Social Marketing of Contraceptive In Nepal

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The main objectives of most national population policies in developing countries are the curbing of excessive population growth and increasing the quality of life through child spacing. For the most part, these objectives are being pursued through the provision of family planning information and contraceptive services to the general population, through publicity operated family planning programs and privately operated voluntary agencies. While some of these programs are very impressive in terms of their magnitude and effect, many are finding that it is generally difficult to meet stated program objectives and create demographic changes or improve health levels on a national basis.

Since it appears that few developing nations currently have the financial or human resources necessary to implement nationwide family planning service programs which reach all segments of the population, alternative methods must be actively considered and employed in order to effect demographic change in accordance with the stated national policies.

One of the most effective alternatives is a distributional system of contraceptives through commercial channels (i.e., commercial retail sales programs). This delivery system has three distinct advantages: first every country, no matter what its stage of development might be, has some form of distribution system already in existence. These distribution systems provide the means by which people buy and sell goods and services. Why then, is it not sensible to market contraceptives in the same way as we market other types of consumer products such as cigarette, soap or toothpaste? Properly done, a commercial program can virtually eliminate the need for expensive institutional building and the maintenance often associated with the expansion of public programs.

The other advantages or benefits of commercial retail sales programs are that these systems greatly help in overcoming the two major problems of public sector programs—the problems of accessibility to and availability of contraceptive products.

It is well known that in most developing countries regular access to a clinic is often times a difficult and time consuming event, particularly for those residing in rural or sparsely populated areas of the country. Clinics are frequently understaffed and in some instances may be open only for a few hours each week. Public transportation may be very limited or may not exist at all. On the other hand, clinics may maintain very limited inventories of contraceptive products, so that even if consumers are able to overcome the obstacles of accessibility, they may find that the products are either unavailable or available only on an irregular basis.

These problems can be easily surmounted by utilizing the private sector distribution system. The goods, or contraceptives, are simply sold in the same retail outlets as other consumer products. These outlets may take the form of relatively sophisticated pharmacies, drugstores or supermarkets; or they may be existing village kiosks, or small tea or cigarette stands located in markets and in the more remote areas. Accessibility is thus no longer a barrier to obtaining contraceptives, since most consumers must purchase certain necessities on a regular basis. Instead of making two separate and time-consuming trips, one to a clinic and one to an outlet, a consumer can purchase contraceptives at the same time he or she purchases food or cigarettes.

The problem of product availability is also greatly minimized. Contraceptives may be supplied free by donor agencies or they may be purchased directly in initially large quantities to fill the product pipeline. One or more distribution firms with nationwide coverage then distribute sufficient quantities of contraceptives to the usual outlets they serve can be used or CRS Programs can build up a team of salesmen, stockists and retail outlets through which contraceptives are distributed where national distribution firms can not be found. Revenue from the sales of contraceptives may then be re-channelled back into the program to cover some of the initial developmental costs.

Social Marketing In Nepal

What has just been described is the basic theory of commercial distribution. These theories when applied to a social cause i.e. family planning is known as social marketing.

Contraceptive social marketing today has been proven to have several advantages over clinic based delivery system.

The purpose of introducing the CRS approach in Nepal was to make use of existing commercial outlets to complement other distribution systems such as clinics, or community based efforts and to expand availability into virtually all areas of the country.

It was believed that the use of commercial outlets will help reach persons who may have cultural or personal objection to obtaining contraceptives through extant sources and also maximise the demand created by commercial advertising, while the price to the consumer should be kept at a level affordable by virtually the total population or at least the majority, it was felt that the incentive provided to the distributors, and retailers was a force which would add to the demand creating momentum.

With these program goals in mind, the social marketing programme sales began in Nepal six years ago when the Project was formally launched by her Royal Highness Prekshya Rajya Laxmi Devi Shah on May 31, 1978. Sales of Dhaal and Gulaf began on June 1, 1978. Two years later, a slightly lower priced brand of condom Suki Dhaal, intended basically for the rural population was launched. In 1972, two new products, Nilocon—a low dose oral pill and Kamal, vaginal foaming tablets were added to the product line.

