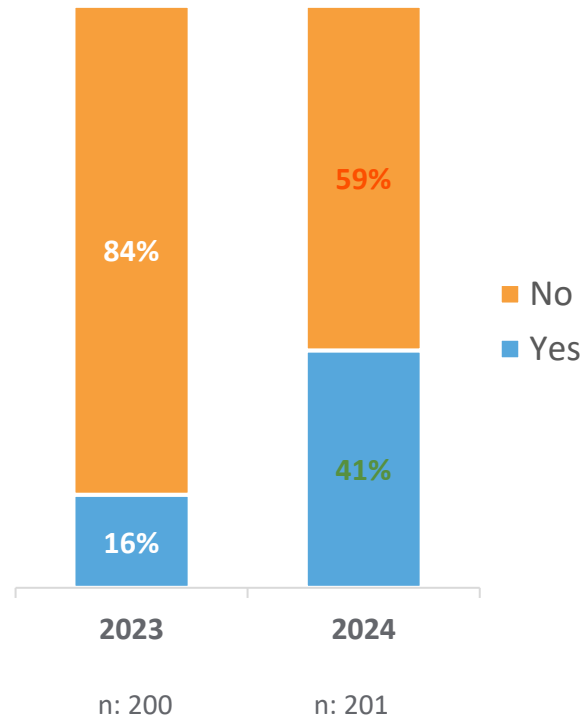
S25a. Doğum kontrol yöntemi olarak hastalarınızın daha önce kullandığı doğum kontrol hapını değiştiriyor musunuz?
 S25b. Değiştirdiğiniz markaları belirtir misiniz? S25c. Yerine önerdiğiniz markaları belirtir misiniz? S25d. Neden değişim yaptığınızı belirtir misiniz?
 S25e. Bu değişimde markaların maliyetinin değişim yapmanıza etkisini belirtir misiniz? 1 – hiç etkisi yok, 5 ise çok etkisi var anlamına gelmektedir.

Taking a break from using OCs & Reasons

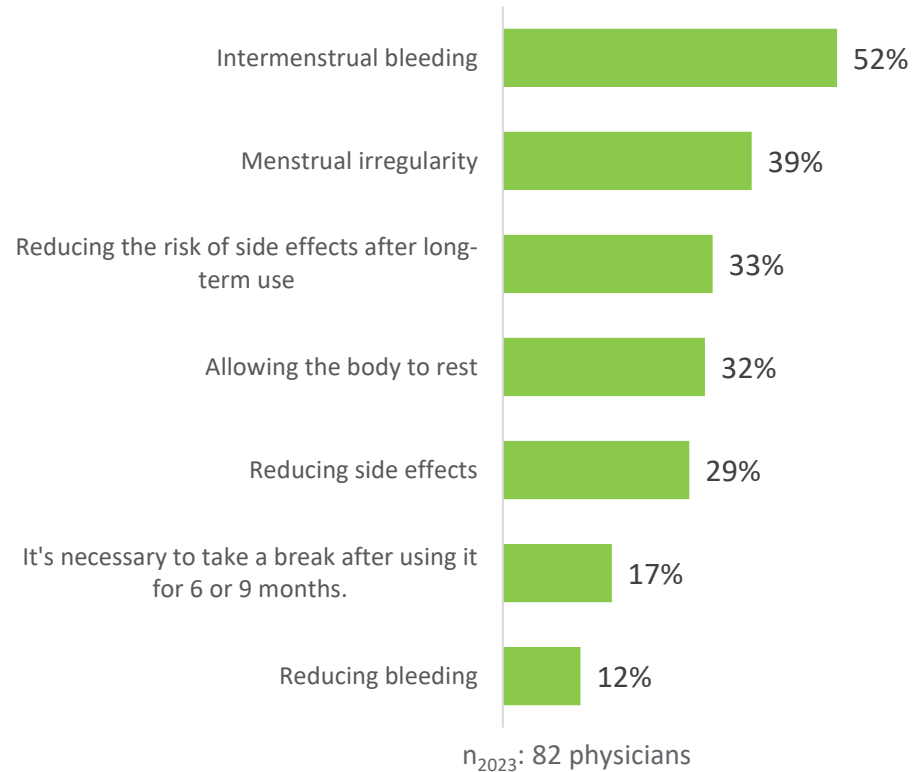


The percentage of physicians recommending a break from using OC has increased to 41%. The main reason for advising patients to take a break from OC is intermenstrual bleeding and menstrual irregularities.

Do you recommend your patients taking a break OCs?



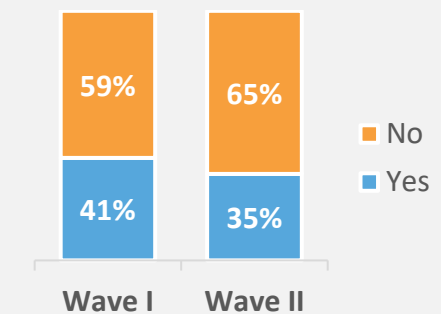
Reasons for taking a break using OCs



Brand Share

| | Yes | No |
|------------|-----|-----|
| Base | 82 | 119 |
| Yasmin | 29% | 30% |
| Yazz | 27% | 16% |
| Qlairista | 13% | 14% |
| Dienille | 8% | 14% |
| Drospera | 6% | 8% |
| Diane 35 | 3% | 6% |
| Drosetil | 3% | 5% |
| Zlynda | 3% | 3% |
| Microgynon | 5% | 1% |
| Cerazette | 2% | 2% |
| Ginera | 2% | 1% |
| Other | 1% | 0% |

