

HOW CONDOM SOCIAL MARKETING IS EFFECTIVE TOOL TO IMPROVE THE HEALTH OF VULNERABLE

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SOURCE

This primary study was done and primary data was collected from truckers (includes helper as truckers) at Sanjay Gandhi Transport Nagar, New Delhi (India), Man having Sex with Man (MSM) at Pahal Foundation Community Based Organization (CBO), Faridabad, (India) Female Sex Worker Sultanpuri, New Delhi (India)

ABSTRACT

In response to the HIV/AIDS epidemic, social marketing programmes have made condoms accessible, affordable and acceptable to low-income populations and high-risk groups. Corporate marketing is used for social purpose then it's called social marketing. In some areas this has become successful but in other few areas it given negative effect. This primary study has been done to First measure the effect of social marketing and second if social marketing, specially what type of media, would be an effective way to disseminate the information of HIV/AIDS, RTI/STI and condoms to the vulnerable population.

This has been done on truckers (n=200), MSM (n=30), FSW (n=30). Questionnaire was made and FGDs were conducted. It was found that career is the priority of truckers & FSW and friends were priority of MSM. Truckers have radio as source of information. MSM and FSW were having Cellular phone to get information of their clients and friends. Approximately 78% truckers, 70% MSM, 48% FSW were aware about condom through social marketing (See Table 1). Only 63% truckers, 47% MSM, 12% FSW were aware of HIV/AIDS, and 58% trucker, 41% MSM, 5% FSW were using condom for prevention of HIV/AIDS, rest were for any other purpose.

Social marketing programmes do not operate in air; government support is a key component of a successful programme. So government should support to MSM, FSW in legal. There is urgent need to have more social marketing of female condom & its use, and public private partnership model to improve health of vulnerable group. Corporate sector should provide support to

Government as their Corporate Social Responsibility (CSR).

KEYWORDS:- Condom Social Marketing, HIV/AIDS, Vulnerable, Government

INTRODUCTION

Social marketing was "born" as a discipline in the 1970s, when Philip Kotler and Gerald Zaltman realized that the same marketing principles that were being used to sell products to consumers could be used to "sell" ideas, attitudes and behaviors. Kotler and Andreasen define social marketing as "differing from other areas of marketing only with respect to the objectives of the marketer and his or her organization. Social marketing seeks to influence social behaviors not to benefit the marketer, but to benefit the target audience and the general society." This technique has been used extensively in international health programs, especially for contraceptives and oral rehydration therapy (ORT).

Social marketing varies from other forms of commercial marketing because it looks for profits in the individual or society rather than for a company. Social marketing as defined by Grier and Bryant: The social marketing process is a continuous, iterative process that can be described as consisting of six major steps or tasks: initial planning; formative research; strategy development; program development and pretesting of material and non material interventions; implementation; and monitoring and evaluation.

"Social Marketing" may be defined as the adaptation of commercial marketing and sales concepts and techniques to the attainment of social goals. It seeks to make health-related information, products and services easily available and affordable to low-income population and those at risk or vulnerable while at the same time promoting the adoption of healthier behavior. It may be said the ultimate goal of social marketing is to effect healthy and sustainable change.

Social marketing has been shown to be effective in changing health behavior and reducing health care costs. Objectives of social marketing in health promotion include: "to disseminate new information to individuals, to offset the negative effects of a practice and to motivate people to move from intention to action.

Social marketing is gaining prominence in developing nations like India. As the HIV/AIDS epidemic and sexually transmitted diseases continue to advance at a rapid pace in India. Since the mid-1990s, there has been a strong effort to create awareness and promote behaviours that would prevent HIV/AIDS. Approximately 55% of the entire Indian population is not aware of HIV/AIDS (Chattopadhyay and McKaig, 2004).

In response to the HIV/AIDS epidemic; social marketing programmes have made condoms **accessible, affordable and acceptable** to low-income populations and high-risk groups. Availability and accessibility are key components to ensuring the use of a commodity along with acceptability and skills.

