Using Commercial Marketing Techniques to Introduce New Contraceptive Products in Zambia and Malawi

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ABSTRACT

In early 2014, the EECO project began planning for pilot introduction of the SILCS Diaphragm, Amphora Lubricating Gel and Woman’s Condom in Malawi and Zambia. The project is designed to support the introduction of five new woman-initiated contraceptive methods aiming to increase overall use of modern contraceptive methods by introducing new methods and expanding method choice. There are some clear lessons learned that will form part of the systematic planning when other EECO products are introduced: advocacy work to gain the support of key media; cultural leaders are necessary to counter prevailing cultural norms, which discourage the use of lubrication during sex; and different approach in promotion considering negative cultural norms towards the use of lubrication.

Keywords: EECO project, Commercial marketing techniques, Contraceptive products, Zambia, Malawi

1. Introduction

Aims and objectives

The Expanding Effective Contraceptive Options (EECO) project is funded by USAID and led by non-profit organization that is Woman Care Global. The project is designed to support the introduction of five new woman-initiated contraceptive methods. Pilots in Zambia and Malawi will provide women with greater choice to prevent unplanned pregnancy through access to three new product lines: a contraceptive gel; new barrier methods; and intra-vaginal rings (IVR).

Globally, 110 million women cite method-related reasons for non-use of contraception. Each product in the EECO project possesses important benefits that address one or more method related reasons for non-use, e.g., they are non-hormonal, appropriate for breastfeeding women, discreet. Additionally, because they are woman-initiated; these products have the potential to overcome access barriers related to the limited number of providers and/or provider or partner bias against contraceptives. In early 2014, the EECO project began planning for pilot introduction of the SILCS Diaphragm, Amphora Lubricating Gel and Woman’s Condom in Malawi and Zambia.

Behavioural Objectives and Target Group

The goal is to increase overall use of modern contraceptive methods by introducing new methods and expanding method choice. The behavioural objective is to garner use of the SILCS Diaphragm, Amphora Gel and the Woman’s Condom by introducing the products in a manner that will make them attractive to the target audiences. By September 2018, a combined 750,000 Woman’s Condoms and 11,000 SILCS Diaphragms will have been sold in the two countries.

Attitudinal

1. Increase the proportion of target market that report at least 3 out of 5 benefits about the woman’s condom;
2. Increase the proportion of the target market who are aware of the SILCS diaphragm from 0% to 50%.

Behavioural

3. Increase the number of women’s condoms sold from 0 to 750,000;
4. Increase the number of diaphragms sold from 0 to 11,000

Target Audiences.

The differences in the target audience are to a large degree due to the environmental context. The economic circumstances are vastly different. Zambia has a burgeoning middle class while Malawi is less mature economically and therefore has a smaller middle class. Malawi also has a much less sophisticated marketplace with limited access to regional and global retail outlet shopping, unlike Zambia. Generally the level of education is lower in Malawi, while Zambia has a lower unemployment rate.
Table 1: Target population

|                      | Target - Audience Malawi | Target Audience - Zambia |
|----------------------|--------------------------|--------------------------|
| Woman’s Condom       | Single women aged 20 – 24, lower SES | Single women aged 19-24, lower SES |
| SILCS Diaphragm and Amphora Gel | Married women, aged 20 - 30, who have had at least one child, lower SES | Women aged 25-35 in stable relationships, mid-high SES |

Citizen/customer orientation
In both countries, unmet need for modern contraception is just under 30%. The most prevalent barriers to consistent use of modern contraception include concern for menstrual disruption and fears of infertility (Williamson, Parkes, Wright, Petticrew, & Hart, 2009). Other reasons for not using modern contraception include breastfeeding, lack of sexual activity, inadequate knowledge about methods or current methods are perceived to be inconvenient (Darroch, Sedgh, & Ball, 2011). While the EECO products address most of the issues, further human centred research was undertaken to gauge responses to the products. The following table summarizes the main findings from both countries.

