

## Improving Access to Family Planning: Is Social Marketing the Answer?

**What is social marketing?** The social marketing of contraceptives was conceived by Peter King and his colleagues at Calcutta's Indian Institute of Management in 1964. Since then, social marketing has been embraced by governments, donors and NGOs to deliver health programmes, especially family planning. Using commercial marketing techniques, social marketing makes a product available and affordable while linking it to a communications campaign geared toward behavioral change. It seeks to influence social behaviors not to benefit the marketer, but to benefit the target audience and the general society.

Globally, social marketing FP programmes have grown fast, expanding from 23 million participating couples in 2000 to 59 million in 2011. Today, 34% of all couples in the developing world (excluding China) who use contraceptives are getting them through social marketing.

**How does social marketing work?** In contraceptive social marketing, donor agencies usually provide contraceptive commodities to a social marketing agency or a nongovernmental organization (NGO). These social marketing agencies and NGOs use already-existing commercial and noncommercial distribution networks and retail shops to make the subsidized commodities available to the target population.

Social marketing uses the “four Ps” of marketing—product, price, place, and promotion—as a framework for reducing barriers and promoting factors that facilitate behavior change:

- **Product:** To be viable, a product should address a genuine problem and offer a good solution for that problem. In case of contraceptives, socially marketed methods offer easy, affordable approaches to preventing unplanned pregnancy. All social marketers create brand names for subsidized contraceptive commodities, which often appeal to consumers more than generic alternatives.
- **Price:** In setting the price, particularly for a physical product, such as contraceptives, there are many issues to consider. If the product is priced too low, or provided free of charge, the consumer may perceive it as being low in quality. On the other hand, if the price is too high, some will not be able to afford it. Perceptions of costs and benefits can be determined through research, and used in positioning the product.
- **Place:** Place usually describes the way that the product reaches the consumer. For contraceptives, this refers to the distribution system—including the warehouse, pharmacies, shops and kiosks where it is sold, or places where it is given out for free.
- **Promotion:** Promotional activities (e.g., radio, television, internet, billboards, public events, interpersonal communication) targeting the intended customers/ beneficiaries are essential to creating demand for the products and, therefore, facilitating the social marketing strategy's success.

Overall, social marketing can be a powerful tool to improve access to contraception and increase family planning use in general, as well as among underserved populations such as youth. Social marketing can increase availability of family planning products at a variety of prices, thus improving choice. It also has the potential to reduce burden on the public sector by shifting clients who can pay to the private sector.

**What are the barriers and how they can be addressed?** Some of the barriers to social marketing include:

- lack of convenient access to retail outlets by the poor;
- lack of incentive for shop owners to stock and sell socially marketed brands since they yield lower profits than do commercial brands;
- lack of up-to-date information among many pharmacists and chemists about contraceptive methods, making it difficult for them to reassure women about modern methods' safety and efficacy;
- competition with low- or no-cost government programmes; and
- discomfort or embarrassment clients may feel when purchasing certain products, such as condoms, in a public venue.

Strategies to address these barriers include bundling lower-margin products, such as condoms or pills, with higher-margin consumer products (e.g., iodized salt or sanitary napkins) to increase profit margins for retailers and encourage more retailers to stock socially marketed contraceptives; increasing the comfort of sales personnel in selling contraceptives by providing them with training and information about the products; and developing and implementing strategies for increasing contraceptive demand.

**Social Marketing in India:** In 1968, the Government of India became the first country to initiate a social marketing programme for contraceptives in the area of family health and welfare, with the launch of “**Nirodh**” brand of condoms. The market of family planning products in India has since been strengthened with the combined efforts of the public, private and non-governmental sectors. Today, the Ministry of Health and Family Welfare (MoHFW) identifies social marketing as a key approach for providing accessible and affordable contraceptive products to low-income families and vulnerable groups. This gave an impetus to Social Marketing Organizations (SMOs) in the early nineties, to start partaking in the implementation of social marketing programmes with funding from government and other organisations. The SMOs' objective was to promote government as well as own-branded products and services. Today some of the leading SMOs are HLPPT, PSI, *Parivar Seva Sanstha*, DKT India, PHSI, HLL and others.

Three popular social marketing models being implemented by these organizations are 1) the traditional NGO model, 2) hybrid NGO model and 3) commercial partnership model. Healthcare products and services being socially-marketed in India includes condoms, oral contraceptive pills, ORS, iron folic-acid tablets, injectables, cycle beads, sanitary napkins, mosquito nets, institutional delivery through social franchising, and counselling services on family planning. Various social marketing strategies being adopted include behavior change communication, capacity building, networking, community mobilization, policy advocacy, and mix usage of media (mass media, mid-media and IPC).

**Questions for discussion:**

- How well are social marketing programmes working in India?
- Are there any model, evidence-based social marketing programs that should be replicated more widely?
- What are the biggest challenges to FP social marketing success in India? What about quality?
- What additional contraceptive methods should be made available through social marketing?
- Are social marketing organizations limiting their roles to commodity provision (specifically condom promotion) in the arena of family planning in India? Do they have a wider role to play in terms of promotion and communication about family planning practices and services?
- Social marketing verses free supply of contraceptives, which strategy is likely to be more effective in India and why?
- Is the pricing right? Are the social marketing organizations selling the commodities required for family planning at the right price point so that price does not act as a barrier for access?
- Will the GOI's new initiative on social marketing of contraceptives have any impact on spacing method uptake/repositioning of spacing method in India's family welfare programme?

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