Bridge populations comprise people, who, through close proximity to high risk groups are at the risk of contracting HIV. Quite often they are clients or partners of male and female sex workers. Truckers and migrant labours are major bridge populations. Truck drivers and their helpers are an important population category at risk of HIV in India.

Consistent and correct condom use is recognized as one of the most effective ways to prevent the spread of HIV and other sexually transmitted infections. Condom promotion is an essential component of any HIV prevention campaign, especially in India where there is still widespread taboos regarding their use among the general population.

The National AIDS Control Programme (NACP III) condom promotion strategies recommended integrating the promotion of condoms for family planning and HIV/AIDS intensely across the entire country using social marketing approaches. While translating this audacious goal into action the demand of condoms needs to grow from 2.2 billion to 3.5 billion and number of outlets selling condoms need to grow from 1.1 million to 3 million by 2012. The number of social marketing programmes on the ground needs to grow from the existing 10 to 25.

HIV prevention objectives of NACP III: The supply objectives of the condom social marketing programme are to:

a) Increase the retail off-take of social marketed condom to 2 billion by 2012.

b) Increase the number of condom outlets to 3 million by 2012

Increase the accessibility of condoms to make it available within 15 minutes of walking distance from any location.

Three channels of condom supply – free distribution, social marketing and commercial sales – will work in a complementary manner, each providing products to different target groups. The social marketing of condoms has two main components.

First, a government agency or other organization buys condoms to sell at a discount or works with manufacturers to subsidize their cost, absorbing some of the financial burden so the public has to spend less money. The goal is for condoms to be affordable rather than free since people are more likely to use something they paid for. Condoms were distributed free to the sex workers. With time, it was realized that to meet increasing demand for condoms and to sustain it financially, social marketing of condoms has to be undertaken.

UNAIDS has promoted and supported social marketing, and especially the social marketing of condoms, as a key strategy in the fight against the spread of HIV/AIDS and STDs. Social marketing has become increasingly popular among governments and donors as a way of addressing serious health issues.

Market prices of condoms were very high and private manufacturers were unable to generate expansion in consumer sales. In the early 1960s, India introduced a brand of condom known as "Nirodh" for free supply through government hospitals and primary health centers.

Condom Social Marketing (CSM) emerged as an effective and cost-efficient tool in combating the spread of HIV/AIDS in the mid-1980s. In India, especially in Kerala, AIDS controlling programs are largely using social marketing.

The foundation of the condom social marketing programme was the establishment of a network of traditional and non-traditional condom outlets in and around areas where FSWs are known to be present. These areas are important as they are frequented by clients of FSW, who constitute a significant bridge group for the spread of HIV and STI.

National highways were included because truck drivers and their helpers are an important population category at risk of HIV in India. Prior to the intervention, knowledge regarding condom use to prevent the spread of HIV and STDs among males was 27.6% as compared to 76.5% after the intervention. Knowledge among women increased from 39.7% to 81% after the intervention.

There are multiple and overlapping media channels to deliver focused messages about consistent condom use.

OBJECTIVE

This paper is intended to provide a clear understanding of social marketing, its key components and the role social marketing can and continues to play in preventing and slowing the spread of HIV/AIDS.

General Objective: To determine if social marketing is effective in changing the health seeking behaviour of vulnerable group of HIV/AIDS.

Specific objectives are as follows:-

- To find out their priority in the life. To estimate awareness level of condom in vulnerable population through social marketing.
- To find out the frequency of condom using and if social marketing brings changes in health seeking behaviour and sexual activity in vulnerable group (Truckers, MSM, FSW).
- To understand especially what all type of social marketing method would be an effective way to disseminate the information of HIV/AIDS, RTI/STI and condoms.
- To find out the reasons of using or not using condoms.

To explore if any behaviour change is coming in the subjects, this would help to increase acceptability of the condom.

