

**Forty Years  
of Contraceptive Social Marketing  
in Developing Countries:  
Can the Lessons Learned  
Inform Broader Public Health Issues?**

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# Agenda

- 1. Summarize the expansion of Contraceptive Social Marketing (CSM) from its 1968 “cradle” in India to 67 countries in 2007**
- 2. Describe CSM’s key contributions and lessons**
- 3. Summarize CSM Evaluation Methods**
- 4. Suggest Responses to Some Unmet Needs**

# 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 a nationwide CSM in Nepal
- 1985, PSI launches nationwide CSM in Pakistan, thus completing coverage of major countries in the South Asian cradle.

## Example: Sri Lanka Launches World's First CSM of Oral Contraceptive PILLS



- 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
- Now, 34 years later, *Mithuri* continues to protect many women from unwanted pregnancies.

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

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

**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
	<b>Total</b>	<b>92</b>

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

# **CSM Contributions and Lessons Learned**

## **Contributions and Lessons Learned**

### **1. Substantial assistance to public health programs in developing countries**

**In 2007, CSM provided more than 40 million Couple-Years of Protection (CYP) in developing countries.**

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

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

**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.**

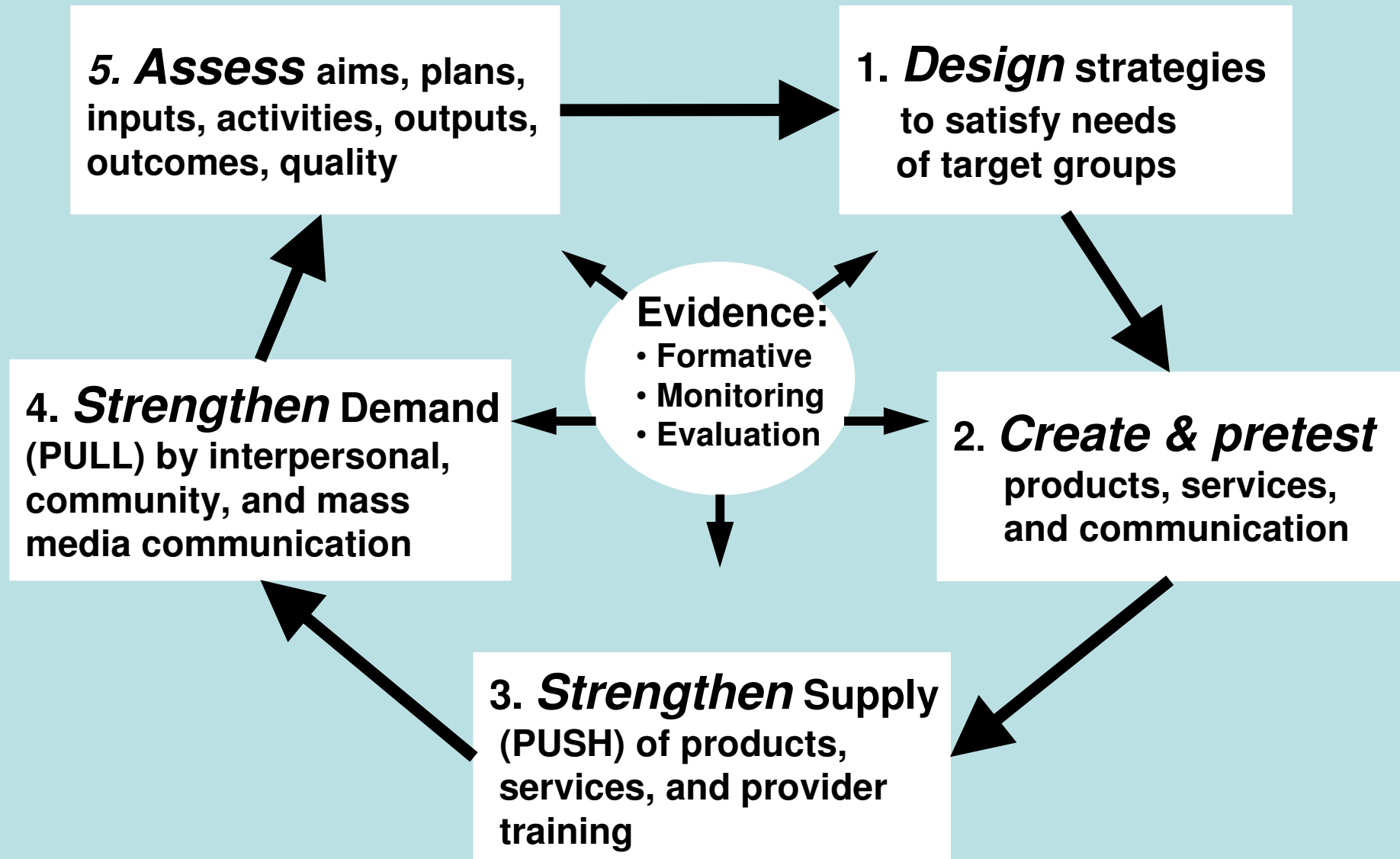
## **2. CSM Helps Meet National Public Health Goals**