Taking a break from using OCs



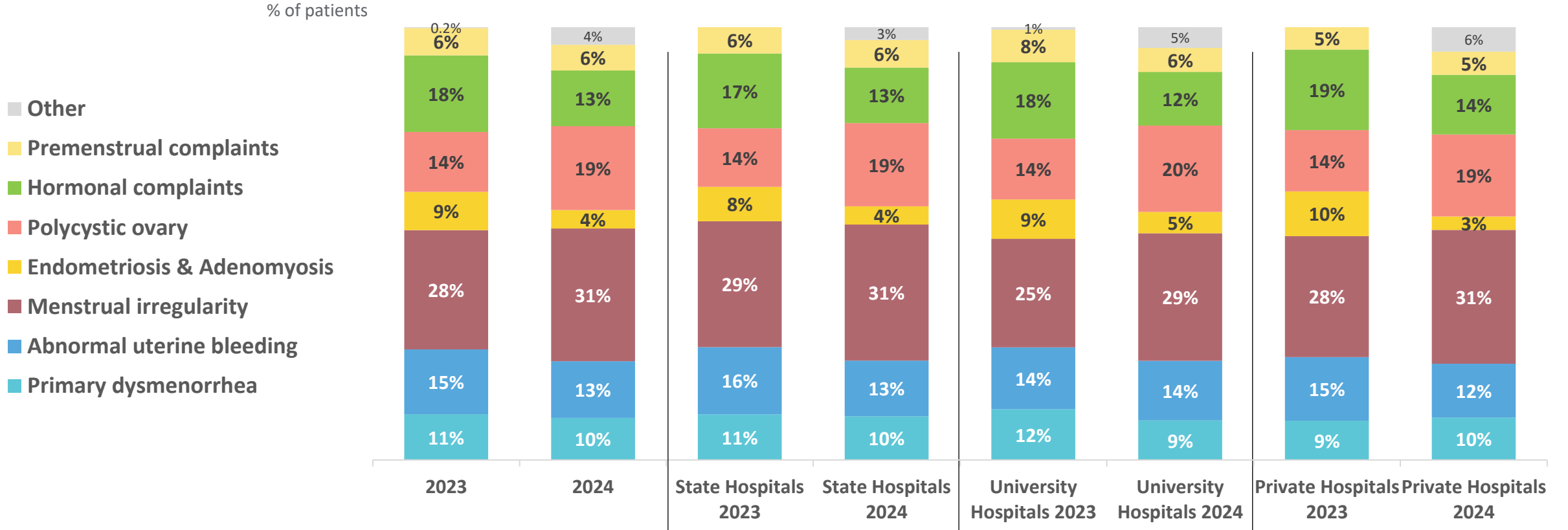
2024- WH OC Market Understanding Women

S26. Doğum kontrol hapı kullanan hastalarınıza bu hapları kullanmaya ara vermelerini öneriyor musunuz?

S27. Doğum kontrol hapı kullanan hastalarınıza, neden bu haplara ara vermelerini öneriyorsunuz?

Share of Prescribed Oral Contraceptives by Indications

The share of prescribed oral contraceptives by indications shows an increase in menstrual irregularity (31% from 28%) and polycystic ovary (19% from 14%). There is a decrease in primary dysmenorrhea (10% from 11%), abnormal uterine bleeding (13% from 15%), endometriosis & adenomyosis (4% from 9%), and hormonal complaints (13% from 18%), while premenstrual complaints remain unchanged at 6%.



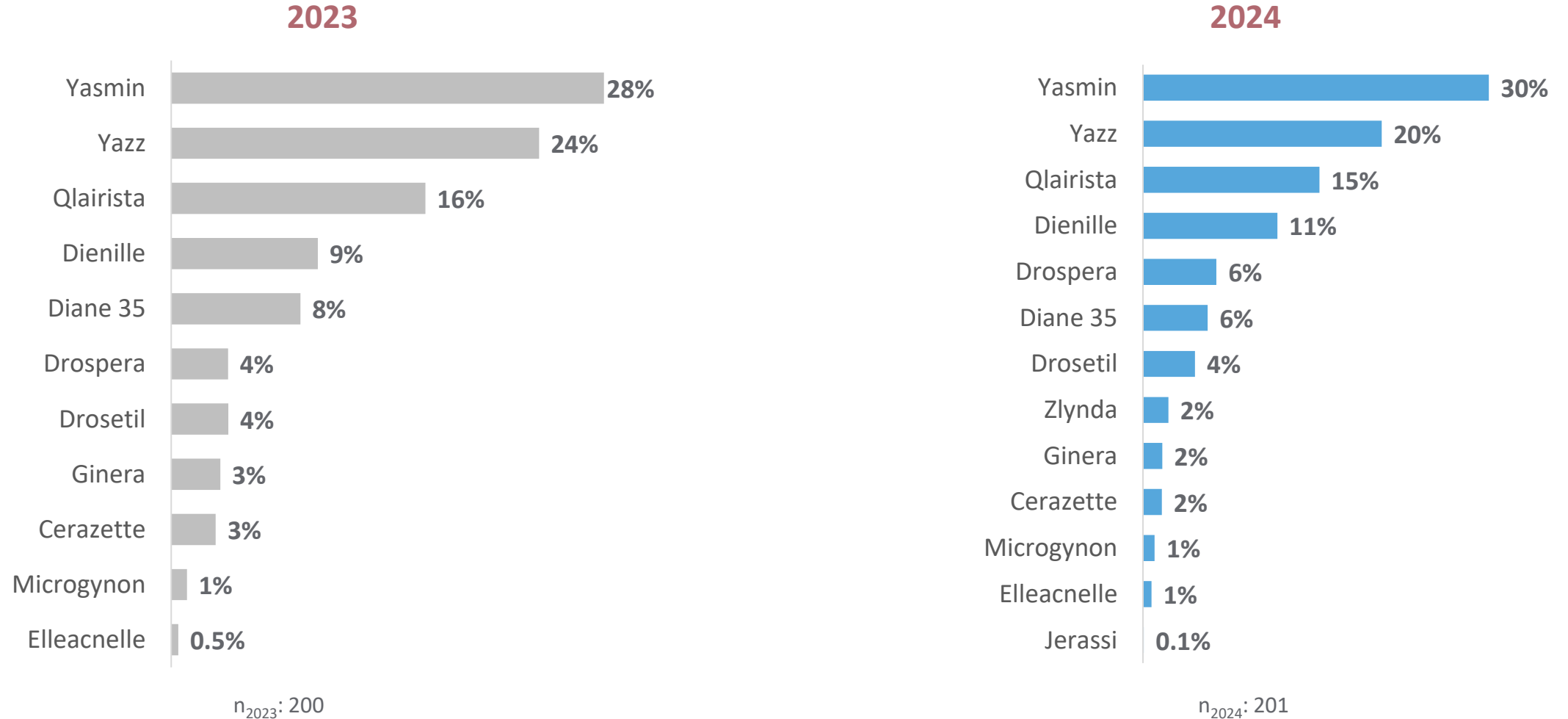
Base: 200 physicians

S28. Ortalama bir ayda, doğum kontrol haplarınızı reçetelediğiniz hastalarınızın endikasyonlara dağılımını yapar mısınız?