METHODOLOGY

This primary study was done and primary data was collected from truckers (includes helper as truckers) at Sanjay Gandhi Transport Nagar, New Delhi, Man having Sex with Man (MSM) at Pahal Foundation Community Based Organization (CBO), Faridabad, Female Sex Worker, Sultanpuri, New Delhi. For quantitative data a structured questionnaire was administered to subjects for collecting information on condom availability and visibility through direct observation and on operating hours and opening days as reported by respondents, Questionnaire major portion includes information on demography, health seeking behaviour, their priority, the way of getting information of HIV/AIDS and Condom product for it. Second way of collecting data on quality bases was Focus Group Discussion (FGD) and in-depth interview of Truckers, MSM, FSW, Service provider. This all was done with the help of peer educator Vishnu (for truckers), Laxmi (for FSW) and Simmi (For MSM) from the same community.

The structured questionnaire contained close ended multiple choice, and rating-scale questions. Questionnaires were personally filled in through face-to-face interviews. The questionnaire was developed in English as well as in Hindi considering literacy of target population. These methods of data collection were influential in determining what media was used and what messages should be given to the target population.

Target Population/Subjects- Human beings that are at risk of being vulnerable or having sex without safe practices were the focus of the social marketing model that was designed to send messages related to the safe sex practices.

Sampling Procedure: In non-probability sampling, convenience sampling and judgments sampling were used.

Sample Size: Truckers (n=200), MSM (30), Female Sex Worker (FSW) (30), Service provider (30) was sample size. Vocal permission has been taken and they have been told that this information will be used for research purpose and this will give you health benefits, all results will be shared to them and confidentiality will be maintained.

Statistical Analysis: The data collected on quantitative and qualitative analyzed using SPSS and Atlas.ti software respectively. Because of the nature of qualitative statistics, three persons were assigned to interpret the entire collection of focus group discussions and in-depth interviews. This was done to help reduce the amount of variability in the results.

RESULTS OF QUANTITATIVE AND QUALITATIVE DATA:

The analysis of quantitative and qualitative was done simultaneously and on association between different factors, so that reasons of every response could be understandable.

