

ADVERTISING AFFORDABLE CONTRACEPTIVES: THE SOCIAL MARKETING EXPERIENCE

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The social marketing of contraceptives in developing countries has been remarkably successful in the past 30 years. Currently, 50 developing countries have contraceptive social marketing (CSM) programs in operation and these programs are providing contraceptive protection to nearly 14 million couples in Asia, Africa, and Latin America (DKT, 1996). Further, these programs are highly cost-effective, providing contraceptives at a remarkably low cost per couple served.

Social marketing has proven to be very flexible in responding to new situations. This has been most notable in Africa where government policies concerning the advertising and marketing of contraceptives changed radically and quickly in the late 1980s in response to the AIDS epidemic. Programs were soon implemented in more than a dozen African countries in response to this change in policy, with dramatic results. In 1994, more than 100 million condoms were sold through social marketing in sub-Saharan Africa, an area where this approach was virtually unknown before 1989.

The bad news is that these programs could be doing much more. Social marketing methodology is now well known. If all the world's major developing countries were host to contraceptive social marketing programs as effective as the projects in Bangladesh and Colombia (neither of which provides a particularly auspicious environment), then CSM programs would be serving 34 million couples in South Central and Southeast Asia alone (vs. today's 7 million), plus 9 million couples in Latin America (vs. today's 1.7 million), and a rapidly growing number in Africa.

Why then is contraceptive social marketing realizing less than a quarter of its demonstrated potential? And why has it not caught on as a means of preventing unwanted pregnancies and the transmission of HIV in the industrialized countries?

This chapter examines some of the fundamental characteristics of successful contraceptive social marketing, as well as the reasons why these programs have worked so well in certain instances and less well in others. It also explores lessons on how social marketing can be improved and how new programs may be most effectively started.

WHAT IS CONTRACEPTIVE SOCIAL MARKETING?

Social marketing has been described to embrace everything from the spread of useful information such as that required in a metrification campaign to the subsidized sale of beneficial products such as contraceptives, oral rehydration salts, or even iodized salt. The Smoky the Bear forest fire campaign was a major effort in the United States to help mold safer behavior by people in the forests; nutritionally fortified food have been marketed for deliberate nutritional benefit in many countries (Manoff, 1985).

The social marketing of contraceptives, somewhat ungrammatically referred to as contraceptive social marketing (CSM), has been one of the most consistent successes in the social marketing panoply. CSM, as implemented in developing countries, consists of the sale of subsidized (usually highly subsidized), branded contraceptives that are sold through wide-spread, established retail outlets using standard distribution and wholesaling networks. The CSM products are backed by mass media advertising; Brand-focused advertising is always a key component of such programs and it is sometimes accompanied by generic advertising about birth control and/or about specific methods.

The organizational components of a contraceptive social marketing program include a core management group dedicated to the management of the CSM activity, a distribution company or group of wholesalers, and an advertising agency. The marketing effort is usually assisted by one or more market research firms that help with brand name selection and the conduct of research that helps guide pricing and advertising decisions.

CSM programs have always involved the sale of branded contraceptive product. These products have most often been condoms (RAJA, Bangladesh; PANTHER, Jamaica; PRUDENCE, West Africa and Brazil; TRUST, Philippines and Vietnam; NIRODH, India) and/or oral contraceptives (OVACON; CHOICE, EUGYNON), but have also included injectable contraceptives, AIDS, and spermicidal foaming tablets. More than 50 subsidized brands of condoms have been supported by social marketing budgets in more than 40 countries in the past 20 years; major international donors—the U.S. Agency for International Development (USAID), the German Kreditanstalt für Wiederaufbau (KfW), and the British Overseas Development Administration (ODA)—have supported brand

ad advertising for these products.

