Evaluation of Social Marketing of Contraceptives undertaken by HLFPTT in some selected districts of Bihar, Jharkhand and Orissa

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Social marketing of contraceptives has been widely recognized as a means to bridge the gap in promoting and enhancing usage with a thrust on motivational programmes and sustainability. It is primarily possible through a combination of marketing techniques and experience gained from the field situations namely brand promotion and product positioning along with substantial counseling at different stages. The combined effect makes it possible to convert a non-user of contraceptives into a sustained user. Free distribution of contraceptives is often accorded lower value in the context of quality of the product and is gradually being replaced by good quality services even if the price is marginal. It is against this background that most agencies intervening either in the promotion of contraceptives or condom promotion as a means of dual protection has been increasingly relying on social marketing.

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Acronyms

AIDS: Acquired Immune Deficiency Syndrome
ANM: Auxiliary Nurse Midwife
ARO: Assistant Research Officer
BC: Block Coordinator
BFW: Block Field Worker
CBO: Community Based Organization
CBSM: Community Based Social Marketing
CSMP: Contraceptives Social Marketing Project
DPC: District Project Coordinator
HIV: Human Immune Virus
HLFPPT: Hindustan Latex Family Planning Promotion Trust
HVP: Healthy Village Project
ICDS: Integrated Child Development Scheme
IIPS: International Institute for Population Sciences
IEC: Information, Education and Communication
MM: Mahila Mandal
NGO: Non-Governmental Organization
NLN: New Lubricated Nirodh
OCP: Oral Contraceptive Pills
ORS: Oral Rehydration Salts
PM: Project Manager
RMP: Registered Medical Practitioner
RCH: Reproductive and Child Health
RHS: Rapid Household Survey
RO: Research Officer
SGP: Swasthya Gram Pariyojana
STD: Sexually Transmitted Disease
STI: Sexually Transmitted Infection
Summary, Conclusions & Recommendations

With the increasing emphasis on promoting modern spacing methods as a means to reduce the tempo and quantum of fertility particularly among young rural couples, Hindustan Latex Family Planning Promotion Trust (HLFPPT) has implemented a project aimed at strengthening the contraceptive social marketing (CSMP) in the rural areas of four selected districts from each of the three states namely Bihar, Jharkhand and Orissa. The success of any social marketing programme depends on the implementation of an effective communication programme. Taking into consideration the sensitivities of the target groups and by improving the service delivery capabilities, HLFPPT has adopted innovative measures addressing the major barriers in the adoption of the small family norm thereby enhancing the use of contraceptives in rural areas. HLFPPT has thus focused on accessibility, affordability and motivation. The project was launched through core project strategies with the following specific objectives:

- To undertake community based distribution through unemployed youth having knowledge of the community in the selected areas.
- To enhance a comprehensive local media based IEC programme through the service providers, employing local non conventional media in order to make modern spacing methods the preferred contraceptive choice among the target population; and
- Up scaling the project strategies and preparing a comprehensive programme in the substantive phase.

The core project strategies in order to improve the reach of community based social marketing (CBSM) brands were evolved by involving the rural based distributors/village level vendors. These stakeholders are mainly the unemployed men/women from the local communities and/or registered medical practitioners. The project embarked upon a comprehensive non-conventional media based IEC programme to project modern methods of spacing as the contraceptive of choice. The non-conventional channels of communication used
were: Folk programmes (Daskathia, Pala, Nacha), Video van programmes, Street theatres, etc. In addition, the project utilized the block level service providers in the community based distribution programme to initiate interpersonal communication on contraception and spacing as the method of choice.

On the request of the HLFPPPT, IIPS has undertaken this evaluation study with the following specific objectives:

- To assess availability of contraceptives in the rural areas of two selected districts in each of the three states i.e. Bihar, Jharkhand and Orissa;
- To examine the effectiveness of contraceptive distribution system adopted by HLFPPPT;
- To examine the outreach of contraceptives in different areas; and
- To analyze the overall effectiveness of the programme and its impact in enhancing the contraceptive prevalence rates in the respective districts in all the three states.

The evaluation study was carried out using a combination of quantitative and qualitative evaluation techniques. For this purpose, a structured questionnaire was canvassed among randomly selected currently married women in the age group 15-44 years having at least three years of marital duration. The target respondents were selected following a three stage random sampling procedure. At the first two stages i.e. for selection of BFWs and vendors, stratified random sampling in a selected district was used, while at the third stage for selection of target respondents a systematic random sampling procedure has been used in each selected PSU. In all, the findings of this study are based on information collected from currently married women aged 15-44 years from each of the six districts included in the study. In addition, a separate semi-structured questionnaire has been canvassed among all the BFWs in order to get their insights into problems and prospects of the social marketing scheme for contraceptive promotion vis-à-vis achieving the target of population stabilization in the demographically backward states.
Further, in-depth interviews have been conducted with project personnel, who are involved in planning, execution and monitoring of the programme right from the inception of the project. These in-depth interviews provided comprehensive insights into project inputs in terms of manpower material, process adopted for the project implementation and activities to ensure knowledge, awareness and motivation of beneficiaries. This information is expected to facilitate better understanding of the operational constraints in implementation of any innovative approach.