Brand share of oral contraceptives as a treatment



Yasmin's brand share of oral contraceptives increased to 30% from 28% last year. Yazz decreased to 20% from 24%, Qlairista slightly decreased to 15% from 16%, Dienille increased to 11% from 9%, and Diane 35 decreased to 6% from 8%.

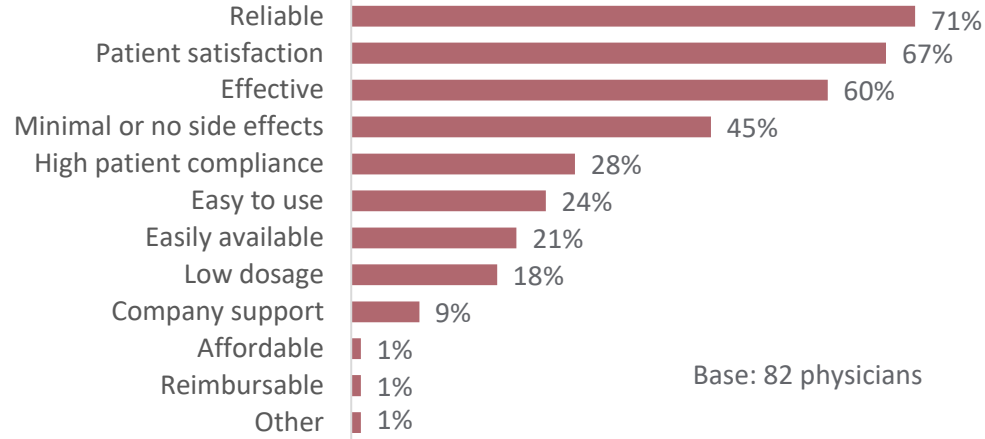


S29. Tedavi amaçlı, doğum kontrol hapi reçetelediğiniz hastalarınıza, hangi hapları reçetelediğinizin dağılımını yapar mısınız?

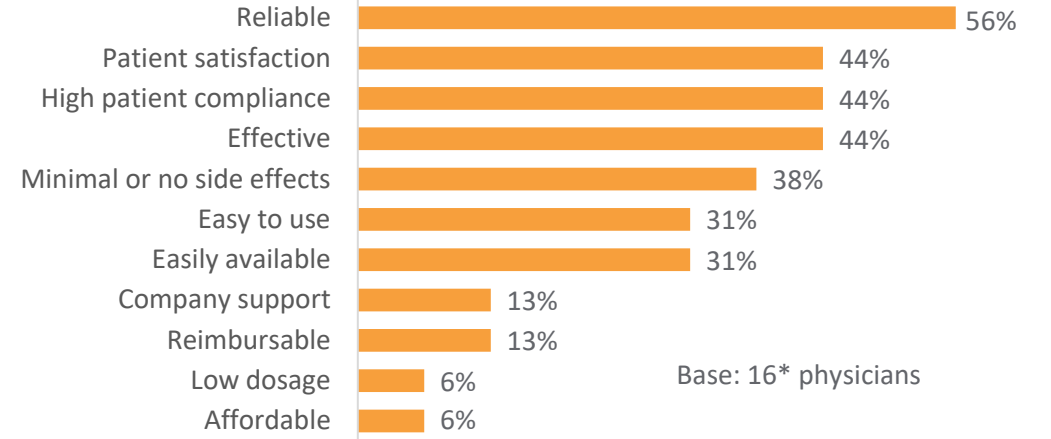
Reasons to recommend



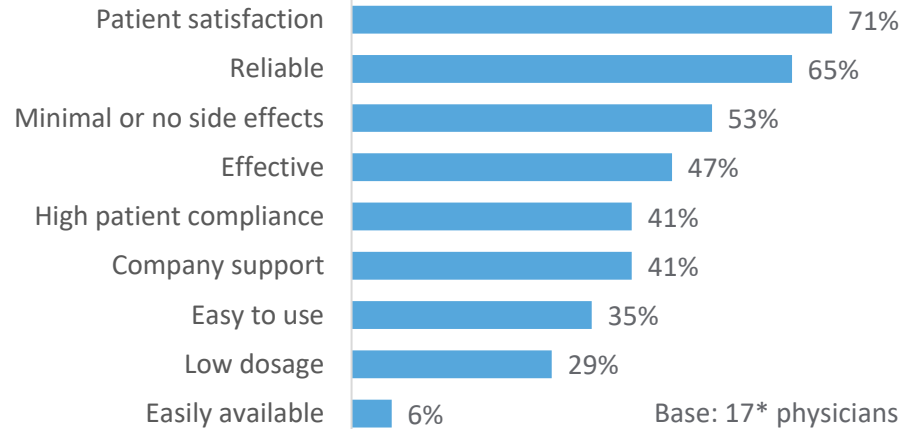
Yasmin



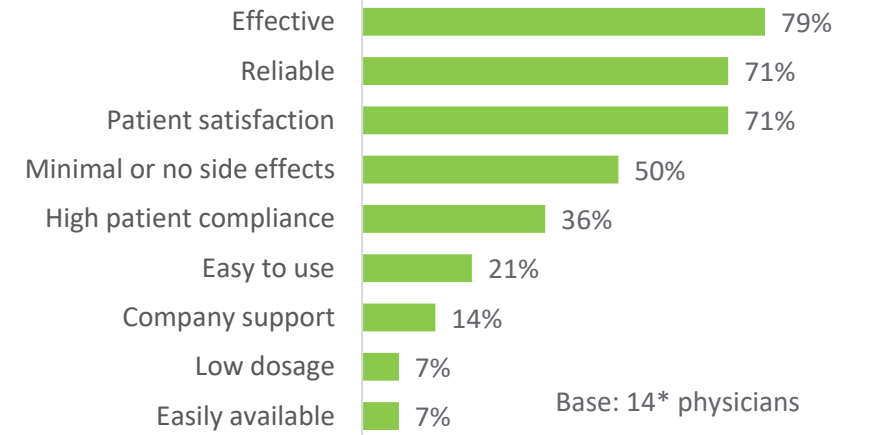
Yazz



Qlairista



Dienille



* Small base

S30. Tedavi amaçlı, doğum kontrol hapi reçetelediğiniz hastalarınızda neden en fazla bu ürünü tercih ettiğinizi belirtir misiniz?