The results, within limits, have been surprisingly consistent and positive. Whenever an adequately funded and reasonably energetic effort has been made to establish subsidized contraceptives through social marketing in any country, that effort has succeeded at least moderately well. There appears to be no society and no economy—even highly socialized economies—where this approach cannot be made to work. The fact that CSM has so far been largely confined to developing countries, and has not caught hold in the industrialized countries, is more a function of political barriers, lack of commitment, and the high cost of mass-media than any inherent incompatibility of the approach with the more advanced economies. Further, poor program performance in LDCs has generally been the result of inappropriate management structure (e.g. management by the government as in India), or bad policy decisions (e.g. over pricing the contraceptives as in Mexico) rather than any inherent incompatibilities of these projects with the economic, political, or cultural environments in which they operate

CSM Is Highly Cost Effective

Traditional approaches to delivering family planning have cost around \$18 per couple year of protection (Gillespie et al., 1989). (A couple years of protection, or CYP, consists of the supply of adequate contraceptives to fully protect one couple from pregnancy for 1 year; see Harvey & Snyder, 1987.) The cost of CSM programs, on the other hand, has traditionally fallen in the range of \$2 to \$8 per CYP, much less expensive than most clinic-based approaches to family planning, with the exception of sterilization, which is also highly cost-effective (Barberis & Harvey, in press; Huber & Harvey, 1989).

WHAT MAKES SOCIAL MARKETING PROGRAMS WORK, AND WHY DO THEY FALL OR FALL SHORT?

The reasons for failure do not appear to be political, cultural, religious, or economic. Social marketing programs have demonstrated their effectiveness in a wide variety of such environments—from Catholic Colombia and the Philippines to Muslim Bangladesh to the very different cultural and economic climates of Jamaica, Egypt, and Zambia (to name just a few). Social marketing works when there is a dedicated management team, operating in the private sector, with adequate funding to enable (and management wisdom to implement) pricing of the contraceptive projects at levels that are truly affordable by the lower socio-economic groups in the countries where these programs operate. Also essential are commercial distribution structures and mass media campaigns that reach large numbers of people with at least simple messages about the contraceptive products available

Projects fail when they become too politicized. This often happens due to excessive government involvement (as has happened from time to time in Ghana, Egypt, and Pakistan, for example); when they are de-funded or when funds are sharply curtailed (as has happened in Mexico, Zaire, and Sri Lanka); or when program managers, by necessity or otherwise, price their contraceptives out of reach of low income people. The latter may result in small (and often shrinking) projects, as has happened in Mexico and Thailand, with condoms in Indonesia, and in Zimbabwe. Some of these problems can be avoided; some cannot

Pricing

The issue of pricing contraceptives in developing country social marketing programs has been rigorously documented (Ciszewski & Harvey, 1994, 1995; Harvey, 1994; Lewis, 1986). The overall conclusion is that a year's supply of contraceptives should cost less than 1% of per-capita gross national product. This figure can be refined with the World Bank "Purchasing Power per-capita" (PPC) tables. Normally, a year's supply of contraceptives should cost no more than .25% of PPC. Analysis of the cost of everyday consumer items (like a cup of tea or a single cigarette), as well as coinage denominations, must also be considered.

Economies of Scale

Social marketing has clearly demonstrated that it is a more effective technique in larger markets than in smaller ones. One of CSM's secrets is that it is able to reach very large numbers of people in a very short period of time (DKT International, 1990). When the size of