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Figure 1

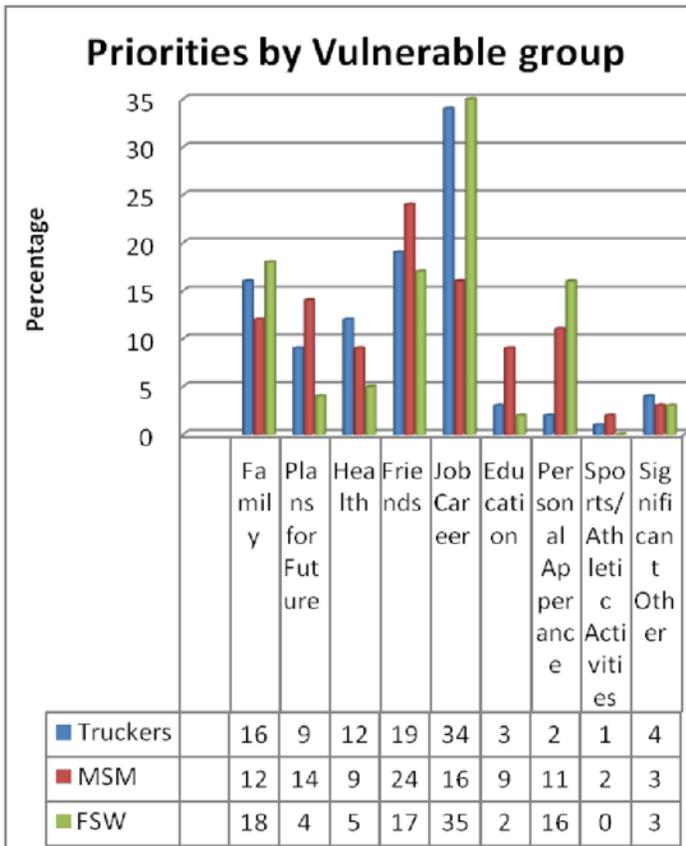


Figure 2

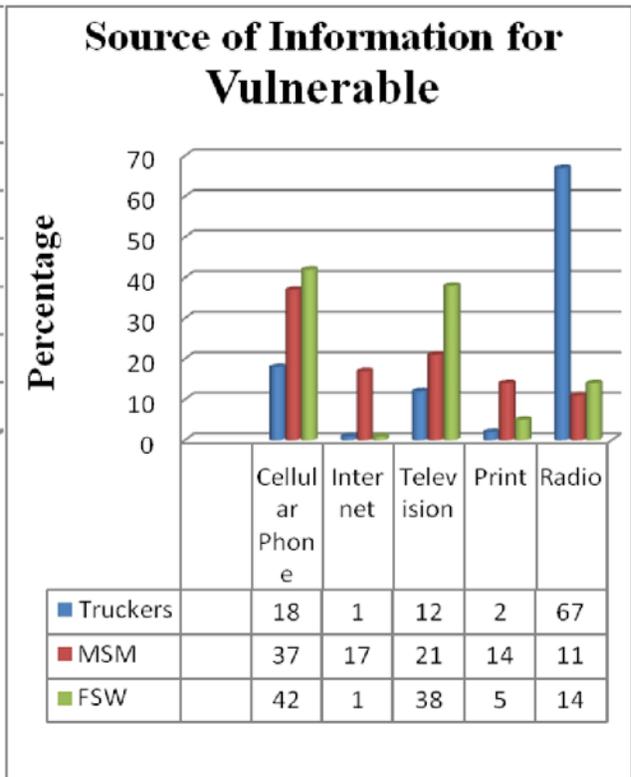


Figure-1 is showing that job career is the priority of truckers and FSW and, friends are the priority for MSM, since MSM involved in sexual activity with their friends because they were neglected by family, but for FSW the only source of income was sex. Health is the least priority for FSW because they were illiterate and less knowledge of HIV/AIDS and condom. Friends were priority for MSM. (For detail see Table 2 in appendix)

Figure-2 is revealing that only MSM were more familiar with internet, because they were literate and having job on computer bases. As Truckers are more traveling so they have source of information by radio. MSM and FSW were having Cellular phone to get information of their clients, friends and Hot Spot.

Awareness of HIV/AIDS: Only 63% truckers, 47% MSM, 12% FSW were aware of HIV/AIDS. Effective year for social marketing: 68% respondents think that year 2010 creates more awareness of condom, 12% think that year 2009 creates more awareness of condom, 3% respondents think that year 2008 creates more awareness of condom, 7% respondents were unknown.

Study shows that 58% trucker, 41% MSM, 5% FSW were using condom for prevention of HIV/AIDS, rest were for any other purpose. All the respondents who were aware of condom also aware about the brand of condom like: Nirodh, Kamsutra, Durex, Kohinoor, other brands.

Most of the FSW told that some changes happen with their clients and now they are using condom when having sex with them. FSW ensured that their clients have the opportunity to obtain condoms in 'hotspot' areas where commercial sex occurs or is negotiated. FSW told that the availability of male condoms in their areas increased significantly.

Problem in condom using: Lack of privacy in using condom, Storage, Disposal off, uncomfortable. Major reason to be attracted towards condom: Aroma, quality, Availability, Advertisement, Pleasure, Recommendation from friends.

Duration of using condom: 49% respondents were using condom since 1 yr, 4% respondents were using condom since five year, rest respondents do not know. Many women are born into sex work as the family profession. The stigma associated with sex work, often coupled with residual caste system discrimination, severely limits educational and alternative economic opportunities.

Whoever respondents use condom, out of that approximately 57% respondents were buying condoms from Traditional Outlets. 43% respondents were buying condoms from Non-Traditional Outlets. They are a critical group because of their 'mobility with HIV'. Their living and working conditions, sexually active age and separation from regular partners for extended periods of time predispose them to paid sex or sex with non-regular partners.

On an average 65% respondents were found to be aware of condom; out of this only 14.8% respondents were having knowledge regarding condom use before media campaign on condom use as a social marketing tool.

Several male groups also believe that condoms should be used only when having sex with a FSW and not with a trusted friend or good-looking person. Even those who are aware, regular condom use remains low. There are numerous reasons for this-

Condoms are considered to interfere with sexual pleasure. They were continued to deny the severity and the susceptibility to HIV/AIDS and thus avoid paying attention to prevention campaigns. A look at the research showed that this population group faced many barriers to healthcare, including isolation of services, anxiety about sensitive health issues, lack of social support, and inadequate funding.

