

# How Social Marketing Changes Lives

The Stories Behind the Statistics







**“If we keep having children,  
it is like we are punishing the  
ones we already have. That is  
why I do family planning.”**

*— Toyin Olabode*



**Pakistan**



**India**



**Nigeria**



# How Social Marketing Changes Lives



Contraceptive social marketing — the use of commercial techniques and infrastructures to provide low-cost contraceptives and health information to people who need it — is by all measures a remarkable success. In 2019, social marketing programs provided accessible, affordable family planning to some 89 million couples in Africa, Asia and Latin America through millions of neighborhood outlets — including grocery stores, supermarkets, convenience stores, cash and carries, street vendors, street kiosks, beach kiosks, newsstands, gas stations, brothels, motels, bars, nightclubs, massage parlors, “mom and pop” stores, paan shops, midwives, registered medical practitioners and proprietary patent medicine vendors. Every year, DKT compiles and publishes [social marketing statistics](#) on our website.

These statistics are significant. Yet, as impressive as they are, they can mask an equally important aspect of social marketing — its profound and enduring impact on people’s lives. The mechanics of sales, marketing and distribution can be somewhat impersonal, and the dramatic day-to-day differences that social marketing makes in the lives of the consumers who purchase these products and services may not be evident.

In the following collection of personal stories, David Olson profiles eight people touched by social marketing programs in Ethiopia, India, Nigeria and Pakistan. They include family planning promoters, midwives, sex workers and ordinary people seeking to manage their families, prevent HIV and improve their lives. These stories demonstrate the variety of humanitarian impact being created by social marketing programs around the world.



Christopher Purdy  
*President & CEO*  
*DKT International*



INDIA

## Rani Devi, Surya Health Promoter



**H**er parents forced Rani Devi to drop out of school and marry when she was only 15 years old. She was unable to find a job in her remote village of Pachwari Tola in Bihar State, and her husband was unemployed due to ill health. Soon, she gave birth to three sons. Rani feared financial ruin, and was always fretting about how to feed and educate the children.

In the midst of these dire straits, a relative told Rani about the [Surya Family Planning Clinic Network](#) and its team of Surya health promoters (SHPs) who receive financial incentives for referring new clients. Rani was intrigued but her husband was opposed. Eventually, Rani's persistence and their dismal economic situation conspired to bring him around. She joined Surya as an SHP in 2009 (Rani is seen above in the mask at right).

From day one, she was a hard worker and quickly learned the process of referring clients. Since she was a member of the community, she understood the mindset of its residents and knew the right

language to use in counseling them. She often uses the Hindi phrase “Chota pariwar, sukhi pariwar” (small family, happy family).

Initially, family planning was a hard sell in her community. Rani lives in a society where the concept of “more hands, more money” is ingrained in the thinking, and her struggles to encourage people to consider managing their family size were epic.

However, with a strong will, patience and perseverance, she eventually succeeded in knocking down the myths on contraception, birth spacing and abortion and building faith in family planning and its benefits. Today she is seen as a local expert, to whom women and couples come for reliable advice and information.



**“When I was poor and in trouble, the Surya clinic supported me.”**

**— Rani Devi**

Rani started earning good incentives and her financial condition gradually improved. She earned enough to send her sons to good schools. Now they have graduated and are able to support the family. They told Rani she should quit Surya, but she refuses to give up the work she loves.

“When I was poor and in trouble, the Surya clinic supported me,” she tells them. Her life is good today, she says, because she found Surya and wants to continue the work that has enriched her life.

Through December 2020, Rani has referred almost 1,000 clients to the Surya network for sterilization, and her own life, self-esteem and status has also grown.

During the COVID-19 pandemic, Rani was generating awareness in the community on the coronavirus. After lockdown was lifted, she made extensive door-to-door visits, promoting mask wearing and hand sanitizer and counseling communities on how to stay safe. Rani has not forgotten her key role, however, and continues to send couples to the re-opened corona-safe Surya clinics for counseling and treatment.