**Salient Findings**

- The study findings reveal that in each of the three states, people’s participation in promotional activities of the project was quite satisfactory. Evidence of such participation was reflected through attendance in the community based programmes organized by the project.

- As per the CBSM project records, there is a gradual increase in the number of couples purchasing the products available under the CBSM project. However, the proportion of couples purchasing contraceptives ranges between 20 and 35 percent of the list of users. The perceived achievement is encouraging as an output of the efforts made by the project especially when the programme has been launched parallel to the free supply of these products by the health department. On the basis of these figures, different level functionaries of the project argued that the programme is gradually picking up and those who have started paying for contraceptives are potential sustained users in the future.

- The process of implementation of CBSM programme followed an uniform strategy across all the three states. This uniformity ranges from training of project managers (PMs), district project coordinators (DPCs) and other middle level functionaries on the objectives of the project, it's modus operandi, communication strategy, promotional activities under the project, net-working with other departments and role and functions of staff at different levels. Among other uniform strategies, micro-level planning
through segmentation of the project areas by developing a route-plan for each worker; networking with the existing system of ICDS programme in all the three states, identification and demonstration of roles, functions and responsibilities of BCs, BFWs and vendors appointed by the project, training of BCs & BFWs on detailed community based distribution network of the project, planning and execution of IEC programme and promotional activities, etc, were most frequently reported by different level functionaries.

➢ The project launched a range of promotional programmes/activities such as organizing video van programme for males and females separately to overcome the problems faced during the initial phase. Such strategies were useful not only in reducing people’s hesitation but also in improving the overall image of the grass root level staff and the project as a whole. In addition, an extensive IEC programme was launched through implementation of local media and BFWs as well as vendors who were given special training to enhance community participation through a range of activities.

Thus, the qualitative insights from project personnel reveal that the success of a well planned and effectively implemented contraceptive social marketing programme in the rural areas of three states primarily hinges on effective communication and promotional strategies which take into consideration cultural sensitivities of the targeted population and maintain service delivery through a strong community based distribution network. However, a number of other strategic interventions at different stages viz. planning, implementation, monitoring, co-ordination with other departments have been found to work as catalysts in the performance of the project. These findings are appropriately supported by the survey findings based on 720 currently married women aged 15-44 years from each of the three states. These findings are summarized in the following sections:

➢ The extent of awareness of different brands of condom reveals that the knowledge of Nirodh is almost universal in the study areas except in
Gumla district of Jharkhand. Knowledge about different brands of condom seems to be poor in the districts of Khurda and Gumla, where it is limited to Nirodh. Among other brands, a substantial proportion of women in the study area were aware of Ustad and Rakshak condoms, which were made popular in almost all the study districts. The extent of awareness about socially marketed brands of condom confirms the effectiveness of the awareness and motivational programmes launched through various local and non-conventional media.

- Knowledge of Mala-D is almost universal in the study districts except in Nayagarh district of Orissa. A considerable proportion of women in Vaishali and Patna districts knew Mala-D and Saheli pills than other oral contraceptive pills (OCPs) available. The brand name Saheli, which is having a connotation of a female friend seems to contribute effectively in the positioning of the product among communities of the study area.

- A comparison with the bench mark indicators taken from RHS-RCH survey conducted by IIPS shows that the extend of awareness and use of any modern methods of contraception are nearly universal in all the districts both in RCH and in the evaluation study. When the results of this evaluation are compared with RCH survey results undertaken by IIPS in 1998-99, it is found that knowledge of different brands of condom and OCP has increased sharply in the study districts. The increase has been particularly high in Gumla, and Ranchi. In Ranchi, for example, only 32 percent of currently married women knew about the condom in 1998-99 and this has increased to 73 percent in the evaluation study in 2004-05. On the other hand, weekly pills (Saheli) are less known than the daily pills in the study districts, varying from 20 percent in Khurda to 68 percent in Vaishali district. However, knowledge about the weekly pills was quite low in 1998-99 (RCH), which has increased considerably by 2004-05.

- Current use of contraception among currently married women aged 15-44 years is the highest in Vaishali (51 percent), followed by Patna (50 percent). Current use of any method of contraception is the lowest in
Gumla (34 percent), followed by Khurda (43 percent). The results indicate that in all the study districts the current use of contraception has increased almost two fold. The major factor for the recorded increase in contraceptive prevalence has been the use of condom and oral contraceptive pills. The study results suggest that the condom and pills use has been prioritized in the study districts which was evident from the observed contraceptive prevalence.

- Use of OCPs is substantially higher among younger women. Condom use by husbands and OCP use by the women generally increases with the increase in education in all the study districts.
- Exposure to the social marketing programme implemented by HLFPPT has been universal irrespective of the socio-economic background of the respondents.
- Participation of women in Mahila Mandal meetings, although not restricted to any specific category, is found to be more preferred by women who are younger, illiterate and having two or more living children.
- The results of the study suggest that the video van programmes have had greater impact on women’s knowledge and use of contraceptives. However, the organization of such programmes varied across the districts. Therefore, organization of video van programmes should be given due priority in the subsequent years of the project activities.