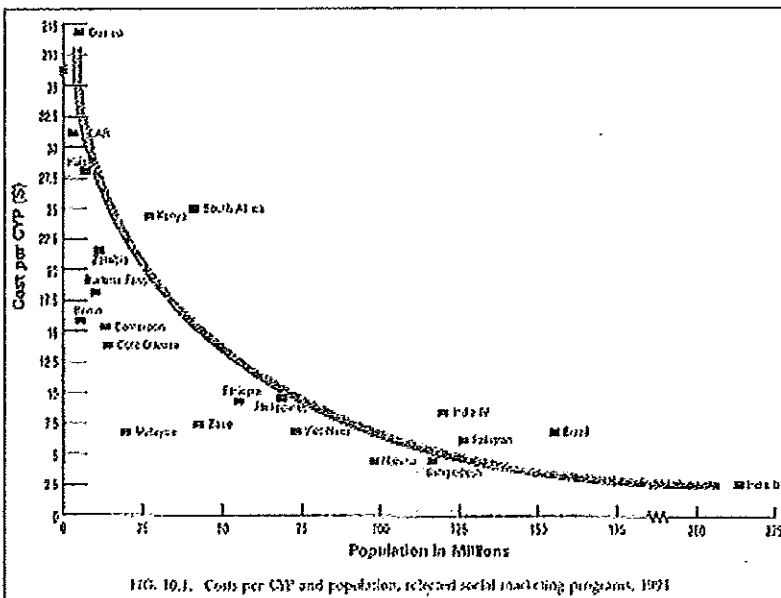


FIG. 10.1. Costs per CYP and population, selected social marketing programs, 1994

market is limited, particularly countries with populations of less than 5 million, cost per couple-year-of-protection is inevitably higher—often much higher—than in similar programs in larger markets. Figure 10.1 shows this fairly dramatically. The cost-efficiency of 21 social marketing programs in 1994 is plotted on the vertical axis, with lowest costs (most efficient) near the bottom. The size of market (population) of these projects is plotted on the horizontal axis, with populations ranging from a low of 3.2 million in the Central African Republic (CAR) to a high of 260 million (India II's North Indian market). As can be seen, there is a powerful correlation between market size (population) and cost-efficiency. The most expensive programs, with costs ranging from \$15 to \$200 per CYP, are all in small countries, whereas the larger countries (over 50 million) all have costs per CYP of \$10 or less. Even when controlled for age of program, this correlation is strong, suggesting that social marketers should focus on large markets, other things being equal

Elements of Social Marketing

The implementation of contraceptive social marketing programs over the past 25 years has established the following critical components of a successful CSM effort:

- A small management team operating flexibly and autonomously within the private sector.
- A distribution company or wholesaling/ reselling network serving large numbers of retail outlets with branded consumer goods.
- An effective sales staff working on a commercial commission scale. When necessary project sales staff can replace for a very considerable extent distributor/wholesalers.
- An advertising agency or other company capable of designing an aggressive yet culturally sensitive campaign.
- A reasonable degree of support (or at least no objection) from the host government.
- Adequate funding to permit the contraceptive to be made available to the low-income segment of the target market. This means both low pricing and aggressive distribution so that the contraceptives are convenient to buy as well as affordable.

ADVERTISING

A key to successful social marketing of contraceptives is successful advertising. The same laws that apply to the advertising of consumer-goods products anywhere apply equally to the advertising of subsidized contraceptives in developing countries. The advertiser must offer a benefit and impart useful information. In fact, contraceptives are remarkably amenable to classical advertising treatment because a product that permits people to space and plan pregnancies answers a remarkably large number of ordinary human needs. More than 50 years ago, Victor Schwab identified things people want, of which a very substantial number can be satisfied to one agree or another by contraceptives. Planned pregnancies mean better control of a family budget and thus more money

available to the family unit; spaced births lead to better education for a family children; spaced pregnancies improve the health of both the children and the mother (Population Reference Bureau, 1986); and so on.

Product Advertising Versus Ideas Advertising

Social marketing programs promoting the use of a product have distinct advantages over programs attempting to change behavior through the promulgation of ideas and arguments. Perhaps the most critical of these advantages is measurability. If increased use of contraceptives (i.e. higher contraceptive prevalence) is the objective of a social marketing program, and subsidized, good quality contraceptives can be made conveniently and ubiquitously available, then the sales of product contraceptives provide an immediate and clear way of measuring the effectiveness of an advertising campaign.

