

C H A P T E R

# 12

*Social  
Marketing:  
Two Approaches  
to HIV/AIDS  
Prevention*

WILLIAM A. SMITH





## *Social Marketing: Two Approaches to HIV/AIDS Prevention*

### **INTRODUCTION**

There is no single, comprehensive solution to the problem of increasing HIV infection rates in many of the world's resource-constrained countries. But there are effective ways to reduce both the rates and the consequences of infection. In reviewing this list of prevention strategies, it is obvious that although condoms alone are not enough to prevent the spread of HIV/AIDS, they are an important part of any HIV prevention strategy.

This chapter focuses on lessons learned from the social marketing of condoms. It gives special attention to condom social marketing because of the important contribution to HIV prevention of promoting the distribution and sale of condoms among some of the world's most resource-constrained settings. The chapter also argues that the same social marketing approach can and should be applied to other critical HIV prevention behaviors. It provides arguments for the expansion of a social marketing methodology to address other critical aspects of HIV prevention.

### **STATE OF THE ART APPROACHES, STRATEGIES AND EXPERIENCE**

The term "social marketing" has often been used as a label for programs that are really social communications or social advertising activities. Genuine social marketing focuses on both external (access to resources, new services and lower barriers) as well as internal (clever and persuasive messages) influences on behavior. One of the greatest strengths of condom social marketing programs has been their ability to increase access to reliable condoms among populations not served by the commercial sector.

Social marketing is characterized by five activities that constitute the basic project development process followed in the examples presented throughout this chapter. These are the characteristics that make social marketing so applicable to a broad range of HIV prevention behaviors and programs. These activities, which are described in this section, are:

- Ongoing, iterative research, planning, action, assessment and replanning
- Consumer research
- Audience segmentation
- Exchange
- Marketing mix

## **THE SOCIAL MARKETING OF CONDOMS FOR HIV PREVENTION**

Condom social marketing took on special importance with the emergence of HIV/AIDS. A relatively difficult and unreliable method of contraception, the inherent deficiencies of condoms became challenges to be overcome, as there was no other viable product with the same potential to prevent HIV/AIDS. An early Swiss program provides a model of successful—and ongoing—condom social marketing, and demonstrates how monitoring and evaluation are used to constantly adjust a national program to the changing needs of the epidemic. The Appendix offers summaries of studies and lessons learned that represent the best information to date on the application and effectiveness of social marketing applied to the marketing and sale of condoms in resource-constrained countries, with a special focus on Africa.

## **THE SOCIAL MARKETING OF HIV PREVENTION SERVICES AND BEHAVIOR**

HIV prevention requires more complex efforts than condom sales alone. An intervention framework is needed that is both systematic and adaptable to various cultures, one with a solid scientific base and which has shown its ability to absorb new theories as they arise. There is a similar situation with respect to HIV/AIDS medication in that both the drugs and information about proper compliance will have to be marketed.

Service and behavioral marketing refers to the application of social marketing to non-packaged products. Project examples are provided that demonstrate how social science has contributed to understanding the barriers and determinants of critical condom use behavior.

## **LESSONS LEARNED AND RECOMMENDATIONS**

As developing countries move to address broader issues of HIV/AIDS prevention, social marketing with its rigorous systematic approach to understanding people and the cultural context in which they behave has much to contribute. A number of recommendations are provided.

## **FUTURE CHALLENGES**

Future challenges to the effective use of social marketing in HIV/AIDS prevention include:

- Manpower development
- “Condom fatigue”
- Condom quality control
- The expansion of social marketing to the marketing of behaviors and categories other than condom sales

## **CASE STUDIES**

This case study from the AIDSCAP program in Cameroon provides an example of how condom social marketing can be effectively integrated within a broader, more comprehensive program of HIV/AIDS prevention. This is perhaps one of the most important lessons to emerge over the years. Condom social marketing alone should be thought of as only one tool—albeit a very important one—for effective HIV/AIDS prevention.

Operations research on the Tsa Banana program in Botswana demonstrated that this adolescent social marketing intervention significantly improved adolescents’ beliefs regarding AIDS and preventive behavior within eight months after the start of the intervention. In particular the program increased awareness of the severity of HIV/AIDS, increased the beliefs that condoms and abstinence provide protection and demonstrated that it is not easy to convince males to use condoms.