INDIA

## Vikash & Ragini, Motorcycle Mechanic & Housewife



When Vikash and Ragini Kumari got married in 2013, they decided they wanted just two children. Their plan was implemented flawlessly, thanks to significant support from [DKT Janani](#)'s Surya Family Planning Clinic Network.

Vikash and Ragini live in Patna, the capital of Bihar State. Vikash, 33 years old, is a mobile motorbike mechanic. He doesn't have a workshop of his own; he travels to his customers at their homes and workplaces to maintain their motorcycles. This earns him enough money to take care of his family and aging parents. Ragini, 28, stays at home and takes care of the children.



When they were first married, Vikash and Ragini were not using contraception. After Ragini delivered their first child at a Surya clinic in Patna, they sought the advice of the clinic counselor and decided to go for birth spacing with an intrauterine device (IUD) until they were ready to have their next child. Since then, they have maintained a constant relationship with their local Surya clinic.

“I used to be afraid of going to a hospital, but Surya clinic has changed me,” says Ragini. “I felt like I was with family members whenever I was at the clinic. They are always so friendly and remember me from many years ago. After both my children were born, I received calls from Janani asking how I was. It made me feel good.”

Ragini never suffered any side effects or had problems with the IUD insertion. As planned, they had their second child in 2018 at the Surya clinic. Throughout her pregnancy, Ragini was under a Surya doctor’s supervision. They were happy with Surya, especially the ambience and cleanliness of the clinic and the helpfulness and friendliness of the staff.



**//Surya clinic  
has been like  
a grandmother  
to us.//**

**— Ragini Kumari**

After their second child Ragini opted for female sterilization, at the Surya clinic, of course. The procedure went smoothly, with no complications.

Vikash and Ragini are a happy couple with two children. Their son is now seven years old and attends a Montessori primary school. Their daughter is two.

“Surya clinic has been like a grandmother to us in helping us to understand the advantages of a small family with a better quality of life,” says Ragini. “Now we can afford to educate and take care of our children properly. Vikash is happy too; he repairs the clinic staff’s motorbikes.”

NIGERIA

## Odogwu Anene Nkemdilim, Grocery Seller



When they got married, Odogwu Anene Nkemdilim and her husband decided they would space their children five years apart. But after getting pregnant when their first child was less than two years old, she realized they needed family planning.

She learned about DKT Nigeria's [Honey & Banana Connect Call Center](#) from her doctor. She called and, with their guidance, selected a [Lydia IUD](#). She now recommends the call center to her friends.

Anene and her husband still want one more child but now that they have the IUD, they are going to do it on their terms. She has big career plans and doesn't want to be distracted by having another child too soon.

Anene, 28 years old, has a college degree in medical physiology and wants to use her training to open her own pharmacy. She put those plans on hold a bit, due to a lack of money and the arrival of her two children. Instead, her husband helped her open a small grocery store in Ago Palace, an up and coming middle class community of Lagos; he sells drinks in another shop. But for Anene, the dream of having her own pharmacy never died.

“By God’s grace, I’m planning to stop selling provisions and start selling medicine in my own pharmacy,” she says confidently. Her pharmacy offerings will include DKT products like condoms and oral and emergency contraception.



**“Nigeria is not a place where you want to be giving birth all the time because things are hard now.”**

— *Odogwu Anene Nkemdilim*

Anene lives with her family, one son and one daughter, in a two-bedroom apartment in Lakeview Estate in Ago Palace. She’s a devout Christian, who prays with her children every day and loves Christian music. Every weekday morning, she wakes her children at 5:00, bathes them, prepares the food for the older one and cleans the house. She drops the baby at a day care center, the older one at school and is working in her shop by 9:00.

Since she started contraception one year ago, it has been a huge boost to Anene’s life. “Family planning has changed my life very well,” she says. “Before, if I’m with my husband, I will be fearing for myself whether I might get pregnant. But after that [the Lydia IUD], I have a free mind.”

Her doctor told her that when she is ready to have another child, all she has to do is come in and have the IUD removed. She encourages other women to try family planning. “Nigeria is not a place where you want to be giving birth all the time because things are hard now.”