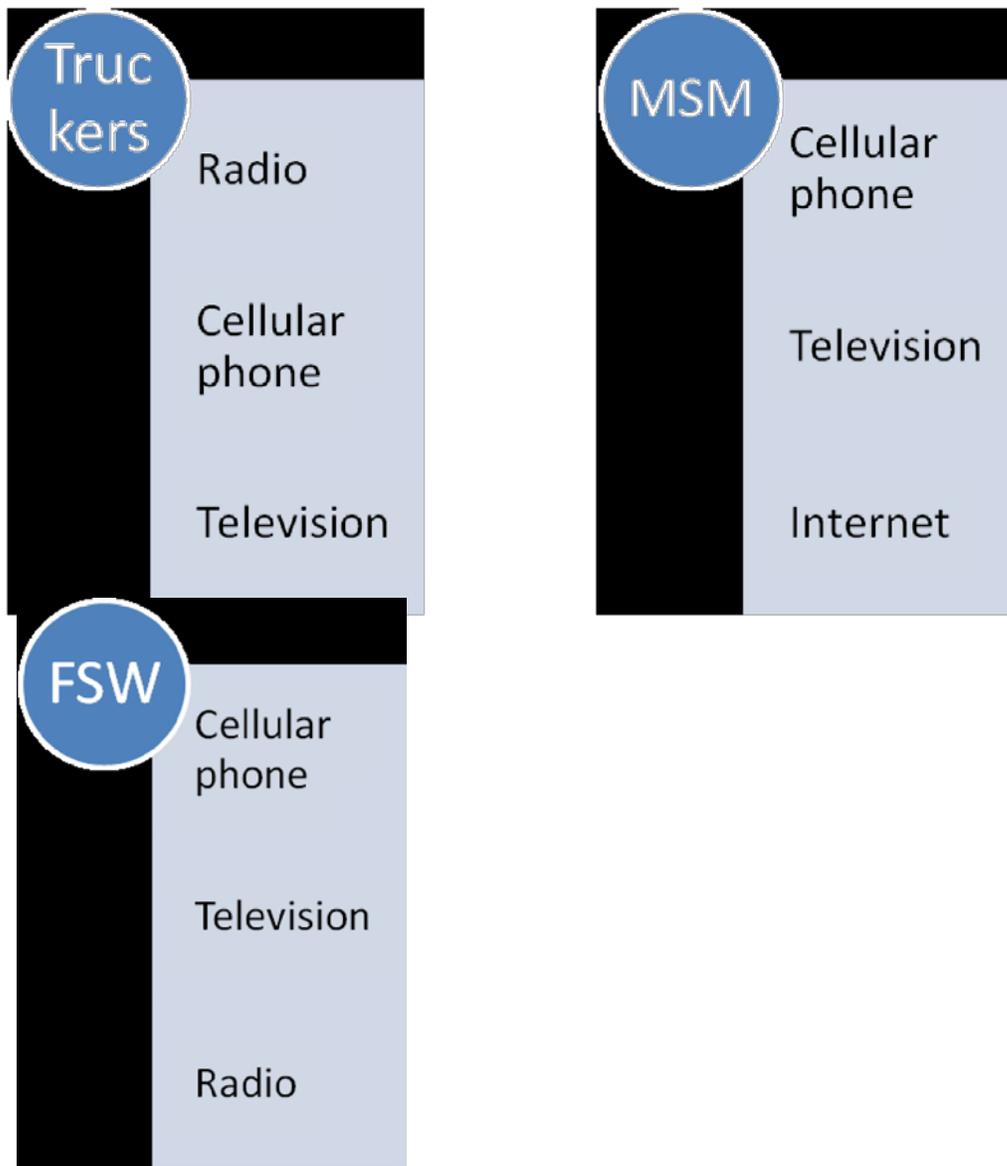
FSWs fear that insistence on condom usage could result in loss of clientele and monetary gains. PLWHs and MSM experience severe discrimination at the workplace, by the community and many times by their own families. Thus, high-risk individuals are not willing to test themselves for HIV and/or to declare themselves as HIV-positive. Preventative health care awareness measures, especially in women, were in need of improvement, like in this study 70% of the total reported cases of sexually transmitted diseases were women. Passing sarcastic remarks from community was the most stressful thing occurring in their lives right now. There was some fear from FSW that goes with getting older and taking on more responsibility with family, such as raising children of their own.