It is difficult to exaggerate the importance of this point. Most programs designed to alleviate poverty or advance social aims are extremely hard to measure and the result is frequently inefficiency and even undetected failure. When a socially motivated program, on the other hand, depends on the sale of products, those sales can be quickly measured. The sales, in the case of contraceptives, can be converted into a common measurement yardstick called couple years of protection (CYPs) and the relative cost-effectiveness of various programs quickly assessed. The tabulation CYPs from sales statistics is not sufficient for measuring everything we need to know about the impact of family planning programs. This required follow-up surveys to determine contraceptive prevalence--that is, the rate of contraceptive use in the society as measured by surveys of scientifically selected samples of the population. But sales statistics are an excellent proxy for the family planning "bottom line" and they tell us a great deal about relative program efficiency very quickly (Harvey & Snyder, 1987). For example, Table 1 outlines DKT International's contraceptive social marketing program performance in 1994. The figures in this table can be usefully compared with the results of other family planning approach as well as other CSM programs operated by other organizations. These data can also be used to analyze the relative strengths and weaknesses of each individual DKT program and, by inference, the skills and abilities program managers and staff. The Vietnam project, for example, is highly efficient at \$6.90 per CYP. The strength of this program is even more impressive when considering that the Vietnam program was only in its third year costs per couple in the first 3 or 4 years of social marketing programs tend to be high because of start-up expenses. Contrariwise, the Uganda program is very inefficient at \$29 per couple per year. This efficiency ratio is one of the reasons that prompted DKT to close its Uganda operation in early 1995.

Table 1 DKT International Costs and Results (1994)

Country	Sales		CYPs	Total Costs	Cost per CYP
Brazil	11,568,009	condoms	115,680	\$797,251	\$6.89
Ethiopia	17,293,221	condoms	172,932	\$1,608,825	\$9.30
Bombay/India	2,272,183 564,408	condoms pills	70,688	\$595,402	\$8.42
Malaysia	5,653,440	condoms	56,534	\$382,544	\$6.77
Philippines	7,836,498 120,432	condoms pills	87,629	\$837,564	\$9.56
Uganda	655,088	condoms	6,551	\$190,641	\$29.10
Vietnam	7,202,268	condoms	72,023	\$497,292	
HQ expenses				\$394,090	\$6.90
Total			582,037	\$5,303,609	\$9.11

ADVERTISING

Brand Advantage

In addition to this critical aspect of measurability, there are a number of other reasons why it is easier to promote and self branded products than to attempt to achieve similar objectives through a generic campaign. A few of these reasons are:

- Brands convey quality, build confidence.
- Brands invite (useful) comparative claims.
- Brand names, especially for condoms, can become generic and facilitate purchase. • Promoting branded products never seems-and is not-patronizing.

- Branding permits market segmentation and image building.
- Branded products are easier to keep stocked at retail, making them more convenient. - Brand advertising subsumes the advantages (benefits) of the entire category.
- Brands help define and focus a campaign.
- Brands may be amenable to plays on words. Table 1 DKT International Costs and Results (1994)

First, brand advertising conveys quality. Although many individuals know intellectually that generic brands of some products are likely to be just as good as advertised brands, they still tend to believe that an advertised brand is of higher quality. In the case of condoms, for example, they are likely to think that Trojans or—in Bangladesh—Raja condoms are significantly superior to "condoms," particularly if the latter are supplied by the government or other social agency.

Second, brand advertising lends itself to comparative descriptions, which further impute quality: "Use Trust, the Strong Reliable Condom" sets Trust apart from run-of-the-mill products in the same category and creates a good spearhead for a campaign.

Third, in the case of condoms particularly, a heavily advertised brand can become generic, especially in underdeveloped economies like Vietnam and Ethiopia, with the result that embarrassment at point-of-purchase can be lessened. A successful campaign in the Philippines, for example, was built around the slogan, "Don't Say Condoms, Just Say Trust." Similarly, the Nirodh in India, Raja in Bangladesh, and Hiwot in Ethiopia have reached the level of generic terminology that provides definite point-of-purchase advantages. It is less embarrassing to ask for Trust or Hiwot than for condoms, in part because these brands are heavily advertised.