## NIGERIA

# Temitope Adebayo

## Tailor's Apprentice



**T**emitope Adebayo, a young single mother living in the densely populated Makoko slums of Lagos, has found a strategy for dealing with the shady men she encounters.

"I have not seen a good man," she says. "All men are useless. But I am still young; it is not possible for me not to be dating. But even the guy I am dating behaves like a madman sometimes. No one should quickly get pregnant with such a man. That's the reason I am taking family planning."

Temitope, 27 years old, is struggling to raise her seven-year-old daughter in a two-room shanty in Makoko where she shares a bathroom and toilet with a neighbor.



**// Before, I used to get pregnant quickly but now it is nothing like that. I have a focus that fashion design is what I want, and there is nothing that can disturb me now. //**

**— Temitope Adebayo**

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But Temitope has big dreams. She is a tailor's apprentice and hopes to eventually work as a tailor and fashion designer. She loves everything about clothing. "I love to wash cloth," she says. "If I start washing now, I can do it from morning to night."

"I want to find the money to open a shop when I finish learning fashion design. I will put my sewing machine there and sell things like soap in cartons."

"For my daughter, I want her to finish her education because her father always insults me that I can't take care of her. I want her to have an education because I came out with a secondary school certificate, but I want her to pass me in her education."

One of Temitope's most potent tools in achieving her dreams is the subcutaneous contraceptive injection marketed by [DKT Nigeria](#). She heard about it from a friend in Makoko who gets injections from a DKT community health worker. Before learning about DKT, Temitope was relying on abortions to manage her fertility. She has been using the injection since 2018, and finds it to be effective, without side effects.

Temitope says family planning has changed her life.

"Before, I used to get pregnant quickly but now it is nothing like that. I already have a focus that fashion design is what I want to do, and there is nothing that can disturb me now. What it has done is that all those useless pregnancies that I used to have are finished. I am free now. That is the only problem I had, and it is no more."

## PAKISTAN

# Ruqia Younas, Community Midwife



**R**uqia Younas earned her diploma in midwifery in 2011, excited to put her new skills to work and help the women and children of her village in Punjab Province, central Pakistan. But Ruqia didn't have the resources to open her own clinic, and struggled to find her niche. She provided home deliveries but no maternal and child health care or family planning. It was not easy.

In 2014, Ruqia heard about *Dhanak* Health Care Centers, a new clinic network launched by [DKT Pakistan](#) to address a lack of maternal health and family planning that kept Pakistan's modern contraceptive prevalence rate (26%) the second lowest in South Asia (after Afghanistan).

Ruqia was accepted by the network, and *Dhanak* (which means "rainbow" in Urdu) provided her with the training, infrastructure, products and supervision necessary to open her own clinic in the village of Bhattiwala. Since then, Ruqia has been providing maternal and child health care, selling a range of contraceptive

products and administering injectables and intrauterine devices (IUDs). She also provides post-abortion care services and helps women manage their miscarriages.

Her monthly client flow has increased from around 20 in 2014 to 50 in 2020. The IUD is the most popular contraceptive; she inserts 3-5 per month. People like IUDs because they can remove them when they want, and the new versions are smaller and have fewer side effects.

Ruqia is proud of her work. She says that the best thing is that it gives her the opportunity to bring new babies into the world and provide family planning to the poor of her community.

People are starting to appreciate family planning, she says, including men. “Family planning awareness in my village has gotten better in the six years since my *Dhanak* clinic opened and the concept of family planning has become more widely accepted. Unintended pregnancy is not really a problem anymore.”

“*Dhanak* brought big changes to my life. As I have acquired more experience, people trust me more and my relationships with them have improved. The word about me goes out, with clients talking to other people. People now ask about me, even from distant places.”

Ruqia has observed women in her community having fewer children than before. This follows the national trend in which the fertility rate for women 15-49 has dropped from 4.9 children per woman in 1990 to 3.6 in 2017.

