

SERVICE SUSTAINABILITY STRATEGIES IN SEXUAL  
AND REPRODUCTIVE HEALTH PROGRAMMING

Social marketing



Social marketing is the application of marketing tools, concepts and resources to encourage societally beneficial behaviour among those segments of the population underserved by existing public and private systems. Social marketing promotes commodities, services and behaviour change through the mass media and traditional media such as drama, and charges subsidised prices for products and services at retail outlets such as pharmacies, shops, bars and clinics, and through community groups such as women market traders.



Social marketing is used to promote a range of health products, services and messages. These include insecticide-treated bed-nets for malaria control, water treatment for the prevention of water-borne diseases, oral rehydration solution for the treatment of diarrhoea, child immunisation services and micronutrients to help prevent childhood diseases, iodised salt to help prevent mental retardation, safe birthing kits, promotion of proper breast feeding and nutrition practices in maternal and child health education, sexually transmitted infection treatment kits, and voluntary HIV counselling and testing. The focus of this review is on the social marketing of modern methods of contraception for family planning, and condoms for STI/HIV prevention and control.

The social marketing of reproductive and sexual health services, products and information is being given increasing support by international development assistance agencies, as part of their support for the establishment of multi-channel service delivery systems.

Social marketing strategies can be differentiated according to their overall rationale.

- Resource mobilisation in the expectation that social marketing programmes will transfer some of the burden of health products and services from public funds to the users via commercial structures
- Increasing contraceptive and condom prevalence by reaching consumers more effectively and cost-efficiently than other service delivery mechanisms
- Targeting populations inadequately served by other service delivery mechanisms

Each rationale has implications for social marketing programme objectives and sustainability strategies.



## Sustainability

## Social marketing impact

There are many definitions of sustainability in social marketing. Some agencies focus on achieving independence from their sponsoring organisation, notably through financial self-reliance from cost recovery. Others argue that financial self-reliance should not be an objective in and of itself, and focus instead on the ability of a social marketing organisation to realise its goal, with funding generated from entrepreneurial or contractual activities, public or private sources, international or national origins. Continued dependence on public resources for meeting the priority health needs of low income populations is considered by such organisations to be consistent with the principles of public economics, and is seen as an essential condition for realising the organisation's social mission. While the commercial aspects of social marketing lead some to assume that it will become self-financing, the ability to demonstrate effectiveness and efficiency is more important than cost recovery in assuring the long-term viability of social marketing service delivery.

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Social marketing impact would ideally be judged by whether it contributes to sustained improvements in reproductive and sexual health outcomes. However, given difficulties of attribution, other indicators need to be used:

- Does the programme create or support behavioural changes such as correct and consistent condom/contraceptive use, delayed first sexual intercourse, decrease in number of unprotected sex acts and increase in planned and spaced births?
- Are clients first-time users or users who have switched to social marketing products/services?
- If clients are switching to socially marketed products/services, from which source have they switched: government, commercial or non-governmental?
- Does the programme improve equitable access for the poor, vulnerable, and marginalised, with quality products, services and information?

In the absence of other behavioural change data, most social marketing programmes rely heavily on product sales to demonstrate impact. However, real impact can only be demonstrated if social marketing attracts first-time users, and/or contributes to popularising a product or service to the extent that user rates increase among other public, private or non-government providers – a dynamic commonly known as the halo effect. The halo effect refers to an expansion of the total market as consumers change behaviour in response to the marketing and advertising initiatives of social marketing. The availability of competitively priced, socially marketed brands not only gives consumers more choice but also prompts the private sector to intensify its marketing. In countries with low contraceptive prevalence, social marketing has been shown to provide little competition to other sources of supply, whereas in countries with relatively high prevalence and widespread government and commercial sources of supply, social marketing products appear to substitute for products from other sources.





## Awareness

## Affordability

Increasing awareness of social marketing commodities and services involves two types of communication strategies. The first involves brand promotion, which seeks to create and sustain awareness and knowledge of the availability and location of the socially marketed brand. The second strategy – behavioural change communication – aims to increase awareness of the benefits of modified behaviour change. A typical social marketing communication programme will thus be composed of

- mass media campaigns promoting product use by raising awareness of a brand and its availability
- behaviour change interventions to create awareness of sexual and reproductive health issues, and to promote service or product use and other behavioural changes (such messages – using mass and traditional media, interpersonal techniques and health promotion methods – are generic not brand-specific).

Social marketers have long been effective in their use of surveys, focus group discussions, and product and message testing to gain insights into consumer responses to branded products. More recently, social marketing organisations have devoted energy to evaluating their behaviour change communication efforts by tracking behavioural and attitudinal changes (such as awareness about how to avoid HIV and other sexually transmitted infections, avoiding unwanted pregnancy, and knowing where and how to access relevant sexual and reproductive health services). However, social marketing programmes – like most sexual and reproductive health programmes – have struggled to understand adequately the underlying cognitive and social constraints and catalysts to behavioural change.