Brand promotions do not patronize. An important and often overlooked point about brand advertising is that it positions contraceptives in the marketplace as normal consumer products, rather than something the government (or someone else) is promoting as socially useful. Of course, good message advertising, with no product, need not be patronizing either, but it easily can be and often is, whereas brand advertising strongly discourages this tendency. Most governments tend to be patronizing anyway, and when they advocate family planning (or, of even less interest to consumers, population control) their campaigns and view point are often seen by consumers as an imposition rather than a benefit. Thus, the Indian government campaign over many years relied on the slogan "Two or Three Children Are Enough." This struck many ordinary Indian citizens as being quite beside the point when it came to their own lives and reproductive habits. The same government unit has promoted Nirodh brand condoms as "The Safe Way to Love," a slogan that suggests a real consumer benefit. Also compare "Until You Want Another Child, Rely on Preethi" which was a successful brand advertising slogan for contraceptives in Sri Lanka. The latter conveys a substantial benefit to the consumer, whereas the "Two or Three Children" slogan is preachy and much less likely to have a useful impact. In summary, it is very hard to write a social marketing and promoting a behavior ("Quit Smoking," "Buckle Up," "Have Only Two Children") without conveying to consumers the sense that they are being asked to do something that someone else thinks is good for them. The promotion of a branded product, on the other hand, easily lends itself to, indeed strongly encourages, a 100% consumer orientation.

Branding facilitates market segmentation and image building. For example, in the Bangladesh project, the Raja condom was well-established as Bangladesh's "mainstream" condom brand and then the Sensation brand was introduced at a higher price to appeal to a more upscale market. (As is frequently the case, the "upscale" characteristics also appealed to low income markets in that country.) Branding also facilitates image making. If the Sensation condom is associated with the good life in an urban setting (TV ads featured a well-to-do Bangladeshi man getting into a Mercedes), then this not only imparts quality to the product but, at the same time, contains the important message that even the wealthiest and best educated in society use condoms and their lives are the better for it. Similarly, some condoms may be associated with sex and sensual (the Panther brand in the Philippines; the Kama Sutra brand in India. This expands the market, particularly in the context of AIDS Prevention.

It is much easier to keep branded products stocked in retail outlets. One of the great advantages of social marketing as a way of providing family planning is that it makes the product convenient. In Bangladesh, for example, the Raja condom is available in more than 120,000 retail outlets—major pharmacies, tiny stalls, or even crate-top "stores" offering only condoms and cigarettes. The retail trade is strongly influenced by mass media advertising and it is much easier to persuade retailers to buy and stock branded products than generics, if for no other reason because this is what storekeepers expect.

Brand advertising subsumes the benefits of the entire category, when promoting a categorical benefit ("Use condoms to space your children"), copywriters do not have the luxury of particularized brand advantages ("Use

Zaroor condoms to space your children; Zaroor is manufactured to ISO 4074 standards"). But there is nothing in the brand promotion to prevent taking full advantage of the generic benefit. If using condoms conveys a benefit, then using a particularly good condom conveys an even greater benefit.

A campaign dealing with brands like the Raja condom or Choice oral contraceptive helps define organizational activity and focus that activity in such a way as to significantly increase the use of those brands. Brand names generate their own ideas and identities and facilitate the creative process. Brand names can also be selected and described so as to impart desired qualities or attributes, which may include the use of plays on words. The Prudence brand in Brazil, for example, has been incorporated into slogans that make effective use of the meaning of that word (Use Prudence, it may save your life.)