Ruqia herself is part of that trend. Because she and her husband have two children and do not want any more, she uses a DKT Heer IUD to manage her fertility.

“I just didn’t want any more than two,” she says. “I wanted to focus on the ones I had so they could grow up well.”

**“Family planning awareness in my village has gotten better... Unintended pregnancy is not really a problem anymore.”**

**— Ruqia Younas**

## PAKISTAN

## Zulekha Baloch, Community Midwife



**T**he story of the indefatigable Zulekha Baloch is a case study in perseverance. Since she was a child, Zulekha nurtured a dream of working in health despite unending obstacles.

The first hurdle was getting married at 16 and quickly having three children. When she decided to commute two hours daily to attend midwifery school, her husband was initially opposed but eventually agreed. After she got her diploma and scraped together the resources to establish her own clinic, the first of its kind in her district, pretty much everyone was resistant — her husband, her extended family and her community.



**“People in my community  
had a negative image  
regarding family  
planning.”**

**— Zulekha Baloch**



“I was questioned by my husband and my family about the need for a clinic,” she says. “How much would I earn? How many clients would I have? Who did I think I was? A doctor? Why would anyone trust me over qualified doctors?”

“People in my community had a negative image regarding family planning,” says Zulekha. “They thought it was a sin, and forbidden in our religion.”

And yet she persisted, and now she is marking five years of running her own clinic and caring for the people of her community.

Zulekha, 30 years old, grew up in Matli, a town in the Sindh province of Pakistan, about 200 kilometers east of Karachi, and just north of the Indian border. Matli is considered a breadbasket of Pakistan. People lead tough lives, with most working in farming or transportation.

From childhood, Zulekha wanted to become a doctor or a lady health visitor. She was encouraged by her sister, who attended nursing school and established a career. But early marriage and motherhood prevented Zulekha from doing the same.

Eventually she was able to study midwifery even though she faced a long daily commute with three kids at home. She completed her course in 2013 and was sent to a nearby town to run a birth station.

In 2015, she was approached by DKT Pakistan who presented her the opportunity to have her own Dhanak clinic, the first clinic in

*(continued)*

the district. DKT's [Dhanak Health Care Centers](#) are a nationwide network of 1,250 midwife-owned and operated clinics which emphasize family planning, particularly long-term methods like IUDs. With training, financial and logistical support from DKT, she opened her doors.



**“It took us months to counsel them and make them understand that family planning is permissible in our religion and important for the women.”**

**— Zulekha Baloch**

Community support was underwhelming at first but, after much advocacy, she was able to convince people that family planning was a positive thing.

“It took us months to counsel them and make them understand that it’s permissible in our religion and important for the women,” she says.

In the last five years, attitudes towards family planning have changed. People used to have five or more children. Now most couples prefer one or two.

When her husband saw her success, he finally supported her. Unfortunately, he died in 2019 but thanks to her Dhanak clinic, she has been able to support her family,

educate her children and build a house. Zulekha proved everyone wrong and her community is better off as a result.

## ETHIOPIA

## Amanuel Aklilu, Digital Media Professional



Amanuel Aklilu admits that when he attended his first session of [DKT's Higher Education Initiative](#) (HEI), he was mainly interested in scoring some per diem to cover the cost of khat, an indigenous plant of the Horn of Africa that is a stimulant and produces a high.

Instead, that session turned out to be a turning point in his life. "The project helped me to graduate safely with a clearly outlined life plan," he says.

Amanuel, 28 years old, grew up in Bahir Dar, capital of the Amhara region, where he attended Bahir Dar Academy and got good grades. His parents were both in health — his father was a health officer and his mother a midwifery nurse.

*(continued)*



**“We realized that university students know many things about sexual and reproductive health but they need to be reminded. We know we have to use condoms, but we forget.”**

**— Amanuel Aklilu**

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But when he went to Arba Minch University in southern Ethiopia, he drifted. The classes were too easy, and he became bored. He started skipping classes and spent most of his time in the city with friends.

