Concept Note on Condom Social Marketing

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This essay describes the current policy of Indian government to promote condoms while providing a historical perspective.

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SESSION SUMMARY

Indian Condom Social Marketing Campaigns

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SESSION SUMMARY

While India is experiencing rapid economic growth, old social issues remain. According to National Family Health Survey 3 (NFHS) data (IIPS and ORC Macro, 2007), India ranks as the third highest country in terms of people living with HIV/AIDS. It also ranks as the second most populous country in the world with a population of 1.15 billion according to 2001 census. Given this twin burden, condom usage assumes importance as a critical preventive tool. Social marketing has been extensively used in India, especially in the areas of contraceptive promotion. However, condom usage remains low in India. According to NFHS 3 data, only 5.8% men use condoms. Our session addresses the challenges involved in condom social marketing (CSM) campaigns in India, by taking both a psychological as well as a societal perspective. The studies then follow up by providing practical recommendations that would enable social marketers to increase the effectiveness of their campaigns. The first study is a concept note narrating the history of CSM in India. The second study highlights findings of a mail survey as to why Indians wear or not wear condoms. The final study takes an upstream social marketing approach and understands the underlying factors that determine the influence of various stakeholders. Audiences interested in our session would be associated with public health, government, social marketing, and latex marketing sectors as well as scholars who work in the area of social marketing. The first paper is still under conceptual development, while the remaining two papers are completed.

ABSTRACT

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UNFPA defines condom programming for HIV prevention as a means of ensuring that those sexually active persons at risk of HIV are motivated to use condoms, have access to quality condoms, and can use them consistently and correctly. A comprehensive condom programme, therefore, addresses demand, supply and support for male and female condoms as a means of protection from STIs/HIV and un-intended pregnancy. It entails putting into place a constellation of inter-related elements including: assessing and meeting user needs; overcoming barriers to access and use; promoting forecasting needs and facilitating procurement according to internally accepted standards and specifications, logistics management including transport and storage, expanding channels for distribution, and monitoring impact.

To most persons in public health, it seems almost redundant to elaborate on the effectiveness of condoms for prevention of HIV, most STIs and unwanted pregnancy. However, in the current global and regional context, when policy makers are articulating concerns on condoms for HIV prevention, the discussion on how effective condoms are for prophylaxis evidently arises. Numerous studies have examined how well condoms work to prevent HIV transmission between sexual partners when one is infected and the other is not. This research clearly demonstrates that condoms are effective, though controversy remains about exactly how effective. At least four meta-analyses of condom effectiveness have placed the effectiveness range from 69% to 94%. The best estimate that may be deduced from the studies is that condoms when used consistently and correctly reduce the risk of transmission by 90%. With perfect use, effectiveness may be even higher, though not 100%. These results closely match data on the effectiveness of condoms for preventing pregnancy. There is little convincing evidence that inconsistent condom use provides any protection.

The important question about condoms for HIV prevention has to do with their effectiveness as a public health strategy. There is need for a combination of approaches [postponing sexual activities, reducing partners, using condoms] to fight AIDS and the epidemic requires tailored responses within countries. Condoms have a role everywhere. Communication efforts need to inform and tell the truth about condoms: that they are effective but not 100 percent effective. This includes referring to sex with condoms as “safer sex” rather than “safe sex” and not telling people that they can only get HIV from unprotected sex.

The India HIV/AIDS National Policy has included condom programming as a separate programme area. The policy statement mentions that ‘the government has adopted a conscious policy of use of condoms through social marketing and community based distribution system’. The policy statement also includes on dual protection for HIV/AIDS as well as family planning and also that ‘there should be no moral, ethical or religious inhibition towards propagating the use of condoms amongst sexually active people, especially those who practice high risk behaviour’.

Thus from policy statements it is clear that condom programming is integrated as a strategy in HIV/AIDS prevention programmes in the country. In the region only India has a detailed separate condom promotion strategy document which has identified four components from strengthening: [1] High quality affordable condoms [2] Increased demand for condoms among core transmitters and bridge populations [3] Increased demand for safer sex behaviours in persons with high risk behaviours in the general population [4] Enhanced enabling environment for condom use. This also includes addressing the socio-cultural dimensions of condom access and use.

India first introduced the concept of social marketing, developed by Indian Institute of Management, in 1968. However, over the years, the Indian social marketing programme has not been able to contribute to its full potential in the country. In order to expand the market in India, particularly in rural areas as well as to meet the reproductive health needs of individuals and couples, it is essential for the social marketing programme to achieve a high level of constraints and bottle-necks.

Social Marketing is recognised as a key strategy in increasing access to health related products and behaviour. Research has shown that free products are frequently wasted. There have been instances where the contraceptives have been discarded and claimed that they have been distributed. Also products given away free by the governments tend to be considered of poor quality by users.

Another advantage is the fact that sales of contraceptive through social marketing systems is backed by and can be tracked by the flow of cash from consumer to retailer to distributor to project headquarters inject a discipline in the system that is essential to adequate control.

The social marketing of condom programming was launched in 1968 initially through large private and public sector companies.