Until recently in many societies, condoms were a product used rarely, available only in pharmacies behind the counter and regarded as appropriate for use only with commercial sex workers. Now, thanks to social marketing programmes, in many countries condoms are sold in other types of shops, their brand name is known and accompanied by a recognizable logotype, and medical providers and others talk about them in the media and educate people about their benefits. The result is normalization of condoms and their use in populations in general and especially amongst those at high risk of HIV infection.

Condom social marketing can be an alternative source of products and information for the people who may be unable to unwilling to access locations where privacy is too often impaired. Most effective method of social marketing tool for different Through social marketing condoms are widely available in place where people routinely go.

Eligible outlets where subjects can get condoms, included chemists, bars, restaurants (including small roadside or highway side food joints), hotels/lodges, paan shops (betel leaf stalls), fuel stations, tea/coffee shops, auto/taxi workshops, barber shops etc. Condom Vending Machines (CVMs) provide anytime access to quality condoms in a non-embarrassing situation. A thicker and more lubricated condom brand "Spice Up" is being launched to cater to special needs of the high-risk groups i.e. MSM.

The Pahal Foundation (CBO) took responsibility for social marketing of condoms. Between June '2008 and May '2010 approximately 82,014 condoms were sold nearby their community. The profit from the condom sale is utilized in running supporting beauty parlor for transgender & MSM



EXPECTED CONTRIBUTION/ RECOMMENDATIONS

The long-term sustainability of social marketing programmes and their effect on the existing commercial sector are issues of particular concern. This need is compounded by a lack of information and education surrounding the products, their correct use, and in the case of condoms, the diseases against which they protect.

Social marketing programmes do not operate in air; government support is a key component of a successful programme. So government should support to MSM, FSW in legal.

Because of the growing diversity in vulnerable population, the social marketing messages would be more effective if they are available in other languages, specifically local languages and their way of getting information. Government efforts have also suffered from many weaknesses-denying the existence of the HIV/AIDS epidemic, the government and the country lost valuable time and opportunity to address the problem in its early stages.

The current government prevention policy also lacks clarity on how to reduce socio-cultural barriers and increase acceptance of condoms. Demand creation as part of social marketing proved extremely effective at increasing the uptake of clearly identifiable products, such as condoms.

Social marketing brand “Nirodh Deluxe” should be repackaged and repositioned to boost condom use. Target intervention would do for truckers at national highways. Truck horn could be on Condom promotion, at the back of truck slogan on condom would be more effective.

Retailers should display condoms more prominently and to keep promotional items in their shop. This was achieved through a system of incentives (free stocks, reward), as illustrated by the ‘condom display contest’ in Tamil Nadu during November 2006 to February 2007 (4). Involving the community in the social marketing of condoms is an effective strategy to increase sale and therefore subsequent use of condoms for safer sex among High Risk Group.

The sales and marketing team needed to design innovative strategies in order to reach minimum coverage target group. A look at the research showed that this population group faced many barriers to healthcare,

Data from this study finds that these FSWs take it upon themselves to find answers to their health questions, often due to the feeling of embarrassment, as shown by the high number of women who turned to the TV and radio as their primary source of health information. But responses indicated that the amount of support varied greatly for each FSW.

Condom promotion campaigns through social marketing are greatly needed in India to reduce the spread of STDs and HIV, especially in rural areas. These campaigns should occur in conjunction with the establishment of easy-to-access condom depots in public areas.

There is also need to further expend of different social marketing method to create awareness

and promote condom use to different vulnerable category specially for FSW according to their convenient communication way. Corporate sector should provide support to Government as their Corporate Social Responsibility (CSR). More emphasis should be given on non-traditional condom outlets.