“At that time, I was too much a drug addict,” he recalls. “I smoked too much — weed and cigarettes — and drank too much. I got into almost every risky behavior, and had no goals in my life.”

In 2013, he stumbled on an event at his university organized by HEI, which has the goal of reducing irresponsible sexual behavior, unwanted pregnancies and sexually transmitted infections by delivering quality information to university students. HEI showed Amanuel that a lack of life skills and planning and drug abuse lead students to risky behavior.

“They had some interesting techniques to embed the messages in the art and the storytelling. They were speaking to my life. I became more and more engaged. I decided that I could give something, and by giving something, I would gain many things.”

“The biggest thing I can say about this program is that it gives youth chances. The project didn’t treat us like victims. If it did, I would be the first one to leave. I was the problem but I was also the solution. HEI gave me that insight.”

Very quickly, Amanuel became one of the stars of HEI at his university. He also became active in TemariNet, DKT’s social

networking platform designed for university students, working on the editorial and social media campaign side.

“We realized that university students know many things about SRH (sexual and reproductive health) but they need to be reminded. We know we have to use condoms, but we forget. That reminder should not be just the direct way — use condoms, don’t cheat on your partner, have a life partner. We design games and different approaches to remind people that they need to take care of themselves.”

In 2016, Amanuel graduated with a degree in electrical and computer engineering. He now works as a self-employed digital media professional. Recently, he worked for the prime minister’s office helping them improve their digital media platforms. He got married in 2020 and he and his wife plan to have their first child in two years. His life is firmly on track.

**“I decided  
that I could  
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many things.”**

**— Amanuel Aklilu**

As of 2020, HEI had partnered with 28 universities and reached more than 1.2 million students since it started in 2009. In addition, it distributed more than 2.9 million male condoms and 54,000 cycles of oral contraceptives to university students.



## ETHIOPIA

## Selam Abebe, Sex Worker



It was an unfortunate series of events that led Selam Abebe (not her real name) down a path to commercial sex work.

At the age of six, her mother died and her father left her with relatives after he married and started a new family in Eritrea. Despite the setback, Selam graduated high school and did well on university entrance exams. But instead of pursuing her studies, she got married at age 18. She had one child, but the marriage did not

go well: Her husband was often drunk, prone to jealous rages and did not provide for her financially, so they divorced.

Her ex-husband agreed to take their daughter, now 4, but Selam does not visit her. "I am afraid I will put her at risk of COVID," she says.

After her marriage ended, Selam, now 23, was forced to fend for herself. She found a job as a waitress in a hotel.

"The only job I could find without any training was a waitress," she says. "However, I found that working as a waitress was difficult because of low pay which was not enough to cover my

basic expenses. Friends in my workplace saw better economic gain doing sex work. Thus, I felt I had no choice but to try it.”

She meets clients at the hotel and sometimes arranges meetings by telephone. Before COVID, she was getting one or two clients per day.

Selam has many fears when meeting clients. The main one is getting infected with HIV, especially from those clients who do not want to use condoms. She is tested every three months and, so far, has tested negative. She is also afraid of physical abuse and even murder.

In the midst of a difficult life, DKT Ethiopia’s [Wise-Up HIV prevention program](#) has been one bright spot. Its drop-in centers provide rooms to rest in during the day, health services, video entertainment and laundry facilities. “Wise-Up is like my home,” she says.

“Wise-Up helps me minimize my daily expenditures and save money. Before COVID-19, I made 500-600 Ethiopian birr (\$13-\$16) per day but it was not possible to save anything. However, after I joined Wise Up, I saved money.”

Selam has started working again but it is not like before. Now she has around three clients per week.

Selam hopes to study accounting and finance in a college during the day while continuing to work at night. Once she has a college degree, she will get a professional job or open her own small business.

She also hopes to marry again and have more children if she can find the right man. “I don’t want to repeat what I had before because he [her ex-husband] was a difficult person so if the case is like that, I prefer to take care of my daughter and remain single.”

**“Wise-Up helps me to minimize my daily expenditures and save money.”**

**— Selam Abebe**



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(in red and black on the right front)  
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