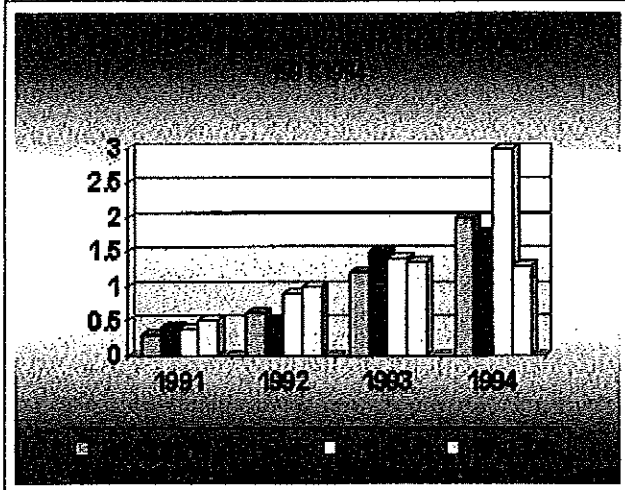
For these reasons, and the all-important matter of measurability, social marketing programs focused on brands have usually succeeded better than family planning campaigns built around ideas alone.

SUCCESSFUL CAMPAIGNS .

The contraceptive social marketing campaigns in the Philippines and Vietnam are two interesting examples of how CSM advertising campaigns can evolve in differing market environments. One of the lessons of these, as well as many other social marketing initiatives, is that simplicity is often more effective than complicated "creative" approaches, which often obfuscate the underlying message. But, simplicity is also difficult to maintain. Creative people (particularly in advertising agencies) have a persistent tendency to aim for award-winning campaigns and advertisements that draw attention to advertising rather than persuading people to use products. As Ogilvy (1963) has pointed out, this is and will probably always remain one of the great sins of advertising agencies everywhere.

The Philippines

The evolution of the campaign in the Philippines for Trust condoms is an interesting illustration of getting back to basics. This condom was originally positioned in 1990-1991 as



a safe and economical means for birth spacing, targeting lower income married couples. The campaign focused on condom use as the means to a healthier, happier life, also emphasizing financial security. Later ads depicted negative images (always risky in advertising). Such as shanty towns and empty pockets representing the consequences of not using Trust. Results of this early campaign were desultory. Although Trust sales continued to grow slowly, research revealed some confusion in the marketplace and the entire campaign was subsequently re-thought. Sales graphs (Fig.2) through 1992 reveal unacceptably slow rates of growth.

For these and related reasons, a complete overhaul was undertaken in early 1993. Project managers knew from research that there were many barriers to the use of condoms and there were many more nonusers than users of condoms. The research also showed that the main characteristic looked for in a condom was one that did not break and that could be relied on. Indeed, the general perception that condoms are prone to frequent breakage was one of the main barriers to use among nonusers in the Philippines, at least as stated in focus groups. Therefore, instead of the nebulous "healthier, happier life" benefit, the new campaign promised the product to be "Strong and Reliable Protection" (Matibay at Maaasahang Proteksiyon) which is a much more tangible (and believable) benefit. The project has remained consistent to this message (up to mid-1995). This benefit message

economies has the advantage of working from a clean slate

Contraceptive social marketing has had this characteristic most conspicuously in Bangladesh, Ethiopia, and, most recently, in Vietnam. DKT's Vietnam program manager, Andy Piller (personal communication, 1995) accordingly reported:

When Trust [condoms were] ...introduced in Vietnam in August, 1993, advertising in the mass media was still in its infancy. Most ads were very plain and were for local watch or gold shops and a few guest houses. The most "interesting" ads were for MSG. There were also a few ads for things like pens, detergents and shampoos. Most ads for other (locally made) products generally included a shot of the factory followed by shots of the management talking on the phone.

In this environment, the DKT manager recognized that brand awareness for the Trust condom, by itself, would probably spur significant sales growth. He therefore began with a campaign designed simply to create such awareness:

Our first ad for Trust was intended to make people aware of the Trust brand name to mention some of the benefits of condoms/Trust and to show Trust available in different outlets. Scenes of Trust being purchased in a doctor's office, in a pharmacy, at a general goods store and from a street vendor, were coupled with the statements (in order) "international quality," "no side effects," "easy to use" and, "not expensive." These shots were followed by ...[a] scene with the couple watching television and Trust coming out of the TV with the couple commenting, "available everywhere." Our slogan was simply, "Trust-International Quality."