Primary Dysmenorrhea - Most prescribed brands

The most commonly prescribed brands for primary dysmenorrhea, in order of frequency, are Yasmin, Yazz, and Qlairista. However, the preference for Qlairista has decreased.

| | TOTAL | | State Hospitals | | University Hospitals | | Private Hospitals | |
|-------------|-------|------------|-----------------|------------|----------------------|------|-------------------|------------|
| | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 |
| | 200 | 201 | 91 | 96 | 63 | 65 | 46 | 40 |
| Yasmin | 25% | 40% | 25% | 42% | 29% | 35% | 18% | 41% |
| Yazz | 16% | 17% | 19% | 17% | 12% | 18% | 16% | 13% |
| Qlairista | 28% | 13% | 28% | 10% | 17% | 12% | 41% | 21% |
| Dienille | 12% | 12% | 3% | 8% | 25% | 18% | 11% | 8% |
| Diane 35 | 10% | 6% | 11% | 6% | 8% | 5% | 9% | 5% |
| Drosetil | 2% | 5% | 1% | 4% | 5% | 5% | - | 5% |
| Drospera | 3% | 4% | 6% | 4% | - | 3% | 2% | 5% |
| Ginera | 2% | 3% | 3% | 2% | - | 3% | - | 3% |
| Cerazette | 1% | 2% | 1% | 4% | 2% | - | - | - |
| Elleacnelle | 1% | 1% | - | 1% | 2% | - | 2% | - |
| Zlynda | - | 1% | - | 1% | - | - | - | - |
| Microgynon | 1% | - | 1% | - | - | - | - | - |

Abnormal Uterine Bleeding - Most prescribed brands

The most commonly prescribed brands for abnormal uterine bleeding, in order of frequency, are Yasmin and Qlairista. There is no significant differences between institutions.

| | TOTAL | | State Hospitals | | University Hospitals | | Private Hospitals | |
|------------|-------|------|-----------------|------|----------------------|------|-------------------|------|
| | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 |
| | 200 | 201 | 91 | 96 | 63 | 65 | 46 | 40 |
| Yasmin | 30% | 28% | 28% | 26% | 31% | 29% | 32% | 31% |
| Qlairista | 24% | 25% | 28% | 26% | 17% | 25% | 25% | 21% |
| Yazz | 17% | 17% | 15% | 16% | 15% | 17% | 23% | 18% |
| Dienille | 12% | 11% | 8% | 11% | 17% | 8% | 11% | 15% |
| Drospera | 3% | 6% | 5% | 5% | 2% | 5% | - | 8% |
| Drosetil | 4% | 5% | 6% | 3% | 3% | 8% | - | 3% |
| Ginera | 4% | 4% | 2% | 4% | 5% | 3% | 5% | 3% |
| Diane 35 | 6% | 3% | 7% | 4% | 8% | 2% | 2% | - |
| Cerazette | 1% | 2% | - | 3% | 2% | 2% | 2% | - |
| Microgynon | 1% | 1% | 1% | - | - | 3% | - | - |
| Zlynda | - | 1% | - | 1% | - | - | - | 3% |

Menstrual irregularity - Most prescribed brands

The most commonly prescribed brands for menstrual irregularity, in order of frequency, are Yasmin and Yazz. The preference for Yazz has significantly decreased in state hospitals while the preference for Dienille has decreased significantly in private hospitals.

| | TOTAL | | State Hospitals | | University Hospitals | | Private Hospitals | |
|------------|-------|------|-----------------|------|----------------------|------|-------------------|------|
| | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 |
| | 200 | 201 | 91 | 96 | 63 | 65 | 46 | 40 |
| Yasmin | 41% | 44% | 38% | 48% | 51% | 40% | 34% | 38% |
| Yazz | 32% | 26% | 35% | 18% | 20% | 35% | 41% | 28% |
| Qlairista | 12% | 10% | 15% | 9% | 8% | 9% | 11% | 10% |
| Dienille | 4% | 9% | - | 7% | 10% | 6% | 2% | 15% |
| Drospera | 2% | 5% | 2% | 6% | 2% | 3% | - | 3% |
| Diane 35 | 6% | 4% | 6% | 6% | 7% | 2% | 5% | 3% |
| Drosetil | 2% | 4% | 2% | 3% | - | 5% | 2% | 3% |
| Cerazette | 1% | 1% | 1% | 1% | 2% | - | - | - |
| Ginera | 1% | 1% | - | 1% | - | - | 2% | - |
| Microgynon | 1% | - | 1% | - | - | - | 2% | - |

Endometriosis & Adenomyosis - Most prescribed brands



The most commonly prescribed brands for dysmenorrhea, in order of frequency, are Qlaira, Yasmin, and Yaz.

| | TOTAL | | | State Hospitals | | | University Hospitals | | | Private Hospitals | | |
|-------------|-----------------------|---------------------|--|-----------------------|---------------------|--|-----------------------|---------------------|--|-----------------------|---------------------|--|
| | 2023 Endometriosis | 2023 Adenomyosis | 2024 Endometriosis & Adenomyosis | 2023 Endometriosis | 2023 Adenomyosis | 2024 Endometriosis & Adenomyosis | 2023 Endometriosis | 2023 Adenomyosis | 2024 Endometriosis & Adenomyosis | 2023 Endometriosis | 2023 Adenomyosis | 2024 Endometriosis & Adenomyosis |
| | 200 | 200 | 201 | 91 | 91 | 96 | 63 | 63 | 65 | 46 | 46 | 40 |
| Qlaira | 20% | 16% | 26% | 24% | 17% | 29% | 20% | 8% | 22% | 11% | 23% | 23% |
| Yasmin | 26% | 27% | 22% | 23% | 28% | 19% | 22% | 29% | 25% | 39% | 23% | 26% |
| Yaz | 20% | 28% | 22% | 22% | 30% | 18% | 20% | 25% | 31% | 18% | 27% | 15% |
| Dienille | 13% | 12% | 10% | 11% | 9% | 10% | 17% | 17% | 8% | 9% | 9% | 10% |
| Diane 35 | 7% | 5% | 6% | 3% | 5% | 5% | 12% | 5% | 6% | 9% | 7% | 8% |
| Drospira | 3% | 3% | 6% | 5% | 2% | 6% | - | 7% | 3% | 2% | - | 10% |
| Cerazette | 3% | 5% | 2% | 3% | 5% | 2% | - | 3% | 3% | 7% | 7% | - |
| Ginera | 4% | 2% | 2% | 3% | - | 2% | 5% | 3% | - | 2% | 5% | 5% |
| Zlynda | - | - | 2% | - | - | 4% | - | - | - | - | - | - |
| Drosetil | 3% | 2% | 2% | 5% | 3% | 2% | 2% | 2% | - | 2% | - | 3% |
| Microgynon | 1% | 1% | 1% | 1% | 1% | - | 2% | - | 3% | - | - | - |
| Elleacnelle | - | - | 1% | - | - | 1% | - | - | - | - | - | - |
| Jerassi | - | - | 1% | - | - | 1% | - | - | - | - | - | - |

