

Social Marketing for Health: Did it All Begin with Condoms?

**Based on a presentation at
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Topics

- 1. Expansion of Contraceptive Social Marketing (CSM) from its 1968 “cradle” in India to 67 countries in 2007**
- 2. Contributions and Lessons Learned**
- 3. Monitoring and Evaluation**
- 4. The Future: Challenges and Opportunities**

Contraceptive Social Marketing in its South Asian “Cradle”

- 1968, government of India uses large commercial firms to help market its *Nirodh* condoms through private pharmacies and shops.
- 1971, Social Marketing described by Kotler & Zaltman.
- 1972, Population Services Int. (PSI) launches a Contraceptive Social Marketing (CSM) pilot project for *Kinga* condoms in a rural district of Kenya.
- 1973, PSI applies *Kinga* lessons to a nationwide CSM in Sri Lanka
- 1975, PSI follows with a similar nationwide CSM in Bangladesh.
- 1976, Westinghouse launches nationwide CSM in Nepal
- 1985, PSI launches nationwide CSM in Pakistan, thus completing coverage of major countries in the South Asian cradle.

Example: In 1974, Sri Lanka Launched the World's First Social Marketing of Oral Contraceptives



- In 1974, few Sri Lankans knew about the **THE PILL**
- *PSI* trained 900 private doctors to screen and counsel their patients, then launched *Mithuri* (Woman's Friend) Oral Contraceptive Pills at an affordable price in pharmacies
- Today, *Mithuri* continues to protect many women from unwanted pregnancies.

**Forty Years of Expansion:
Numbers of Developing Countries
With CSM Programs, by Decade, 1968 - 2007**

Decade	Start-ups	Total Countries
1968-1977	7	7
1978-1987	4	11
1988-1997	38	49
1998-2007	18	67

Notes: (1) Includes only CSM activities with 10,000 or more CYPs in 2007. (2) Adapted from DKT International, *2007 Contraceptive Social Marketing Statistics*, 2008.

Numbers of CSM Programs, by Start-up Organization, 2007

Start-up Organization	Base	Programs
1. Population Services Int. (PSI)	USA	38
2. DKT Int.	USA	16
3. Marie Stopes Int. (MSI)	UK	14
4. Futures Group	USA	12
5. Other organizations		12
	Total	92

Notes: (1) Includes only CSM activities with 10,000 or more CYPs in 2007. (2) Source: DKT International, *2007 Contraceptive Social Marketing Statistics*, 2008

**Contraceptive Social Marketing:
Contributions
&
Lessons Learned**

Contraceptive Social Marketing: Contributions and Lessons Learned

1. CSM Helps Meet National Goals

In 2007, Contraceptive Social Marketing provided 40 million Couple-Years of Protection (CYPs) via the private sector.

CSM Countries Providing More Than One Million Couple-Years of Protection in 2007

Country	Couple-Years of Protection
1. India	10,263,000
2. Indonesia	4,014,000
3. Bangladesh	4,011,000
4. Nigeria	2,867,000
5. Philippines	2,042,000
6. Pakistan	1,483,000
7. Ethiopia	1,467,000
8. Viet Nam	1,065,000

Notes: 1. One Couple-Year of Protection is the estimated quantity of a contraceptive method required by one couple for one year. 2. Source: DKT International, 2007 Contraceptive Social Marketing Statistics, 2008.

Contraceptive Social Marketing: Contributions and Lessons Learned

2. CSM Brings Private Sector Resources to Assist Hard-pressed Public Sectors.

Example: CSM adds many new outlets such as pharmacies, private doctors and community groups. CSM also adds strong behavior change communications such as mass media, entertainment, community groups and trained private providers.

Contraceptive Social Marketing: Contributions and Lessons Learned

3. Evidence-based Approach

Example: Many observers are impressed to learn that Social Marketers insist on the centrality of evidence-based planning, that includes rigorous monitoring & evaluation.

Integrated Social Marketing Process



Contraceptive Social Marketing: Contributions and Lessons Learned

4. Entertainment Informs and Changes Behavior of Uneducated Target Groups

Mass media entertainment such as TV and radio soap opera may be more cost-effective than brief advertising spots, especially for uneducated audiences.

Live, travelling stage shows succeed well in remote areas where access to TV and radio is low; for example, the “Doctor and the PILL”, as shown next.



This 18-year-old mother of two in an Indian village is about to learn how to space births with the Oral Contraceptive PILL, thanks to an open-air soap opera

Stage Performers Arrive by Van





About 200 people watched this outdoor soap opera. The “young mother” in the foreground quarreled with her “young husband” and his “mother-in-law” (in the background) about whether to use contraceptives. Then the “doctor” (in white, with microphone) entered. The doctor is explaining the truth about THE PILL. ¹⁶



After the show, young mothers, their mothers-in-law and children squeeze into the tiny office of the real village doctor (in yellow shirt) who sold The Pill to some mothers after screening them.*

*** CSM Project supported by USAID & Packard Foundation. Managed by PSI.**

Contraceptive Social Marketing: Contributions and Lessons Learned

5. CSM programs train health providers.

Many governments of developing countries offer *basic* training for doctors and other health providers, but rarely offer *in-service* training.

Some CSM programs, such as the Greenstar Social Marketing Company in Pakistan, offer large-scale, high-quality *in-service* training for health providers.