Early feedback from this campaign suggested a further issue relating to shyness for which increased brand awareness might also be particularly helpful. As in most cultures, talking openly about sex or ex-related products is not considered "polite" in Vietnam. Having a brand name and recognizable logo allowed condoms to be promoted more openly and comfortably. This was dealt with in one of the early Trust ads, which approached the issue of shyness in a somewhat humorous way with the slogan (picking up from the campaign in the Philippines) "Don't say condoms, just say Trust." This slogan was widely repeated on television and is felt by program managers to be largely responsible for Trust becoming a generic term for condoms in Vietnam in a very short period of time.

Along with the lack of brand awareness of condoms and most other products, additional special opportunities presented in this "virgin market" at the time of launching Trust were an existing awareness about family planning; an intensive government campaign increasing awareness about AIDS; a recent drastic increase in television ownership and viewing; and favorable ad rates for TV and Radio (TV ads range in cost from us \$10-\$75 per 30-second spot, depending on time and station. Estimated TV viewership is 15 to 35 million people. Radio spots are around US \$10 per 1-minute spot for a nationwide audience, comparable to, or larger than, the TV audience.)

Zaire

Perhaps the most successful use of advertising in a program for AIDS prevention took place in Zaire in 1988-1990. The project combined a classic social marketing effort for condoms with a multimedia educational and motivational campaign. The campaign was unusually imaginative and took advantage of many special and unique communication opportunities.

First a series of TV spots, designed to undermine some destructive myths about AIDS, were produced and aired in Kinshasa, Zaire's capital and principal city. Before and after surveys revealed that the message was getting through: For example, there was a decrease of 14 points in the percent of those who responded "yes" to the question, "Can you avoid getting infected with the AIDS virus simply by avoiding contact with people who look sick?" after that issue was addressed in the TV spots.

But the campaign quickly began looking for other ways of getting the AIDS message across. Zaire boasts some of the world's most talented and highly visible musicians. The project sought to enlist this community of eloquent and persuasive performers, which had already been forced to confront AIDS. Not long before the project began, Zaire's most famous musician, Franco-Luwambo, released a song about AIDS 9 months before dying of the disease. Franco's song and startling death paved the way for the project to motivate other popular musicians to raise their voices against AIDS.

The project selected three AIDS songs after sponsoring a contest among Zaire's leading bands. The songs were released in 4 months intervals during a year and were guaranteed daily playtime through agreements with

national and regional radio stations.

The public response was extremely positive. "Step by step /hand in hand /let's all fight AIDS" went the refrain of the first-released song by the well-known Empompo Loway. It could be heard on the lips of rural schoolchildren and sophisticated Kinshasa residents alike. In a Kinshasa post test 6 months after the song's release, 65% of a target audience sampling had heard it. Of these, 90% could sing a verse or two on request. Most importantly, 93% of those who had heard the song retained its key AIDS messages and 85% of the same group said it affected their behavior.

Of the latter group, one in three said it discouraged them from having multiple partners. One in four said it encouraged abstinence, and one in six said it motivated them to be faithful to a single partner.

Buoyed by the response, the project sponsored a World AIDS Day concert in 1989, where Empompo sang his song. When a video of a performance was released just 3 weeks later, Empompo was already dead of AIDS.

Five more songs soon joined the original three--each addressing a slightly different population segment by selecting musicians with different styles and appeals. Similarly, the messages evolved over time. Due to the growing AIDS awareness, later songs veered away from the basic do's/ don'ts and stressed more emotional appeals to change behavior patterns. For example, one song avoids the word "AIDS" altogether. Instead, a man and woman sing to each other of their marital trespasses and, in the face of the dangers all around us today, renew the love and commitment to mutual fidelity.