*table of contents* C H A **12** P T E R

285	<b>INTRODUCTION</b>
287	<b>STATE OF THE ART APPROACHES, STRATEGIES AND EXPERIENCE</b>
287	Defining Social Marketing
289	The Social Marketing of Condoms for HIV Prevention
290	The Social Marketing of HIV Prevention Services and Behavior
292	<b>LESSONS LEARNED AND RECOMMENDATIONS</b>
293	<b>FUTURE CHALLENGES</b>
293	<b>CASE STUDIES</b>
293	AIDSCAP Program in Cameroon
297	The Tsa Banana Program in Botswana
297	Impact of the Tsa Banana Program on Health Beliefs
299	<b>APPENDIX</b>
299	The Implications of Free and Commercial Distribution for Condom Use: Evidence from Cameroon
300	Sexual Activity and Condom Use in Lusaka, Zambia
300	Changing Adolescents' Beliefs About Protective Sexual Behavior: The Botswana Tsa Banana Program
301	An Evaluation of the Effectiveness of Targeted Social Marketing to Promote Adolescent and Young Adult Reproductive Health in Cameroon
301	The Promotion of Safer Sex Among High-Risk Individuals in Mozambique
302	An Evaluation of the Effectiveness of Targeted Social Marketing to Promote Adolescent Reproductive Health in Guinea
302	Cross-Country Study of Condom Promotion for AIDS Prevention
303	Marketing <i>Protector</i> Condoms in Africa
303	<b>RELEVANT CHAPTERS</b>
303	<b>REFERENCES</b>
304	<b>RECOMMENDED READING</b>

**T**here is growing recognition that the HIV/AIDS pandemic is fostered by complicated cultural, social and behavioral factors.

In this complex context, there is no single, comprehensive solution to the problem of increasing HIV infection rates in many of the world's resource-constrained countries. But there are effective ways to reduce both the rates and consequences of infection, including:

## **I N T R O D U C T I O N**

- Reducing an individual's number of sexual partners;
- Ensuring that all extramarital sex includes the proper use of a reliable condom;
- Providing counseling to HIV-positive married couples;
- Promoting early treatment of infants of HIV-positive mothers;
- Promoting proper feeding of infants of HIV-positive mothers;
- Reducing stigmatization and discrimination against HIV and persons living with HIV/AIDS (PLHA); and
- Ending gender inequalities that limit a woman's ability to protect herself from HIV/AIDS.

In addition to these direct actions, a number of indirect actions are believed to be important to successful HIV/AIDS prevention, including:

- Promoting national leadership that favors science-based HIV prevention;
- Promoting policies such as tax-free importation of condoms;
- Improving accurate information about HIV transmission;
- Reducing the number of harmful myths about HIV;
- Promoting social norms supportive of HIV prevention; and
- Increasing the self-efficacy of high-risk populations in using prevention effectively.

In reviewing this list of prevention strategies,\* it is obvious that condoms alone are not enough to prevent the spread of HIV. But condoms are an important, perhaps essential, part of any HIV prevention strategy.

This chapter focuses on lessons learned from the social marketing of condoms. It also argues that the same social marketing approach can and should be applied to other critical HIV prevention behaviors. It provides arguments for the expansion of a social marketing methodology to address other critical aspects of HIV prevention. Some experts have tried to differentiate between condom social marketing and behavioral interventions—social marketing of non-condom prevention behaviors—but this distinction is semantically and programmatically misleading.

The fact is that both commercial marketing and social marketing have a long history of dealing with more than packaged products. *Service* marketing in the commercial sector and both *behavioral* and *advocacy* marketing in the social sector are well studied. The attempt to limit the lessons of social marketing to the promotion of packaged products denies HIV prevention the rich experience of success offered by the field of social marketing.

This chapter gives special attention to condom social marketing because of its important contribution to HIV prevention in promoting the distribution and sale of condoms among some of the world's most resource-constrained settings. But broader application of social marketing will be needed as the world moves to intensify its efforts on HIV/AIDS prevention.

\* See Chapters 16, 16, 18, and 23 for more information on these prevention strategies.

## STATE OF THE ART APPROACHES, STRATEGIES AND EXPERIENCE

### DEFINING SOCIAL MARKETING

Social marketing has been in the literature since the 1970s, applied in various ways to promote childhood immunizations, diarrheal disease control, family planning, improved nutrition and diet and environmental behavior. Too often, however, the term “social marketing” has been used as a label for programs that are really social communications or social advertising activities. Media campaigns and clever slogans and messages characterize these narrower applications, and they often include sophisticated consumer research and targeted messages. This is why they are often confused with social marketing.

Genuine social marketing focuses on both external (access to resources, new services and lower barriers) as well as internal (clever and persuasive messages) influences on behavior. Social marketing is defined as: A program management process (implies sequenced action steps) designed to influence human behavior (not only knowledge or attitudes) through consumer-oriented decision making (marketing) leading to increased societal benefit.