S31. Aşağıdaki endikasyonlar için en fazla reçetelediğiniz doğum kontrol hapını belirtir misiniz?

Polycystic ovary - Most prescribed brands

The most commonly prescribed brand for polycystic ovary syndrome is Yasmin. The preference for Dienille has increased significantly, while the preference for Yazz has decreased significantly. In university hospitals, the preference for Diane 35 has also decreased significantly.

| | TOTAL | | State Hospitals | | University Hospitals | | Private Hospitals | |
|-------------|-------|------|-----------------|------|----------------------|------|-------------------|------|
| | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 |
| | 200 | 201 | 91 | 96 | 63 | 65 | 46 | 40 |
| Yasmin | 37% | 39% | 38% | 40% | 41% | 32% | 32% | 49% |
| Yazz | 25% | 17% | 26% | 15% | 14% | 18% | 39% | 21% |
| Qlairista | 13% | 15% | 13% | 15% | 17% | 17% | 7% | 10% |
| Dienille | 6% | 14% | 6% | 9% | 12% | 22% | - | 10% |
| Diane 35 | 9% | 5% | 7% | 8% | 12% | 2% | 11% | 3% |
| Drospera | 3% | 4% | 5% | 3% | 2% | 6% | - | 3% |
| Drosetil | 3% | 3% | 3% | 4% | - | 2% | 5% | 3% |
| Cerazette | 2% | 2% | 1% | 2% | 2% | - | 2% | 3% |
| Zlynda | - | 1% | - | 2% | - | - | - | - |
| Elleacnelle | - | 1% | - | 2% | - | - | - | - |
| Microgynon | 1% | 1% | - | - | - | 2% | 2% | - |
| Ginera | 2% | - | 2% | - | 2% | - | 2% | - |

Hormonal complaints - Most prescribed brands

The most commonly prescribed brands for hormonal complaints, in order of frequency, are Yasmin and Yazz. The preference for Diane 35 has notably declined, while the preference for Dienille has also significantly increased in state hospitals.

| | TOTAL | | State Hospitals | | University Hospitals | | Private Hospitals | |
|-------------|-------|------|-----------------|------|----------------------|------|-------------------|------|
| | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 |
| | 200 | 201 | 91 | 96 | 63 | 65 | 46 | 40 |
| Yasmin | 28% | 33% | 25% | 28% | 32% | 38% | 30% | 36% |
| Yazz | 28% | 27% | 30% | 32% | 24% | 22% | 32% | 21% |
| Qlairista | 12% | 13% | 13% | 10% | 8% | 14% | 16% | 15% |
| Dienille | 8% | 12% | 6% | 17% | 19% | 11% | - | 3% |
| Diane 35 | 13% | 6% | 15% | 5% | 12% | 3% | 11% | 10% |
| Drospera | 2% | 5% | 2% | 2% | - | 8% | 2% | 8% |
| Drosetil | 4% | 2% | 6% | - | 2% | 3% | 5% | 5% |
| Cerazette | 1% | 2% | 1% | 2% | 2% | 2% | - | - |
| Ginera | 3% | 1% | 2% | 1% | 2% | - | 5% | 3% |
| Elleacnelle | - | 1% | - | 1% | - | - | - | - |
| Zlynda | - | 1% | - | 1% | - | - | - | - |
| Microgynon | 1% | - | 1% | - | - | - | - | - |

Premenstrual complaints - Most prescribed brands

The most commonly prescribed brands for premenstrual complaints , in order of frequency, are Yazz and Yasmin. The preference for Qlairista has decreased significantly in private hospitals.

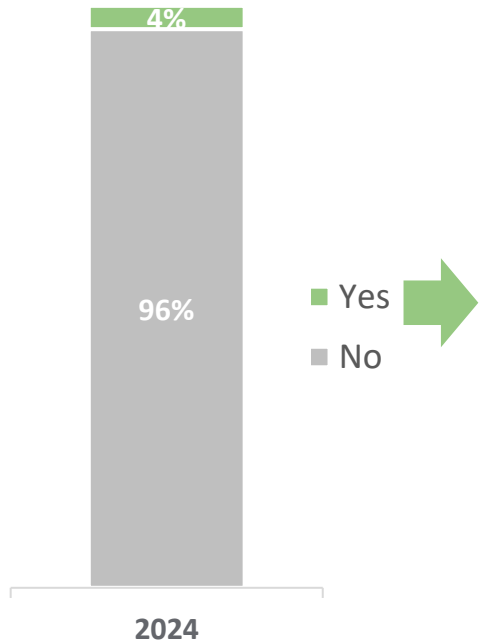
| | TOTAL | | State Hospitals | | University Hospitals | | Private Hospitals | |
|-------------|-------|------|-----------------|------|----------------------|------|-------------------|------|
| | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 |
| | 200 | 201 | 91 | 96 | 63 | 65 | 46 | 40 |
| Yazz | 33% | 38% | 35% | 33% | 27% | 40% | 36% | 46% |
| Yasmin | 29% | 29% | 25% | 35% | 36% | 22% | 30% | 26% |
| Qlairista | 15% | 13% | 16% | 14% | 10% | 15% | 20% | 5% |
| Dienille | 8% | 7% | 7% | 7% | 14% | 5% | 2% | 8% |
| Drospera | 3% | 6% | 6% | 2% | - | 9% | - | 8% |
| Drosetil | 1% | 4% | 1% | 3% | - | 3% | 2% | 5% |
| Cerazette | 2% | 2% | 2% | 1% | 3% | 3% | - | - |
| Diane 35 | 6% | 2% | 6% | 1% | 7% | 3% | 5% | - |
| Zlynda | - | 1% | - | 2% | - | - | - | - |
| Ginera | 2% | 1% | 1% | 1% | 2% | - | 5% | - |
| Microgynon | 1% | 1% | 1% | - | - | - | - | 3% |
| Elleacnelle | 1% | - | - | - | 2% | - | - | - |