Table 2: Main findings on likes and dislikes of woman using different types of condoms in Malawi and Zambia

|                     | Dislikes                                      | Likes                                      |
|---------------------|-----------------------------------------------|--------------------------------------------|
| SILCS Diaphragm     | • Uncomfortable                               | • Portable                                 |
|                     | • Could cause damage                           | • Lasts two years and can be               |
|                     | • Long insertion time                          |   used multiple times                      |
|                     | • Fear of infection or allergies, loss of pleasure | • Comfortable                             |
|                     | • Unhygienic                                  | • No side effects                          |
|                     |                                               | • Cost effective                           |
| Amphora Gel         | • Less friction                               | • Can make insertion of diaphragm easier  |
| (please note this is to be used with the diaphragm) | • Could cause irritation                      | • Enhances pleasure                        |
|                     | • Traditional negative views of wetness during sex | • Reduces risk of hurting                  |
|                     | • Makes women less sensitive                   | • self or partner                          |
|                     |                                               | • Builds stamina                           |
| Woman’s Condom      | • Concerns about                               | • Easier to insert than                    |
|                     | • dissolving tip and                           |   previous models of female condoms        |
|                     | • sponges                                     | • Can be inserted before                  |
|                     | • Too thin so may tear                         |   sexual intercourse                      |
|                     | • Feels cheap                                 | • Puts woman in control (to some extent)   |
|                     | • Reduces intimacy and                         | • Not too thick                            |
|                     |   male bravado                                | • Has lubrication on surface               |
|                     | • Looks big and difficult to insert            |                                            |

The Social Offering
For almost 110 million women, method-related reasons such as hormonal side effects and health risks associated with modern contraceptives are cited as the biggest issues related to non-use. According to estimates presented by Singh and Darroch (2012), if the current unmet need for contraception were to be satisfied, 54 million unintended pregnancies in the developing world would be prevented. Studies have shown that better access to a broader range of methods is needed to successfully meet women’s contraceptive needs, as well as improvements in the quality of information and a reduction of social barriers to use. The key social offering is expanding the product offering and providing comprehensive education about the products. This gives people a greater range of informed choice so that they can space births and/or and prevent unplanned pregnancies.

As a result of advocacy with regulatory bodies and Ministries of Health, the products have been registered and cleared for importation and distribution in both countries. Advocacy will continue with national level stakeholders and traditional and church leaders, as well as media. In addition, demand creation strategies, and consumer and provider support services will be launched.

Engagement and Exchange
A four-piece marketing plan was developed to support each product. Participants in the marketing planning focused on understanding the target audiences (TA), their physical and emotional needs and environments, including an analysis of the TAs’ preferred distribution channels and the providers who exist within those channels. This resulted in a plan that is focused on the needs of potential users, their influencers and providers. To prepare for the marketing planning process, project partner, the International Center for Research on Women (ICRW) conducted a background research review for each of the products and countries. A proprietary Needscope™ study was also conducted in order to better understand country-specific, emotional and functional needs for contraception. The study also served to map out the family planning category in each country. Finally, visits and informal face-to-face interviews took place with providers and distributers.

Competition Analysis
The project does not aim to replace other modern contraceptive methods or encourage switching, but rather ECCO wants to grow category use through greater product offering, by addressing different target audiences and positioning products so they do not compete. Current contraceptive methods include condoms, intra-uterine devices (IUDs), and implants, oral and injectable contraception, withdrawal and/or not using any contraception. There are no other socially marketed diaphragms or gels in either country, but there is a female condom distributed free in both Zambia and Malawi. Messaging and placement will limit direct competition with other products. For example, the TAs has expressed a desire to access the products outside of health facilities where most woman traditionally obtain their FP products.

Segmentation and Insight
Research placed the emotional and functional needs for the products into six categories based on Jungian theory of human
behaviour patterns. The segment and insight for each product is as follows:

**Table 3: The segment insight on the use of specific condoms in Zambia and Malawi**

| Segment | Insight: | Insight: |
|---------|----------|----------|
| Zambia  | Serious life partners | I want to be protected (from pregnancy and STIs), but I take risks and do not like to be told what is good for me. Using a condom can compromise the pleasure of sex and brings up issues of trust. I just want to have fun without having to worry. |
| Malawi  | Naturally caring | I’m on the right path to a better life and I don’t want to mess that up with an unwanted pregnancy. I need a FP method that is better than what my mom and aunties used – no side effects and let me feel close to the man who I think will one day be my husband. |

**Results**

**Integrated Intervention Mix**

**Products**

The Woman’s Condom is a new type of female condom, offering nonhormonal protection against unplanned pregnancy and sexually transmitted infections, including HIV. Developed by PATH, the product’s unique design features allow for easy insertion and removal, a secure fit, and good sensation. The SILCS Diaphragm and Amphora Gel are also non-hormonal, barrier method developed by PATH. Its one-size-fits-most design eliminates the need for a fitting by a provider, while other design features make it easy to insert, use and remove. Amphora is a non-hormonal gel that doesn’t contain nonoxynol-9, a common component of other spermicides that was found to increase the risk of HIV infection in women (WHO). Developed by Evofem, Amphora is FDA approved as a lubricant and is currently undergoing trials to evaluate its properties as a stand-alone contraceptive.

