

Social marketing of contraceptives in the Pacific: a SPAFH initiative

RAM N. DUVE PHD *
SIMEON SAMUEL *

Introduction

The social marketing of contraceptives by South Pacific Alliance for Family Health (SPAFH) in Fiji, Solomon Islands, Tonga and Vanuatu is part of Project EXCEL (Expanding Country Efforts at All Levels) funded by Australian Agency for International Development (AusAID) and United States Agency for International Development (USAID). Project EXCEL runs from 1 August, 1992 to 1 August 1997. AusAID funding is for a five year period while USAID funding is for the first two years only. Project EXCEL has two major programmatic components: improvement of service delivery in family planning; and social marketing of contraceptives. While Project EXCEL commenced on 1 August, 1992, the social marketing of contraceptives started only around July 1993.

Social Marketing is defined as the correct application of basic marketing principles to achieve a social good. Over the past 20 years or so, the principles of social marketing have been successfully applied for getting contraceptive supplies to those with most need by creating a climate in a country where subsidized sales of socially desirable products, such as contraceptives, become part of the daily life of the market place. The contraceptive social marketing project seeks to serve the segment of the population most at risk - lower socio-economic groups, with some dispensable income, and who are seeking a convenient and reliable source of contraceptive/prophylactic supply.

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The social marketing project

There appears to be different interpretations of what constitute social marketing. A Mid-Term Review of Project EXCEL in October - November, 1994 agreed to the following rationales for social marketing:

- use of the mass media is a powerful mechanism for changing individual and community understanding of the advantages of condoms/pills and their attitudes regarding use;
- lack of appropriate access is a major constraint among men and women adopting methods of family planning or STD prevention;
- commercial outlets offer greater conveniences, anonymity and perceived quality than primary level health centres and similar distribution points. People will be willing to pay for a moderate price in exchange for these services;
 - commercial distribution systems extend into geographical and social realms (e.g. village shops and urban nightclubs) which are not reached by the conventional distribution network of the government health system;
 - increasingly, in social marketing programs internationally the purchase price and distribution of the commodities is passed on to the consumer. However, advertising costs are usually covered by the donor; and
- social marketing should be viewed as only one of a number of strategies for promoting greater acceptability, accessibility and use of contraceptives for family planning and condoms for disease prevention.

The implementation strategy of social marketing of contraceptives is based on:

- identifying the particular segment of the population to be reached during a specific time frame;
- determining the target population specific needs and particular motivating factors;

*South Pacific Alliance for Family Health, PO Box 729, Nuku'alofa, Tonga Island.

- providing the target population with the necessary information to make an informed and educated choice and take the right course of action towards behaviour change;
- making it convenient and affordable to obtain contraceptives; and
- establishing systems and mechanisms to sustain provision of the service.

The social marketing programme utilises the resources of the private sector primarily to take advantage of their existing marketing skills and infrastructures, and to better ensure sustainability because of the independence of the private sector.

Indicators of social marketing programme

The rationales suggest a number of indicators of a social marketing programme including an increase in the proportion of the target group reporting:

- positive attitudes towards the commodity;
- knowledge of where to obtain the commodity;
- the intention to use;
- actual use;
- increase in commodity sales (brand specific or overall);
- increased number of distribution points;
- improved geographic coverage of distribution points; and
- reduction in unwanted pregnancies and incidence of STD.

Social marketing of Protector condoms in Fiji

The social marketing of Protector condoms in Fiji effectively started with the launching of the programme on 14 July 1993. To date, the sales of Protector condoms in Fiji have been very promising. Approximately 180 000 of the 220 000 condoms supplied to Fiji have been sold. As a result, there now appears to be considerably higher acceptance and visibility of condoms than before the campaign commenced. In addition, the prices of competitive condoms have fallen considerably. The Protector brand is well known in the country and an effective marketing programme has taken place. The marketing firm involved has provided valuable assistance, and SPAFH has been satisfied with their work. The Senior Project Officer (Social Marketing) works closely with the marketing firm Wilson-Addison and the distributor in Fiji, C) Patel Pty Ltd. Much of the marketing has been based on approaches and materials

used elsewhere and adapted to the Fiji environment. This adaptation to Fiji avoiding the otherwise high cost of creating completely new approaches and materials appears to have been successful.