Switching Oral Contraceptive Brands for Treatment



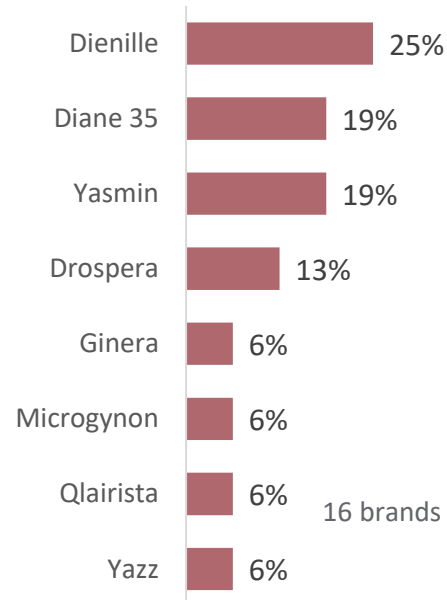
Only 4% of physicians switch OCs previously used by patients. The most frequently changed brands are Dienille (25%) and Diane 35 (19%). Instead of the OC brands they alter, physicians primarily recommend Yasmin (50%) and Yazz (19%). The primary reasons for changes are headaches and effectiveness.

Do you switch OCs that your patients have previously used treatment?



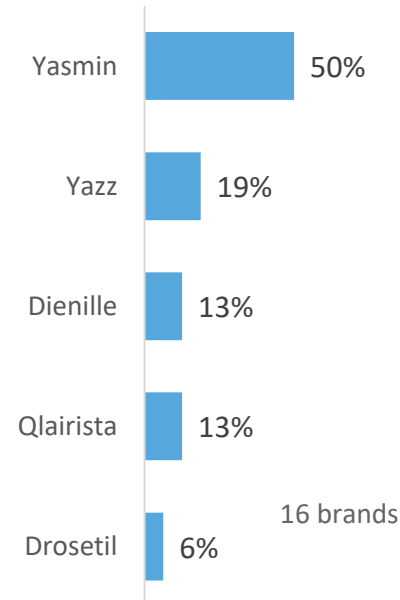
Base: 201 physicians

OC Brands Physicians Switch From



Base: 8 physicians*

OC Brands Physicians Switch To



Reasons for Switching

| | |
|-------------------------|-----|
| Causing headaches | 29% |
| More effective | 21% |
| Intermenstrual bleeding | 14% |
| Causing hirsutism | 14% |
| Patient noncompliance | 7% |
| Causing acne | 7% |
| Expensive | 7% |

* Only 8 physicians have made changes to OC brands, and these physicians reported making changes for a total of 16 brands.

S32a. Tedavi amaçlı reçetelediğiniz doğum kontrol haplarınızı değiştiriyor musunuz? S32b. Değiştirdiğiniz markaları belirtir misiniz? S32c. Yerine önerdiğiniz markaları belirtir misiniz? S32d. Neden değişim yaptığınızı belirtir misiniz?

Using OCs after medical treatment

Gynecologists recommend that 54% of their patients continue using oral contraceptives (OCs) as a contraceptive method after medical treatment. However, 43% of these patients actually follow this advice. There are no significant differences between waves

| | TOTAL | | State Hospitals | | University Hospitals | | Private Hospitals | |
|---|-------------|-------------|-----------------|------------|----------------------|------------|-------------------|------------|
| | 2023 200 | 2024 201 | 2023 91 | 2024 96 | 2023 63 | 2024 65 | 2023 46 | 2024 40 |
| % of patients recommended to continue using OCs as a contraceptive method after their treatment ends? | 52% | 54% | 52% | 53% | 47% | 53% | 56% | 56% |
| % of patients actually continue using OCs after treatment? | 41% | 43% | 42% | 42% | 40% | 42% | 40% | 44% |

S32. Tedavi amaçlı doğum kontrol hapı reçetelediğiniz hastalarınızın YÜZDE KAÇINA, tedavisi sonlandıktan sonra, doğum kontrol yöntemi olarak bu hapları kullanmaya devam etmesini öneriyorsunuz?

S33. Doğum kontrol haplarını kullanmaya devam etmesini önerdiğiniz hastalarınızın YÜZDE KAÇI, tedavi sonrası gebelikten korunma amacıyla doğum kontrol hapı kullanmaya devam ediyor?



