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Birth Control and Social Marketing: Twin Revolutions

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The use of contraceptives has taken off all over the world and there appears to be no turning back. In the early 1960s, only 30% of the world's couples used birth control, and in the developing countries of Asia, Africa, and Latin American a paltry 9% of couples were using contraception. Today 62% of all couples everywhere use birth control including an astonishing 59% of couples in the developing world. Birth rates worldwide have fallen apace, from 4.9 children per woman in the 60s to 2.4 per woman today.

While all the reasons for this dramatic change are not certain (women's education, increasing wealth, and urbanization have all played a role), family planning programs have, at the very least, speeded things up. One important approach to such programming that has greatly helped to spread the word on birth control is the social marketing of contraceptives, with its branded products, ubiquitous distribution, and massive advertising campaigns.

What is it?

The social marketing of contraceptives was conceived by Peter King and his colleagues at Calcutta's Indian Institute of Management in 1964. The idea is simple enough: If cigarettes, tea, soft drinks, and other branded products reach consumers in virtually every remote region of the world, why not contraceptives? King and his colleagues knew that India--like most developing countries--did not have the medical infrastructure or staff to reach the vast rural areas where most people lived. But Brooke Bond tea could be found everywhere in India and so could Imperial Tobacco cigarettes, and Hindustan Lever's soaps. India's tea companies sold their products to an astonishing 600,000 retail outlets. King and his colleagues displayed a Brooke Bond advertisement that showed a camel plodding across the Rajasthan desert laden with tea. "We don't think a small case of condoms would have broken that camel's back," King's

marketing plan concluded. Thus the concept of social marketing was born.

Is it simple?

In many ways, yes. Social marketing relies on the already-existing commercial networks of distributors and retail shops which are found everywhere. No training programs are needed to convince shopkeepers to carry heavily advertised consumer goods. Shopkeepers and distributors collect their normal margins from the customer's purchase price, so all parties to the transaction have a financial incentive to make these programs succeed. In poor countries, the consumer price must be subsidized so that the poor can afford the products; then the distribution chain--retailers, wholesalers, distributors--may keep nearly all of the selling price. But as long as the commercial network is participating, the system works.

Packaging, Advertising

Advertising and other forms of disseminating information are linchpins of social marketing, and branding and packaging are almost as important. All social marketers create brands, and experience shows that top-quality packaging is also essential to build consumer confidence. Just as Tide outsells most generic or store-brand detergents, so the Raja condom (Bangladesh), and the Postpill emergency contraceptive (Ethiopia) consistently outperform their generic counterparts.

In the initial stages of a social marketing advertising campaign, contraceptive ads provide the first clue for many couples that birth spacing and pregnancy prevention are even possible. And the ads address specific brands and methods like condoms, pills, and the contraceptives available at clinics.

Radio and television are nearly ubiquitous now, and social networking sites on the Internet offer completely new communication outlets. But traditional communication channels are just as effective. Social marketers in India use wall paintings; in Mozambique, billboards; in Ghana, the sides of vehicles; and in those and many other countries social marketers get the word out by sponsoring events like the popular women's 10k race in Ethiopia. There are also banners, T-shirts, baseball caps, key chains and a plethora of other means to tell the world that everyone can space their children, control their family size, and enjoy the pleasures of sex without the consequence of pregnancy. Social marketers in more than 80 programs in 66 countries spent an estimated \$50 million advertising their contraceptive brands last year.

Impact

Social marketing programs have grown fast, expanding from 23 million participating couples in 2000 to 59 million in 2011. That means that today, 34% of all couples in the developing world (excluding China) who use contraceptives are getting them through social marketing.

Why does this work?

One reason that this approach is so effective is that it fits right into the normal commercial environment of the countries where it operates. Ads are tailored to local tastes, and the contraceptives are promoted with a positive message, easily understood. "Until You Want Another Child, Rely on Preethi" was an effective headline for condoms in Sri Lanka. "Daphne--the progestin-only contraceptive for breastfeeding mothers," conveys important information in the Philippines.

Another plus: This approach is not patronizing. The products are seen as normal commercial goods that bring consumer benefits. An ad put out by the Indian government some years ago tried to change values with the slogan "Two or Three Children Are Enough." Social marketers have learned not to preach that way. Instead, the more effective strategy is to promise a benefit: "You can relax with Choice pills. No more worries about unwanted pregnancy." Program participants are customers, not "beneficiaries." People the world over resist having outside parties, particularly the government, telling them what's good for them, and social marketers understand this.

A final plus: As incomes rise around the world (and they are doing so), social marketers can, while keeping an eye on affordability, gradually raise prices and recover more and more of their program expenses from sales revenue. This means that such programs require less from donors and can begin moving toward the Shangri-La of programmatic and financial self-sufficiency.

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Notes: CPR 1960-1965: Demography, Iqbal Shah, FPRH, 2010.

TFR 1960-65: UNDP: World Population Prospects; 2010 revision