Protector condoms have been actively promoted through the media and through retailer training. Such promotion and advertising activities have broken the saliency of the condoms and have led to greater awareness, availability and use. There, however, appears to be a lack of knowledge about the size of market for condoms and research is needed to establish a market profile.

Social marketing of Secure pills: The social marketing of Secure low dose contraceptive pills in Fiji and Vanuatu have already started. A survey carried out in April 1995 in Fiji and Vanuatu indicated that the retail price for the Secure low dose pill of F\$1.50, which would be available through this programme, would be very competitive in relation to price of around F\$4.00 for similar pills in both countries.

Barriers to contraceptive social marketing

Some of the barriers/constraints encountered by SPAFH in its implementation of the social marketing of contraceptive programme are listed below:

- Public apathy and sensitivity towards public promotion of condoms;
- Reluctance on the part of governments to allow public promotion of condoms; for example the Govern-

ment of Tonga has not approved and is not likely to approve public promotion of condoms in Tonga while in Solomon Islands a decision will have to be made by the Cabinet;

- Condoms and contraceptive are unattractive products for high impact promotion through public advertising campaigns;
- Unrealistic targets for sales of condoms and pills set in the original Project Design Document;
- Free or subsidised supply by government of condoms and/or contraceptive pills to commercial sector; and
- Restricted outlets for both condoms and contraceptive pills.

Discussion

Overall social marketing has had mixed success. Many of the problems beyond the control of SPAFH included the projections in the Project Implementation Document and delays in funding. Given the relatively short time frame, the conservatism towards condom usage prevalent in the

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Pacific, and the delays in supply and funding for marketing, SPAFH has done a satisfactory job in introducing and implementing condoms in Fiji. Much more work needs to be done to ensure that the advertisers, distributors and retailers have adequate training and follow agreements.

The Mid-Term Review of Project EXCEL had this to say: "Although component two has been slow to start, the review team found evidence of progress in activities in Fiji, a considerable and largely unmet demand for condoms and other contraceptives in delivery points other than conventional health centres, and a commitment from the SPAFH staff to make social marketing a success".

To date, Protector condoms have been promoted only in Fiji. Only limited efforts have been made in Vanuatu where official approval has already been given. Approval for the launching of Secure contraceptive pills in Fiji has been recently given and the programme is expected to be launched in June, 1995. The Government of Tonga has not approved the launching of Protector condoms and therefore they will be approached to reconsider this position. Approval from Solomon Islands is still forthcoming. The marketing of Secure contraceptive pills will also start in Solomon Islands, Vanuatu and Tonga.

Overall marketing of Protector and Secure will be intensified through advertising and promotional activities, retailer training, utilisation of technical assistance in market-

ing, associated research and evaluation activities and staff training. Table 1 shows the projected targets in the marketing of Protector condoms and Secure Pills in the four countries.

Table 1. Projected marketing targets for Protector condoms and Secure pills in four countries

Year	Protector condoms	Secure pills
	Number	Cycles
1995	359725	23844
1996	778118	48750
1997	933742	99668

With appropriate strategies in place, the above targets are achievable. SPAFH has now picked up valuable hands-on experience in the social marketing of contraceptives. Such experience will enable it to guide the future programme better with improved results in the future.

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"HIV feeds on our weaknesses. It thrives on our cultural reluctance to discuss sexuality. It exploits our ancient societal weaknesses ... [and] plays on our spiritual weaknesses, especially fear and intolerance."

***Dr Michael Merson, Director, WHO Global Programme on AIDS.
Address at closing ceremony of the VIII International Conference on
AIDS/III STD World Conference, Amsterdam, 24 July 1992***