**Today, many health departments welcome CSM programs because they reduce the load on hard-pressed public sector services.**

### **3. Evidence-based planning.**

**Observers are often surprised and impressed that social marketers insist on the centrality of evidence-based planning.**

# Social Marketing Cycle



## **4. Entertainment Succeeds for Uneducated Target Groups**

**Entertainment is a powerful vehicle for introducing contraceptives to uneducated target groups, for example, the oral contraceptive PILL.**



**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**

# The Performers Arrive in their Van





**About 300 people watched this outdoor soap opera where the “young mother” (in green), her “husband” and his “mother-in-law” argue about contraception and family size. Here the “doctor” (in white) enters and explains the facts about THE PILL.**



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

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

**5. CSM programs provide *in-service* training for health professionals.**

**Many governments of developing countries offer *basic* training for doctors and other health providers, but not *in-service* training.**

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

## 6. Different benefits for different groups

### *Who Wants What Benefits from Contraception in South Asia?*

- *Mothers:* Better health for children & herself
- *Fathers:* Fewer household expenses
- *Mothers-in-law:* Many grandchildren, specially boys
- *Governments:* Birth Control

## **7. Who Decides About Contraception?**

**In some Islamic countries, husbands are major decision-makers about many family topics.**

**Husbands are also the shoppers.**

**A study in Bangladesh showed that husbands of PILL users often purchased the product, explained usage to his wife and resupplied the PILL to her.**

**Another study of poor people in Bangladesh showed that many PILL users became pregnant during the first year of use.**

## **8. Do what commercial marketers do.**

**CSM experience indicates that success is related to the use of tried and true commercial marketing methods.**

**One important example is condom display. Prior to CSM, condoms were stocked only in pharmacies – but not displayed.**

**PSI's *Kinga* condom pilot project in rural Kenya brought condoms out of hiding in 1972.**

**Today, CSM condoms are displayed openly in many thousands of places in dispensers modelled on the *Kinga* dispenser.**

# *Sathi* Condoms by Greenstar Pakistan



# Evaluation Methods

# CSM Evaluation Methods

**Couple-Years of Protection:** Simple calculations, useful for comparisons. But measures only output, not impact

**Retail audit:** Useful for measuring market share, but not impact. Expensive

**Random household surveys:** Good measurement of impact such as use of specific contraceptive methods, but not brands. Very expensive.

**Small qualitative studies:** Focus Groups and PEER. Good for beliefs, feelings. Cannot quantify changes over time

**Photo-journalism:** eye-catching, good for advocacy

# Challenges and Opportunities

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## 1. Trade-up to More Reliable Methods

Uneducated users of condoms and Pills have a high risk of pregnancy due to inconsistent use.

They should be encouraged to *trade up* to a longer-lasting, highly reliable method such as the IUD (loop) or hormonal injection

## 2. “Tell the Truth” About Myths

1. Target major decision-making segments
2. Address the major myths about the three fears
3. *Tell the Truth* about each myth
4. Use all three communication media
  - *Interpersonal, including interspousal*
  - *Community/local/group) media*
  - *Mass media*
5. Use education-entertainment and documentaries

# 3. Competition: Who/What?

## 1. Why compete for market share?

- Other CSM activities
- Commercial marketers

## 2. *Real* Competition includes three fears:

- Fear of side effects
- Fear of family objections
- Fear of religious objections

# 4. Apply the Lessons

Apply CSM lessons to other issues such as:

- HIV/AIDS
- Reproductive Health
- **\*Infant Survival\***

# How Infant Survival Rates Impact Health & Births