Morning-After Pills

Usage Limitations of Morning-After Pills



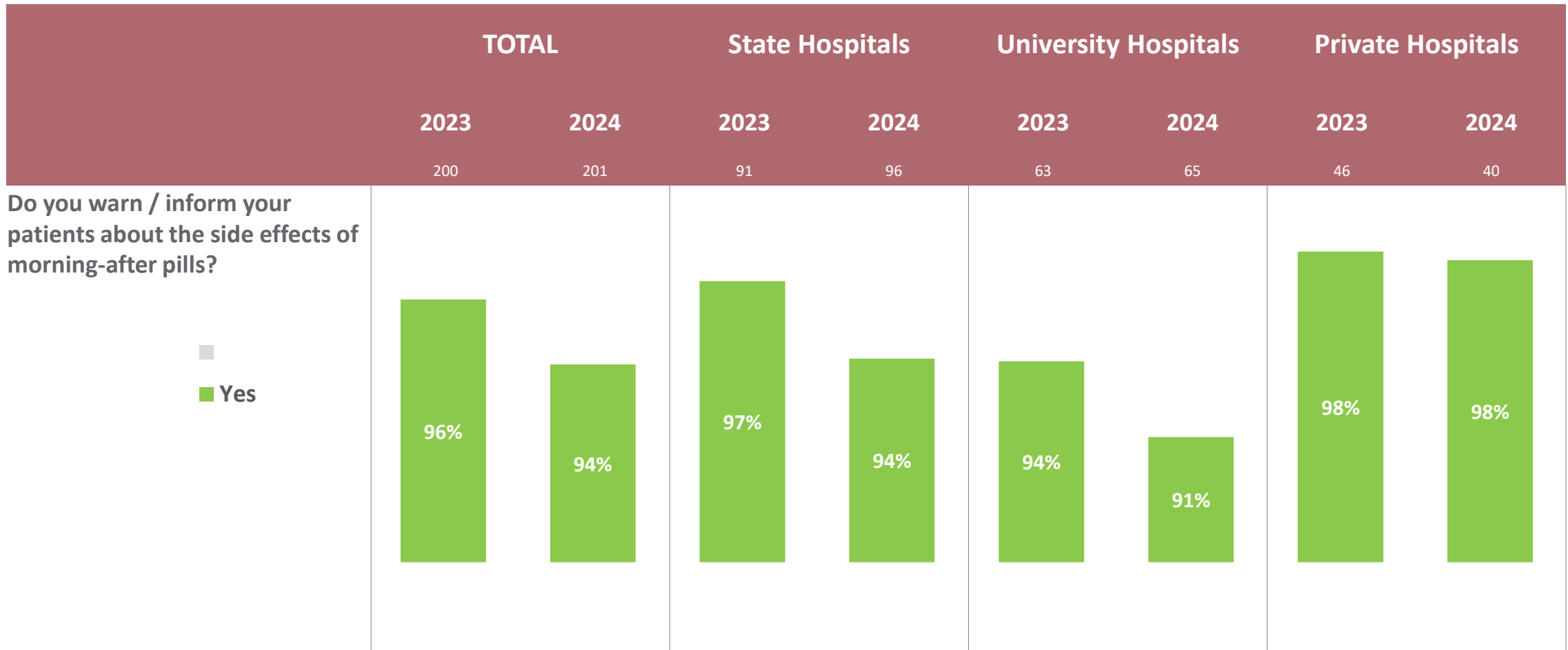
55% of physicians do not offer any recommendations on the use of the morning-after pill, a notable decrease from 67% last year. Among the remaining physicians, 15% advise it can be used once a year, while 23% suggest it can be used twice a year.

| | TOTAL | | State Hospitals | | University Hospitals | | Private Hospitals | |
|---|------------|------------|-----------------|------------|----------------------|------------|-------------------|------------|
| | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 |
| | 200 | 201 | 91 | 96 | 63 | 65 | 46 | 40 |
| How many times can morning-after pills be taken in a year? | | | | | | | | |
| I do not provide this advice | 67% | 55% | 70% | 55% | 63% | 55% | 65% | 55% |
| 1 time | 12% | 15% | 13% | 16% | 10% | 17% | 13% | 13% |
| 2 times | 11% | 23% | 5% | 26% | 16% | 18% | 13% | 23% |
| 3 times | 9% | 5% | 10% | 2% | 8% | 9% | 9% | 5% |
| More than 3 times | 2% | 1% | 1% | 1% | 3% | 0% | 0% | 5% |
| Mean | 2.2 | 3.0 | 2.3 | 1.9 | 2.4 | 5.0 | 1.9 | 2.1 |

S35. Ertesi gün hapı kullanan hastalarınıza, bir yıl içinde bu hapları kaç kere kullanabileceğini söylüyorsunuz?

Informing about Morning-After Pill Side Effects

94% of respondents warn or inform their patients about the side effects of morning-after pills, while 6% do not



S36. Ertesi gün haplarının yan etkileri ile ilgili hastalarınıza uyarıda bulunuyor musunuz / bilgilendiriyor musunuz?

Significantly higher than others

Patient Complaints After Using Morning-After Pills

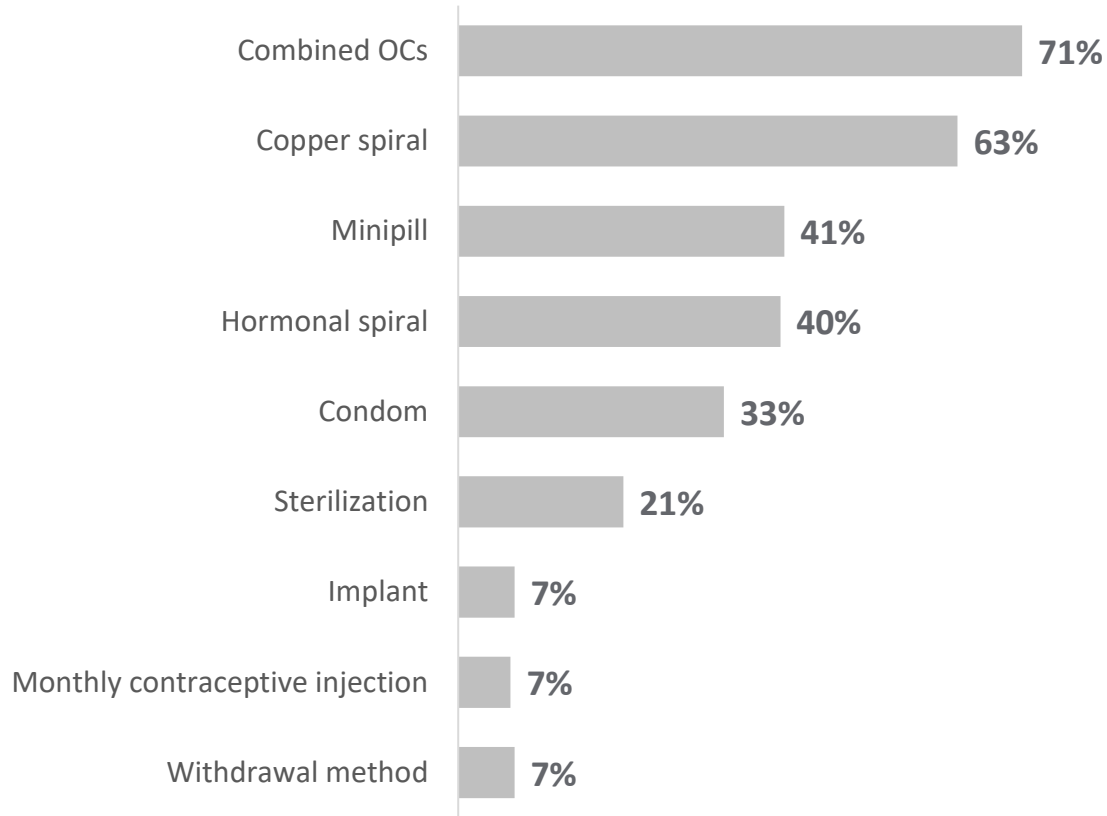
Patients are presenting to physicians with complaints of menstrual irregularity, intermenstrual bleeding, and nausea & vomiting, disruption of hormonal balance after using morning-after pills.