For the 1990 World AIDS Day (December 1), the project sponsored a nationally broadcast concert featuring live renditions of six AIDS songs by the original artists. Excerpts of the moving and persuasive 5-hour performance were edited into five music videos, with cuts of musicians and other popular figures giving advice on AIDS prevention. The video clips were later broadcast on a rotating schedule on TV and cassette tapes were distributed to AIDS prevention groups throughout the country.

THE DRAMA OF AIDS

Working with Zaire's best-loved drama group, Troupe Nzoi, the project produced a four-part radio/TV series aimed at the "prospective parents" group. Its underlying behavioral messages are to avoid having multiple sex partners, practice mutual fidelity, and use a condom if you have sex in a high risk situation.

The drama, about a young woman who learns after her wedding night that her husband has AIDS, was the first mass media treatment of many socially significant and sensitive AIDS-related issues in Zairian culture. They include widespread marital infidelity and the link between the economic and social plight of women and widespread prostitution. Moreover, two specific scenes provided a first-time opportunity for an explicit televised discussion on the advantages of condom use for AIDS prevention.

The public response to the drama's realism and sensitivity was overwhelming. Follow-up research verified that presenting messages through a culturally relevant radio/TV drama effectively motivates individuals to adopt safe practices. Four "day after" surveys among a representative sample in Kinshasa showed that over two thirds of the intended audience watched each episode on TV. Of these, two thirds could recount the plot of the episodes they watched.

By the end of the project's second full year, Zaire's 13 million urban residents were receiving an average of 10 minutes a day of consistent and effective AIDS messages. Now, radio was added to cover more remote areas. Four of the country's 11 regional radio stations in high priority areas were selected to broadcast AIDS prevention messages. After several initial visits, two producers from each of the four radio stations were invited to a workshop, then asked to submit a year long action plan for an AIDS radio campaign.

By the end of the first year of formal collaboration, the regional radio stations had produced and broadcast in over 13 local languages 28 AIDS feature programs, 22 spots, 8 AIDS radio dramas, 2 songs, and 5 AIDS-knowledge radio contests. In all, audiences in the four regions received an average of 20 minutes a day of AIDS messages via their local radio stations.

Campaign Results

The following results from the second phase of the Longitudinal Program Impact Study, conducted in August 1990, indicate the impact on the target audience in Kinshasa.

Awareness Increase Regarding Asymptomatic Carriers. The ratio of people who think "you can avoid getting infected with the AIDS virus simply by avoiding sexual contact with people who look sick" dropped from 56% to 42%.

Increase in Abstinence and Mutual Fidelity for AIDS Prevention. When asked "How have you changed your

behavior, in the face of AIDS," 16% more people spontaneously responded "by becoming mutually faithful" in the second study than in the first (an increase from 28.9% to 45.1%).

Increase in Knowledge and Acceptance of Condoms for AIDS Prevention. Those who named condoms as their first mode of AIDS prevention increased from 5% to 13%. The ranks of those who had ever heard of condoms increased by 11 percentage points.

Increase in Condom Use for AIDS Prevention. When asked how they changed their behavior in the face of AIDS, five times the number of people responded "By using condoms", (18.8% vs. 3.8% in the first survey). Indeed, annual sales of condoms offered through the Condom Social Marketing Project increased by more than 1,000% over the 2½ years in the media campaign—from 900,000 in 1988 to 18 million in 1991.

According to an equation developed by AIDSTECH, a project of Family Health International, the 18 million condoms sold in 1991 prevented nearly 20,000 cases of AIDS in Zaire that year.

CONCLUSIONS

The power of advertising, accompanied by efficient but commonplace distribution methods, works powerful benefits. Contraceptive social marketing has contributed very substantially to the availability of contraceptives in the developing world. Nearly 14 million couples benefit from these programs, and that number is increasing rapidly. Social marketing and the advertising campaigns that drive these programs are significantly enhancing human well-being in many of the world's poorest countries. This approach to family planning and AIDS prevention, demands further attention and investment: It is cost-effective, it is based on known methodologies, and it is no longer very controversial. It should be possible to at least triple the level of contraceptive social marketing in the developing world by the year 2000.

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