- **The most commonly reported problems with respect to condom use** are: men do not like to use it, problems in procurement/disposal and people will laugh if bought at regular intervals. However, the variation in perception about these problems cuts across all the districts. It is demonstrated from the study that education, supply of condoms and frequent organization of various awareness programmes contribute significantly in the promotion of condom use.
- **The problems perceived in the use of OCPs** are: difficult to remember, difficult to store away from children and associated health problem. Wrong notions associated with OCPs use are seen more among the
primary educated literates suggesting the need for complete information through proper education and communication strategies.

Perceptions about the difference between modern contraceptives available under the free distribution and those available under social marketing reveal that as high as three-fourths of the currently married women aged 15-44 years in Vaishali and Patna districts perceive that tearing during use and non-availability are the common problems associated with free condoms. However, it is encouraging to note that very few women have stated lack of pleasure in case of free condoms. On the other hand, non-availability of OCPs are stated to be the most common obstacle with regard to use of free OCPs reported by women in almost all the districts, more so in the districts of Vaishali and Patna of Bihar.

The above findings are also supported by the evidence that emerged from the key informants interviews. Most of the stakeholders interviewed across the study districts opined that the CBSM programme has contributed to a significant increase in the use of spacing methods in the project villages. However, most of the new users have been reported to use Oral Contraceptive Pills rather than different brands of condom. A majority of the key informants mentioned the role of motivational/awareness programmes organized by “Healthy Village Project”, commonly known as “Swasthya Gram Pariyojana”. Availability of these products in the study communities are also ensured as a majority of the couples were reported to have obtained methods of their choice from registered medical practitioners (RMPs), village shops and local medical stores. However, a considerable proportion of pill users also reported side effects. The commonly faced side effects reported were headache, vomiting sensation, pain in the lower abdomen, irregular menstrual cycle, excess bleeding, laziness, weight gain, etc. Thus, most of the key informants realized an immediate need for skill improvement of grassroots level workers, particularly on contra indication and side effects.
Insights into the problems and prospects of social marketing programme based on interaction with BFWs

Most block level field workers, despite belonging to different sub-populations, expressed usefulness of the training organized by HLFPPT. However, workers who had put in more than one year in the job were more likely to indicate the usefulness than those who had less than a year. Improvement in performance was greater among the younger workers, those below 30 years compared to those over 30 years, among the highly educated (graduate and above) workers than those educated up to secondary level.

- Nearly nine in every ten BFWs reported their current job as quite interesting. There are no significant variations in the responses across the different backgrounds, say, by age, educational level, duration of work and work experience. On the other hand, nearly seven in ten BFWs would want to switch over from their current job, given a suitable opportunity. This suggests that the capacities of the BFWs have been enhanced and could have resulted in higher aspirations for better opportunities.

- Among the products in the basket, a majority of the BFWs reported the highest increase in demand for Ustad condoms and Mala-D pills. Though the demand for other products has also increased it is not at par with Ustad condoms and Mala-D. Other than contraceptives, ORS and Sanitary Napkins are also reported to command sizeable demand and are quite popular.

- BFWs felt that organising video van programmes was the most important strategy of outreach in their areas, followed by more training on communication skills to BFWs. Use of folk/local media, ensuring larger participation of the ICDS workers and more training on communication skills to ICDS workers were another set of strategies perceived as most important for the outreach of the project.

Thus, findings from all the three approaches of evaluation show that the community based social marketing programme in three states has made a
significant contribution in enhancing people’s awareness and motivation to limit their family size. However, change in behaviour may take time. The ongoing efforts should be continued at least for another couple of years. This will also provide an opportunity for the project to plan and execute gradual phasing of its activities and programmes by developing an alternative support system through active CBOs and ensuring continued supply of the products through suitably developed strategies. This alternative system should be empowered to reinforce and reinvigorate the motivational programmes for converting non-users of contraceptives into sustained users.

Finally, the project has ample evidence to focus its programme/activities on women’s empowerment as the central issue and the potential to widen the domain of intervention from social marketing of contraceptives to life style social marketing. One of the best strategies to widen the domain of intervention of the CBSM programme into life style social marketing in its existing setup may be the use of field experiences in developing marketing techniques where change in behaviour should be the focal theme. This can be developed preferably through the concept of role models, which can set examples for others in the community.

In a nutshell, it is worth mentioning that strategies adopted by the project need to be up scaled as the project has potential for replication in its present form. However, it will be essential to bring the issues of prevention and control of STIs by promoting condoms as a means of dual protection and/or as an object of sexual stimuli, in order to reduce young women’s vulnerability to STIs/HIV even in low prevalence districts/states. It is against this background that the techniques and infrastructure developed by the project have adequate potential to adopt life style social marketing.