| | Total 201 | State Hospitals 96 | University Hospitals 65 | Private Hospitals 40 |
|--------------------------------|--------------|-----------------------|----------------------------|-------------------------|
| Menstrual irregularity | 78% | 78% | 84% | 78% |
| Intermenstrual bleeding | 70% | 70% | 70% | 75% |
| Nausea and vomiting | 55% | 55% | 57% | 48% |
| Disruption of hormonal balance | 43% | 43% | 38% | 53% |
| Becoming pregnant | 20% | 20% | 20% | 18% |

Recommended Contraceptive Methods Instead of Morning-After Pills

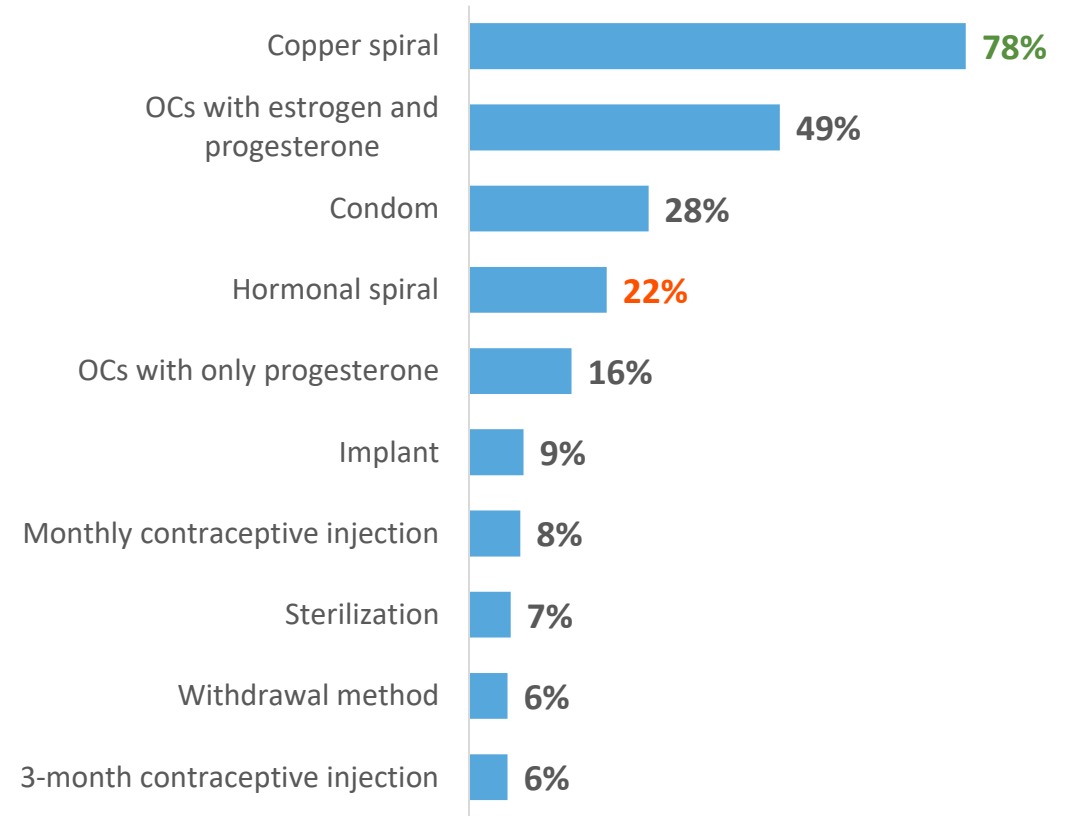
Gynecologists mostly recommend copper spirals and OCs with estrogen and progesterone to patients who use morning after pills more frequently than usual.

2023



n₂₀₂₃: 200

2024



n₂₀₂₄: 201

S38. Ertesi gün hapını belirttiğiniz aralıklardan daha sık kullanan ve kullanmaya meyilli hastalarınıza hangi doğum kontrol yöntemini öneriyorsunuz?

Significantly higher than others

Recommended Contraceptive Methods Instead of Morning-After Pills

| | TOTAL | | State Hospitals | | University Hospitals | | Private Hospitals | |
|------------------------------------|-------|------------|-----------------|------------|----------------------|------------|-------------------|------------|
| | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 |
| | 200 | 201 | 91 | 96 | 63 | 65 | 46 | 40 |
| Copper spiral | 63% | 78% | 59% | 78% | 62% | 78% | 70% | 78% |
| OCs with estrogen and progesterone | 71% | 49% | 69% | 53% | 69% | 45% | 76% | 45% |
| Condom | 33% | 28% | 41% | 33% | 34% | 27% | 17% | 20% |
| Hormonal spiral | 40% | 22% | 37% | 19% | 41% | 20% | 46% | 30% |
| OCs with only progesterone | 41% | 16% | 45% | 22% | 36% | 6% | 39% | 18% |
| Implant | 7% | 9% | 5% | 4% | 8% | 9% | 9% | 18% |
| Monthly contraceptive injection | 7% | 8% | 5% | 12% | 3% | 3% | 13% | 8% |
| Sterilization | 21% | 7% | 19% | 7% | 25% | 6% | 20% | 5% |
| Withdrawal method | 7% | 6% | 7% | 7% | 10% | 6% | 4% | 3% |
| 3-month contraceptive injection | 0% | 6% | 0% | 9% | 0% | 2% | 0% | 5% |

S38. Ertesi gün hapını belirttiğiniz aralıklardan daha sık kullanan ve kullanmaya meyilli hastalarınıza hangi doğum kontrol yöntemini öneriyorsunuz?



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