Contraceptive Social Marketing: Contributions and Lessons Learned

6. Key target groups want different benefits

- *Mothers want:* **Better health for children & herself**
- *Fathers want:* **Fewer household expenses**
- *Mothers-in-law want:* **More grandchildren, specially boys**
- *Governments want:* **Fewer births**

Contraceptive Social Marketing: Contributions and Lessons Learned

7. Husbands can have key roles as suppliers of female contraceptives

In some Islamic countries, husbands are major shoppers while wives remain at home.

Example: A Bangladesh study of disadvantaged couples showed that husbands of PILL users often decided which brand to use, purchased the product, carried it home and explained correct usage to his wife.

Contraceptive Social Marketing: Contributions and Lessons Learned

8. Long-term methods such as IUDs and contraceptive injections may be better choices for disadvantaged couples than condoms or Pills.

Example: A Bangladesh study showed that most illiterate mothers who used short-term methods such as condoms or PILLS, became pregnant within one year.

Contraceptive Social Marketing: Contributions and Lessons Learned

8. Use successful commercial marketing methods

Example: condom dispensers. Prior to the Contraceptive Social Marketing era, condoms were stocked mostly in pharmacies – *but not displayed*.

But in 1972, PSI's *Kinga* social marketing pilot project in rural Kenya brought condoms out of hiding and into cardboard dispensers. Today, CSM condom dispensers are seen in many thousands of places, such as tobacco stalls and small general stores, as shown in the next slide.

Pakistan: cardboard dispenser of Greenstar's affordable *Sathi* condoms displayed in a small grocery shop





Afghanistan: Social Marketing products are sold in Bazaars

Monitoring & Evaluation

CSM Monitoring Method: the Four Ps

Commercial marketers monitor their fieldwork by observing the Four Ps, described below, then adjusting each P, as required. The system works well.

> **Product:** Includes the basic product, such as a contraceptive hormonal injection. Also includes the packaging, brand name, and technical information. **Tip:** Select the information needed when training providers, including benefits, correct dosage, contraindications & side effects.

> **Price:** Includes price paid for each product at each place in the distribution chain. Price also includes fees for service, such as inserting an IUD. **Tip:** Don't increase retail prices more than 10-12% each year.

> **Place:** Outlets for products and services. The Nepal HIV project greatly increased condom access by placing condoms in NGO drop-in-centers, tobacco shops & with sex workers. **Tip:** Select places that are most convenient and comfortable for each target audience.

> **Promotion:** Behavior change communications aimed at increasing consumption of products and services. **Tip:** Use all three communication channels: Interpersonal, Community and Mass Media. Use entertainment. ²⁶

CSM Evaluation Methods

- > **Small formative studies:** In-depth PEER and Focus Group studies of beliefs and behaviors. Good for planning and tracking. Not adequate for quantifying changes.
- > **Couple-Years of Protection:** Simple calculations, useful for comparisons. Only measures outputs, not impact.
- > **Retail audits:** Good for measuring market growth and market share. Expensive.
- > **Random household surveys:** Good for measuring changes in prevalence of each contraceptive method. Needed for measuring Total Market Size. Expensive.
- > **Photo-journalism:** Eye-catching and memorable. Good for advocating stakeholder support.

Beyond Contraceptives

Beyond Contraceptives

- > Other products.** Many Contraceptive Social Marketing programs have added other health products such as oral rehydration salts, nutritional products, water purifying drops, malaria nets and safe delivery kits.
- > Other services.** Some programs have also added services, such as MCH clinics and in-service training of professional and voluntary health providers.
- > Infectious diseases.** Many programs have added infectious diseases, most notably HIV/AIDS control including condoms and voluntary counseling & training.
- > Health education.** Some programs have also added health education services via TV and radio programs, sometimes through entertainment.

Opportunities & Challenges

Opportunities & Challenges

1. Eliminate Competition

- > The *real* competition is *non-use*, often based on three fears:
 - Fear of contraceptive side effects
 - Fear of family objections
 - Fear of community religious objections

- > Competition does NOT include other brands, sources or programs, such as:
 - Private sector
 - NGOs
 - Other Social Marketers
 - Public sector

Opportunities & Challenges

2. Measure Progress by *Total Market Size*

Commercial marketing companies measure progress by sales volumes and market share.

But such indicators are not adequate for Social Marketing programs. Social marketers should also estimate the *size of the total market*, including changes in numbers of couples served by the public sector, private sector and NGOs.

Opportunities & Challenges

3. “Tell the Truth” About Harmful Behaviors

1. Identify harmful behaviors and medical myths, e.g., the three fears.
2. *Tell the Truth* about each harmful behavior
3. Include education-entertainment such as soap operas
4. Use all three communication media
 - *Interpersonal, including interspousal*
 - *Community/local/group) media*
 - *Mass media*

NB. A strong “Tell the Truth” campaign can save many lives!

Opportunities & Challenges

4. Uneducated Users of Condoms and PILLS Should Trade-up to More Reliable Methods

Encourage *uneducated* users of condoms and PILLS to *trade-up* to longer-lasting, more *reliable* methods such as the IUD (loop) or contraceptive injections, because uneducated users of condoms and PILLS have a higher risk of pregnancy due to inconsistent use.

**I hope this report will benefit
your health programs**

Do you need more information?

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