SUMMARY

In conclusion, for response to the HIV/AIDS epidemic, social marketing programmes have made condoms accessible, affordable and acceptable to low-income populations and high-risk groups. Corporate marketing is used for social purpose then it's called social marketing. In some areas this has become successful but in other few areas it given negative effect.

This primary study has been done to First measure the effect of social marketing and second if social marketing, specially what type of media, would be an effective way to disseminate the information of HIV/AIDS, RTI/STI and condoms to the vulnerable population. This has been done on truckers (n=200), MSM (n=30), FSW (n=30). Questionnaire was made and FGDs were conducted. It was found that career is the priority of truckers & FSW and friends were priority of MSM. Truckers have radio as source of information. MSM and FSW were having Cellular phone to get information of their clients and friends.

Approximately 78% truckers, 70% MSM, 48% FSW were aware about condom through social marketing (See Table 1). Only 63% truckers, 47% MSM, 12% FSW were aware of HIV/AIDS, and 58% trucker, 41% MSM, 5% FSW were using condom for prevention of HIV/AIDS, rest were for any other purpose.

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LIMITATIONS

This study has limitations in that the data collected can only best paint the picture of the attitudes and beliefs of the subjects questioned (Truckers n=200, MSM n= 30, FSW n= 30) and cannot be guaranteed to apply to the entire population of these subjects in whole Delhi . The data was more specific rather than a general view of the population.

To make this study simple and specific, we did not ask truckers that were they involved in sexual activity with male partners. Some modifications in percentage have been done for convenience. More graphs on different question could not generate due to page limitation.

Table 1:

	Trucker (n=200)	MSM (n=30)	FSW (n=30)
Below15	4		
	9		2
		2	
15-20	6		
	4	4	6
21-30	58	3	9
31-40	62	9	3
			1
41-50	14	6	1
	4		2
51-60	8	2	1
		1	4
	13		
Above 60	4	1	
	3	2	1
	11		

Table 2:

Priorities by subjects			
Variable	Trucker (n=200)	MSM (n=30)	FSW (n=30)
Family	32	3	5
Plans for Future	18	4	1
Health	24	3	1
Friends	38	7	5
Job Career	68	5	11
Education	6	3	1
Personal Apperance	4	2	5
Sports/Athletic Activities	2	1	0
Significant Other	8	1	1

NOTE: Participants were asked to list the top three topics that were the most important to them.

REFERENCE:

- 1) Pandey A, Benara SK, Roy N, et al. Risk behaviour, sexually transmitted infections and HIV among long-distance truck drivers: a cross-sectional survey along national highways in India. *AIDS* 2008;22(Suppl 5):S81e90.
- 2) Promoting condoms by social marketing in a village in rural rajasthan, India. Gehlot I, Haag A, Mora C, Rajpurohit H, Shah R, Shah S, Jaiswal L, Harsh J, Tanna R, Engineer V; International Conference on AIDS (15th : 2004 : Bangkok, Thailand). *Int Conf AIDS*. 2004 Jul 11-16; 15: abstract no. C10926. FXB Indian Operations, Mumbai, India.
- 3) Singh IN, Malaviya AN. Long distance truck drivers in India: HIV infection and their possible role in disseminating HIV into rural areas. *Int J STD AIDS* 1994;5:137e8.
- 4) Subramanian T. HIV, sexually transmitted infections and sexual behaviour of male clients of female sex workers in Andhra Pradesh, Tamil Nadu and Maharashtra, India:results of a cross-sectional survey. *AIDS* 2008;22(Suppl.5):S69e79.
- 5) Tsui AO, Ochoa LH. Service proximity as a determinant of contraceptive behavior: evidence from cross-national studies of survey data. Chapel Hill: University of North Carolina, Carolina Population Center, 1989. (Carolina Population Center papers no 89-05).
- 6) Yu S. The life-course approach to health. *American Journal of Public Health*. 2006;96(5):768. Grier S, Bryant CA. Social marketing in public health. *Annu. Rev. Public Health*. 2005;26:319-339. Accessed January 5, 2010. Available at arjournals.annualreviews.org.