During these six years, CRS has expanded the availability of condoms and oral contraceptives by establishing and selling products in over 9,000 retail outlets which are routinely supplied with the Company's products. The availability and sales of CRS contraceptives in Nepal has become a success story, despite the fact that similar contraceptives are distributed free by more than ten different institutions.

Even though consumer prices are very low at Rs. 1.00 for six condoms and Rs. 2.00 for one cycle of pills retailers receive sufficient incentives to maintain interest. These include generous products promotional materials for stores, cash prizes for winners of display contests, regular visits, and stocks from CRS personnels. The chief incentive however, is that their sales are increasing as the number of CRS products grows and old buyers purchase more regularly.

Before the CRS program began, the Nepal Fertility Survey (NFS) 1976 reported contraceptive usages rate of 2.3 % of MWRA, and knowledge of at least one method of

contraceptive was 23%. The Contraceptive Prevalence Survey (CPS) in 1981 reported some 7% of MWRA were using contraceptives and 52% had knowledge of at least one method of contraceptives.

The CRS program has complemented the Government program in helping to achieve this increase in contraceptive usage and contraceptive knowledge through its advertising & promotional efforts and contraceptive distribution.

Advertising and Promotion

Advertising and promotion is an indispensable component of any marketing program. Through advertising and sales promotion demand is created for the products. Advertising and promotion is particularly important in a social marketing program because these programs try to reach people who have not yet been reached either by free or low cost public sector services or by the usual commercial sales.

In Nepal, Contraceptive was a highly sensitive subject which was not to be seen, heard or spoken of. Contraceptives and contraception were taboo and not discussed. This behaviour is now changing. The CRS Project by the use of brand names advertising and publicity have popularised and desensitized contraceptives in Nepal. The brand names have become so popular that they are generic name for the products themselves.

The CRS advertising and promotion campaign has used various media to carry its messages. The CRS Advertising and Promotional campaign is one of the biggest communication campaign in Nepal which is both localised and rural oriented.

In the course of its advertising campaign, two new advertising agencies were encouraged into existence to serve the CRS programme. One agency Commat Inc. won an Asian Advertising award for the "resourceful and innovative" CRS Campaign.

Distribution

The CRS model calls for contracting with a successful distribution firm having national distribution and active sales force in order to sell and distribute the products. But Nepal was unique as no firm both capable and willing to market the CRS pro-

ducts was found.

CRS had to create its own distribution network and recruit and train young men as salesmen for marketing CRS products. CRS products are transported by "Media Jeeps" and commercial carriers.

While in 1978 CRS Products were sold in about 100 shops in five districts, today in 1984, CRS is selling products to about 9,000 shops in 69 of Nepal's 75 districts.

Sales

As envisioned, the CRS model in Nepal has worked. Over the years, CRS has increased the sales and thus the usage of its contraceptives. The sale of condoms which was 9% of the total condom distribution in Nepal in 1978, today represents 40% and for the oral pills which was 1% of the total pills distributed in 1978 today, represent 18% of the total pills distribution in Nepal (both free distribution and selling). Experience from other countries shows that where there are both free distribution and contraceptive social marketing programs, one program facilitates the other. This trend has been demonstrated in Nepal also, after a comparatively short time and the total contraceptive sales have increased significantly.

Role of Medical Practitioners in Contraceptive Social Marketing

The success of contraception like other type of health care depends on a team of people of which doctors and medical practitioners are at the centre of work.

Because doctors are leaders in their respective community and because they are aware of the gravity of the population crisis that is rapidly overtaking us, the support of the doctors is vital for the success of the CRS program. In Nepal, the medical practitioners have continuously been supporting the CRS program, which has not been the case in other countries where there was initial resistance to the mass distribution and promotion of contraceptive.

The Doctors and medical professionals can offer effective advice on contraceptive to the large number of people they come in contact daily. Because of his powerful position in our society the doctor has a high degree of credibility which is needed to change the behaviour of a traditional society like ours.