The social marketing of condoms looks very much like the marketing of other frequently used consumer products. It is an integrated effort designed to make a seamless program of the choice of condom styles, the places where condoms are made available, the price charged for condoms and the promotion of condoms in a way that maximizes the consumer’s ability and willingness to purchase and use them. One of the greatest strengths of condom social marketing programs has been their ability to increase access to reliable condoms among populations not served by the commercial sector. Access is just one of the critical variables in a successful marketing program. The pricing of condoms to ensure that they have value and are also affordable is also critical. A choice of products has been shown to be useful, particularly as a condom market matures with customers who want both variety and reliability. Finally, the multiple ways of promoting condoms can be critical to success. What benefits do consumers care about? Which channels of communication do they use and trust? The answers to these questions constitute the primary thrust of a successful condom social marketing program.

A social marketing project includes five basic activities, which together constitute the project development process followed in the examples presented throughout this chapter. These characteristics make social marketing so applicable to a broad range of HIV prevention behaviors and programs. The process comprises these activities:

- Ongoing, iterative research, planning, action, assessment and replanning
- Consumer research
- Audience segmentation
- Exchange
- Marketing mix

#### *Continual and iterative process of research, planning, action, assessment and replanning*

Like many other program planning models, marketing uses a sequenced framework of assessment, planning, setting objectives, pre-testing, application, monitoring, reassessment and modification. Unlike some social planning models, there is fundamental recognition in marketing that this is a permanent cyclical process. No one at Coca-Cola would argue that marketing Coke is something you do, and once accomplished need do no more because everyone knows about and likes Coke. Selling Coke is something you have to do every day in ever-new ways to meet an ever-changing consumer. In many social programs, however, there is an assumption that behavior change is something to be “accomplished,” and once in place, behavior should sustain itself through some natural reward or the power of some cognitive process. This has led to a linear planning model that is inconsistent with behavior change.

People and communities change over time. There are very few “natural rewards” for many of the safer sex behaviors being promoted in HIV prevention

efforts. Safer sex behaviors face continual competition from unsafe behaviors, and people and communities need a permanent program of behavior change that aims to reinforce existing adopters of changed behavior, as well as helping people at high risk become new adopters. Social marketing provides a framework for programs to continually assess, plan and provide new support to meet the demands of those changes.

### *Consumer research*

People and their behaviors are sufficiently complex to warrant a multi-faceted (qualitative plus quantitative) and iterative research process to identify and track changes in knowledge, attitudes and behavior that may influence the outcomes of interest to program managers. The key contribution of social marketing here has been *multifaceted research*, a skillful integration of qualitative and quantitative methods to produce practical answers to program design questions. Rather than asking what is not known about HIV prevention, market research is focused on answering such practical questions leading to program decisions, as:

- How are people different so that we can target their specific wants?
- What benefits do people care about in an HIV prevention product such as condoms?
- Where will people be most likely to get those products?
- What are the toughest barriers for them to deal with, and how can they be lowered?
- How important is the price of a condom to different users?
- What messages—language, metaphors, images—break through the clutter of other messages and resonate as authentic for them?

### *Audience segmentation*

Although people and communities are different, they can be grouped in ways that maximize certain similarities that often go beyond risk behavior or demographics. Programs can take advantage of these meaningful similarities and develop specific interventions to address each “segment” identified. For example, all men who have numerous sexual partners are not alike. Some men with multiple partners may be condom users, while others are not. Some may see multiple partners as a lifestyle, while others may see it as related to being young and free for only a few years. Consumer research can help us make distinctions that are useful in reaching different subsets of this audience with greater precision and efficiency.

### *Exchange*

People do things in exchange for benefits. This means that behavior change often involves a cost to individuals or audiences (giving up multiple sexual partners or time, for example); giving something up may require that a program manager offer some benefit to achieve a desired change (life-long commitment); and successful behavior change requires understanding that people value many things other than health or wealth in this process of exchange (identity as a man for some may mean having many sexual partners).

### *Marketing Mix*

The concept of marketing mix is shaped by a belief that people’s behavior is influenced by four domains that they weigh against competing alternatives when choosing a behavior:

- **Product** (an idea, service or behavior that offers a benefit)
- **Price** (the financial, emotional, social and temporal costs of the product)
- **Place** (distribution channels through which the product is offered)
- **Promotion** (methods for motivating or encouraging individuals to use the product)

To be considered social marketing, a program must demonstrate serious consideration of all five basic activities outlined above. But the strategic consideration of the full “marketing mix” is what differentiates social marketing from the concept of traditional health education, social advertising or social communication.