**Place**

Distribution of the Woman’s Condom will be everywhere the male condom is found, including, local markets, bars, pharmacies, and supermarkets. The diaphragm and gel will have more limited distribution through pharmacies and some health facilities in keeping with a more mature and discreet target audience who has clear shopping preferences for contraceptive products.

**Promotion**

All promotional activities will be in keeping with the TA analysis, which includes their main influencers. A highly targeted initial mass media campaign employing TV and radio where appropriate will be conducted to raise awareness of the products. Cross promotion opportunities with products relevant to our TA will also be explored. Technology based promotion will also be developed for the appropriate TAs. Key messages for the products will highlight the most valued benefits of the products to the TA. There will be significant investment in positioning or repositioning brands to ensure they emotionally connect with TA and existing equity is leveraged. All messaging, materials, packaging and tools will undergo pretesting before going to market.

**Price**

In order to overcome any emotional costs of using the products, Secondary target audiences e.g., spouses and boyfriends will also be targeted throughout all communications campaigns. In many cases, men are the final decision makers and women are concerned about the repercussions of disobeying their partner and/or not including him in contraceptive decisions. Cultural and societal barriers, which may "cost" women, have also been taken into account and advocacy with community leaders is included in the program. These promotional and advocacy activities, which affect non-monetary costs, are scheduled throughout the life of the program. Several exercises were undertaken to determine the monetary costs of the products. These included market research and comparison to similar products in the market (e.g. male condoms) and other relevant consumer goods.

**Co-creation through Social Markets**

As previously discussed, much work has been conducted with stakeholders to ensure product acceptance across the supply chain. Research methodology also included speaking to product developers and manufacturers in order to capture lessons learned that could affect bringing these products to market. Furthermore, a feedback loop has been established with the product developers and donors to ensure that lessons learned and country information is shared between stakeholders. Providers in Malawi and Zambia are a key part of the strategy and much work is scheduled in order to cement their understanding of the products and the purpose they fulfil in the contraceptive landscape.

**Systematic Planning**

A process developed by PSI, called DELTA, was used to lead major strategic decisions and identify marketing information gaps. DELTA ensures marketing objectives are aligned and that
there is in-depth understanding of the issues. As previously discussed, other research tools, both qualitative and quantitative, were used to gather the necessary information to inform the marketing process. There is a clear monitoring and evaluation process, which measures major milestones and monthly progress, e.g., number of product preregistration workshops held in country. By the project’s end, EECO will have produced a roadmap, which will include strategies for: product introduction, demand creation for new products and support provision throughout the supply chain for woman-initiated FP methods.

3. Conclusion

Attitudinal

1. Benefits about the women’s condom: 55% of the target audience reports at least 3 of 5 benefits are true about the Woman’s Condom (up from 0%).
2. Awareness of the SILCS diaphragm: 50% of the target audience has heard about the SILCS Diaphragm (up from 0%).

Behavioural

3. Number of women’s condoms sold: 750,000 Woman’s Condoms
4. Number of diaphragms sold: 11,000 SILCS Diaphragms.

In addition, there are some clear lessons learned that will form part of the systematic planning when other EECO products are introduced in Malawi, Zambia and the third project country, India. These include:

• It is important that the market value of the female condom not be impacted while promoting the new product. Promotional focus will address emotional needs of the Woman’s Condom, rather than compare product features;
• Advocacy work to gain the support of key media and cultural leaders are necessary to counter prevailing cultural norms, which discourage the use of lubrication during sex and earlier bad press surrounding the use of gel-based spermicidal for HIV prevention;
• Because of negative cultural norms related to lubrication use during sex, Amphora lubricating gel will be promoted for the functional benefit of ‘ease of insertion’.

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