Guidelines about who should or should not use certain contraceptives are provided by doctors. Some methods such as sterilization are provided exclusively by doctors.

Women with chronic diseases that could complicate the use of certain contraceptives (especially oral contraceptives) should plan their families under the care of a physician.

Doctors should therefore:

- * Counsel patients about the most appropriate methods available.
- * Motivate couples to plan their families for the sake of their own health and that of their children.
- * Encourage couples to continue using contraceptives that are appropriate for them. Doctors can further promote healthy mothers and children if they:
 1. Encourage women to seek advice at a health center as soon as they know that they are pregnant, because:
 - A. A trained person can usually tell early in pregnancy if the mother or fetus is in any danger.
 - B. Prenatal care helps reduce the risk of maternal and infant death.
 2. Counsel women not to have too many children and to space their pregnancies, because:
 - A. Women who wait at least 3 years between babies are stronger and have healthier children.
 3. Counsel very young women and older women not to bear children because:
 - A. Teenage mothers and mothers over age 40 suffer more deaths than mothers aged 20 to 39.
 - B. Newborns of mothers aged less than 20 or over 40 are at greatest risk of infant death.

Men and women have a basic human right to know how to achieve their family goals. Several modern method of contraception are available for couples who want to space their chil-

dren or do not want any more children.

It is therefore our duty as health care providers to provide accurate information about the methods of contraceptives and refer to appropriate outlets for the contraceptive method she or he chooses, because it is a undeniable, and established fact that contraception saves lives and promotes healthy families.

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EXHIBIT I

Advantages of CSM Programs

GEOGRAPHIC CONVENIENCE

In every country, there are many more retail outlets to sell contraceptives than there are health centers.

CULTURAL ACCEPTABILITY

Many people feel comfortable buying contraceptives where and when they shop for other items.

ECONOMIC AVAILABILITY

Without CSM programs, many people could not afford contraceptives.

HIGH QUALITY PRODUCTS

CSM products are approved by the U.S. Food and Drug Administration (USFDA). They are the same contraceptives used in the United States and Europe and have been extensively tested.

EXHIBIT II
List of Advertising Media

Modern

cash award display contests
sample cards
radio
store signs
newspaper
posters
calendars
prescription pads
store mobiles
stickers
carrying bags
jeep painting
parade float
jeep cassett-loudspeaker
special pharmacy envelopes
frisbee (Dhaal shield) tournament
billboards-small & large
cinema films
lighted in-store signs

Folk & other media

folk singer song contests
women's tie bags
folk play stage awnings curtains
painted rickshaws

EXHIBIT III

Nepal Contraceptive Retail Sales [CRS]
Company Distribution Fact Sheet

Year	Dhaal and Suki Dhaal (in units)	Gulaf & Nilocon (in cycle)	Kamal in (tablets)	Total CYP
1978				
Total Distribution	160,540	9,370		
Couple Years Protection	1,605	721		2,326
No of Retail Outlets	751			
1979				
Total Distribution	953,372	20,104		
Couple Years Protection	9,534	1,546		11,080
No. of Outlet	2,194			
1980				
Total Distribution	1,036,919	27,261		
Couple Years Protection	10,369	2,097		12,466
No. of Retail Outlets	3,581			
1981				
Total Distribution	1,115,000	75,682		
Couple Years Protection	11,150	5,822		16,972
No. of Retail Outlets	5,822			
1982				
Total Distribution	2,110,326	78,102	11,808	
Couple Years Protection	21,103	6,008	118	27,229
No. of Retail Outlets	8,755			
1983				
Total Distribution	2,621,376	105,440	161,784	
Couple Years Protection	26,212	8,112	1,618	35,942
No. of Retail Outlets	8,755			

1. 1978 figures represent only 7 months of sales as CRS programme began from June 1, 1978.
2. NILOCON was launched on 22 September 1982 and KAMAL on 21 December 1982.
3. 1 couple years of protection (CYP) - 100 condoms or 13 cycles of pills or 100 foaming tablets.