Research shows that lowering prices for reproductive and sexual health commodities leads to increased use among low-income people. Price increases result in lower use, particularly by poorer groups. Social marketing programmes that focus on cost recovery through increasing charges for their products exclude poorer clients and reduce their total distribution.

Most social marketing programmes set retail prices at no more than 1% of GNP or 1%-2% of a household's disposable income for a year's supply of product. More specific affordability baselines are needed, however, as few developing countries are able to provide accurate data on GNP or household income, and rates of inflation are often high. One type of affordability indicator is based upon retail prices for a select list of essential food items, the 'basket of goods' indicator. In a social marketing programme in Nigeria, five condoms retail for the price of one measure of rice and one bar of soap. In another programme in Bangladesh the benchmark price for a condom are a cup of tea, a box of matches and a single cigarette.

## What about the poor?

Research indicates that social marketing does not reach the poorest and that its appropriate target population is economically active, lower-income groups with a small disposable income. The potential of social marketing to reach low-income groups in rural areas is yet to be demonstrated.

Social marketing programmes must recognise that:

- Information on the socio-economic vulnerability status of clients is essential for monitoring their equity and poverty focus.
- In many poor countries income data are difficult to obtain, and even when available are unlikely to provide an accurate measure of household poverty levels. Proxy poverty indicators should therefore include household assets, type of housing, education/literacy level, household structure (e.g. female-headed), occupation, and the location of residence and outlets. Vulnerability indicators should refer to gender, sexuality, occupation, age and ethnicity.
- The use of client socio-economic and/or vulnerability profile indicators to monitor and evaluate social marketing programmes should not result in the setting of targets for the number of clients by vulnerability or socio-economic status. These indicators are meant to serve as a basis for assessing the extent to which programmes reach their targeted population, not for the creation of arbitrary targets i.e. 'No more than x% of clients should live in houses with proper sanitation'
- The percentage of clients who are poor is a measure of the effectiveness of equity targeting. This contrasts with the percentage of low-income users of social marketing products, or the odds of low-income users choosing social marketing products as opposed to another service, which are measures of a programme's poverty focus.

Other measures of equity in a programme include increased numbers of people in vulnerable groups who report being able to access services and products and reduced difference between socio-economic groups reporting price as a barrier to service or product use. Increases in the number of individuals who report that their decision to use particular products was a joint decision made with their sexual partner is a measure of gender equity of the programme.

## Providing convenient services

Social marketing makes commodities accessible in many geographical areas not reached by health facilities and community based distribution programmes, since retail systems tend to be more extensive in developing countries than either of these other service delivery systems. Pharmacies, shops, kiosks, bars, restaurants and hotels are important outlets for social marketing commodities since they provide convenient access and faster and cheaper service than hospitals or clinics. They also tend to be less crowded, rarely have stock-outs and sell other products besides condoms and contraceptives.

A range of social factors act as constraints to accessing contraception and condoms, particularly for the young and women no longer in marital relationships (widows and divorcees). The social marketing of commodities through retail outlets has the potential to provide much needed anonymity and privacy for these groups. For example, women in many sub-Saharan Africa settings who resume sexual relations shortly after the birth of a child will be unwilling to attend a family planning clinic because of the embarrassment associated with breaches of traditional post-partum sexual abstinence.

### Overcoming administrative and regulatory constraints

By its very nature, social marketing represents a service delivery approach that overcomes many of the administrative and regulatory constraints inherent in clinic-based service delivery. Such constraints include unnecessary rules and regulations which

- inhibit use of products – age and parity restrictions on methods, the requirement of spousal consent for contraception etc
- limit the provision of contraceptive services while other clinical activities are taking place
- restrict opening hours

Unnecessary medical practices regarding hormonal contraception include

- taking clients' family histories of heart disease (taking up time which could be used for counselling on common side effects)
- insisting on details of age and parity for non-smoking women
- mandatory tests for cholesterol, glucose levels, liver functioning etc.



## Quality of care and service provision

Access determines whether an interested individual makes contact with a service or product. Once contact has been made, then quality of service or care affects decisions regarding adoption and continued use of the service or product. Conventional social marketing systems of monitoring and evaluation make it difficult to assess their effectiveness against quality of care indicators, such as responding to contra-indications, explaining correct use of methods of contraception etc.

Quality of care and service in social marketing programmes should be assessed in terms of whether they are providing choice, accurate information, regular availability of products, adequate arrangements for follow-up and referral, follow-up messages, and effective provider-client interactions. However, quality of care may be compromised when the vendor in a social marketing programme is interested in making a sale. In addition to the possibility of promoting inappropriate products, there is lack of accountability to medical or government authorities. Product promotion by brand or method may not be consistent with quality of care or informed choice.

A critical dimension of quality is the interaction between client and provider. The test of quality of care lies in the extent to which clients feel they have established a reliable relationship with a trusted provider, and have achieved a substantial measure of safe, effective, and comfortable control over their sexual and reproduction health. The important dimensions of client-provider interactions (in terms of client satisfaction) are the frequency and duration of the exchange, the extent of choice provided, availability of products, the competence of the provider, the information content of the interaction, and the effectiveness of follow-up and referral. Social marketing meets many (but not all) of these criteria. Information provided by pharmacists and other retailers is usually in laypersons' language, allowing clients more control of their treatment than other health providers do. Local pharmacists and shopkeepers may also be family friends and confidantes, and are often more gender-sensitive than clinics, as both men and women tend to work behind pharmacy and shop counters. The marketing skills and ethos of social marketing means it is often innovative in its use of different media for follow-up messages that advocate and inform about self-care.



# KAPO

## Social marketing and HIV prevention

As more and more social marketing programmes focus on HIV prevention, there are issues that must be factored into programme design and implementation.

- In the initial stage of an HIV/AIDS epidemic, the non-poor are likely to be at higher risk of infection as they are more mobile, have a greater likelihood of residing in urban areas where sexually transmitted infection prevalence is higher, and because they have more disposable income for commercial and non-regular sexual partners. Consequently, the appropriate target group for social marketing programmes concerned with HIV/AIDS prevention and control may not be the poor, at least in the early stages of the epidemic.
- Condom social marketing programmes tend to reach the non-poor first because formal distribution networks make sales of products easier in urban areas. It takes time and effort to develop informal distribution networks in peri-urban and rural areas. Also, mass media can be used quickly to reach urban middle-income consumers, whereas many of the communication strategies that are most appropriate for low-income groups – low-literacy materials, community theatre, mobile video – take extra time and resources to develop.

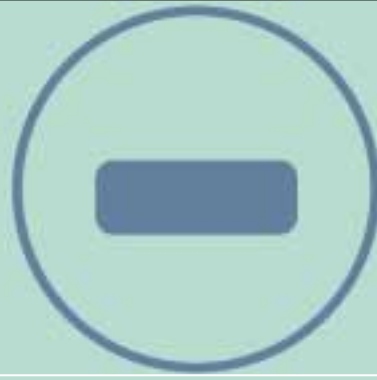


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## Social marketing and HIV prevention

- Although many sex workers and their clients are poor, social marketing programmes designed to impact on HIV/AIDS by targeting commercial sex will tend to make strategic choices that are quite different to those designed primarily to benefit the poor.
- Even if risk of HIV/AIDS is greater among the less disadvantaged in the early stages of an epidemic, an intervention focused on the non-poor is likely to have long-term benefits for the poor because it will limit the subsequent spread of HIV/AIDS to the poor, who are more vulnerable to its impact. In HIV epidemics, which are widespread (i.e. in the general population), targeting high-risk groups can have the adverse effect of making so-called low-risk groups complacent and can undermine behavioural change strategies and health education efforts.
- Young people, a priority target for HIV/AIDS interventions, are less likely to be married or in stable unions, often lack access to sexual health information and services and are more open to behaviour change – all factors that should be accounted for in the design of social marketing programmes.





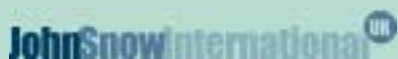
## Summary

- Many low-income groups have difficulty affording social marketing product prices. A cost recovery focus in any social marketing programme excludes the poor.
- Social marketing has the potential to improve significantly access to services and commodities in areas not reached by health facilities and community based distribution programmes.
- For young people, unmarried women and other vulnerable and marginal groups, social marketing provides much-needed anonymity and confidentiality.
- Social marketing represents a service delivery mechanism that overcomes administrative and regulatory constraints inherent in clinic-based service delivery.
- Definitions of sustainability in social marketing vary, and include financial self-reliance, effectiveness in reaching marginalised and poorer populations, and continued support for public health goals. The nature of and terms of involvement of donor support shape these definitions.
- Marketing and sales remain the driving forces in the design, monitoring and evaluation of many social marketing programmes. Couple Year of Protection (CYP) remains the only reproductive behaviour indicator in widespread use in social marketing programmes, the limitations of which are well known. More research, monitoring and evaluation is needed on the effects and dynamics of social marketing programmes, particularly how they impact on real access to services and commodities for the poor and vulnerable.



SERVICE SUSTAINABILITY STRATEGIES IN SEXUAL  
AND REPRODUCTIVE HEALTH PROGRAMMING PAPERS:

- Paper 1**      **Sustainability: Key concepts and issues**
- Paper 2**      **User fees**
- Paper 3**      **Social marketing**
- Paper 4**      **Community-based distribution**
- Paper 5**      **References and key readings**



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