## THE SOCIAL MARKETING OF CONDOMS FOR HIV PREVENTION

Condom social marketing took on special importance with the emergence of HIV/AIDS. Male condoms had rarely been a preferred method of family planning: they are difficult to use, the unreliability of their use has been recognized for years and men tend to be less disciplined than women in effectively using a method. In the era of HIV/AIDS, however, these deficiencies became challenges to overcome, as there is only one other viable product, the female condom, with the same potential as condoms to prevent HIV/AIDS. But the female condom has yet to prove itself in a large-scale marketplace.

Among the world’s first and most successful HIV/AIDS social marketing programs was the Swiss Stop AIDS program. While Switzerland is certainly not a resource-constrained country, the Stop AIDS program was started by a small group of gay men who believed that if gay men were to use condoms they needed a specific branded condom (the *Hot Rubber*) with special appeal and distribution. Over time the program evolved into a national, government-supported effort with many phases. Stop AIDS demonstrates clearly how social marketing can be used to successfully promote a much wider range of prevention behaviors than condom promotion alone. It is an excellent example of how monitoring and evaluation are used to constantly adjust a national program to the changing needs of the epidemic.

## THE STOP AIDS CAMPAIGN<sup>1</sup>

The Stop AIDS campaign is one of the longest running and most carefully evaluated social marketing programs for AIDS prevention in the world. It was launched in 1987 as a national, multi-media campaign designed to increase condom use among Switzerland’s general population and targeted risk groups, reduce discrimination against individuals with HIV/AIDS, and increase solidarity between those living with HIV/AIDS and the rest of the population.

Its initial audience was gay men, but as the epidemic began to expand it reached out to a truly national audience. The campaign’s most important difference was to constantly measure not only condom use but changing attitudes toward the AIDS epidemic. One product was the condom, but another product was anti-discrimination and later needle exchange. The Swiss were convinced that as long as AIDS was feared, risky sex would remain underground. The price of prevention was lower than the price of high-risk behavior, because the price of prevention no longer included the fear of discovery. In addition to condom promotion and needle exchange being promoted on radio and TV, community groups were organized, a special *Hot Rubber* brand created for gay men, and new distribution points opened throughout the country for condoms and for counseling and testing.

Among the indicators of the Stop AIDS campaign’s success were:

- **Increased condom sales:** Between 1986 and 1990, condom sales increased by 80 percent (from 7.6 million to 15 million units).
- **Increased condom use:** Between 1987 and 1990 condom use among 17- to 30-year-olds increased from 8 percent to almost 50 percent. Condom use among 31- to 45-

*continued*

*continued*

year-olds also increased during that time (from 22 percent to 35 percent).

■ **Did not increase the number of partners:**

Between 1987 and 1989 the number of people that considered mutual faithfulness effective protection against HIV transmission had increased from 18 percent to 49 percent. In the 17- to 20-year-old age group, the number of those who had more than three partners actually decreased slightly.

An important element of the Stop AIDS campaign was its strategy of gradually phasing in different messages over a period of several years. This approach had the effect of allowing the population to slowly digest the information being presented while making subtle changes in attitude and behavior. Soon after the initial condom campaign, the media strategy began to include ads targeting the issues of needle sharing and faithfulness.

### *Condom social marketing in resource-constrained countries*

Three international organizations have been particularly active in the application of condom social marketing to the problems of HIV/AIDS in resource-constrained countries. They are Population Services International (PSI), the Futures Group and Family Health International (FHI). The Appendix includes summaries of studies and lessons published by these organizations, which represent the best information to date on the application and effectiveness of social marketing applied to the marketing and sale of condoms in resource-constrained countries, with a special focus on Africa.

## **THE SOCIAL MARKETING OF HIV PREVENTION SERVICES AND BEHAVIOR**

As indicated at the beginning of this chapter, HIV prevention requires more complex efforts than condom sales alone. What is needed is an intervention framework that is both systematic and adaptable to various cultures, has a solid science base and has been shown to absorb new theories as they arise. As drugs become available, both the treatments as well as proper compliance with them will need to be marketed. For example, HIV testing and counseling for married couples, proper feeding of infants with HIV-infected mothers and the proper treatment of HIV-infected pregnant women will also need to be marketed. (See Chapters 17, 18 and 23 for more information about preventing mother to-child-transmission of HIV and voluntary HIV counseling and testing.) Another example can be found in a recent study in Northern Thailand, which concluded that HIV-related tuberculosis (TB) sufferers did not seek treatment for TB because of stigma and a misguided belief that TB is not treatable.<sup>2</sup> This type of problem, as well as such issues as encouraging blood donorship and the social marketing of drugs for HIV and other sexually transmitted diseases (STDs), is an obvious case where social marketing can also be useful.

For many professionals, marketing still means manipulation. This attitude must evolve. Marketing is a systematic way to understand and then balance the needs of people against their wants and desires. When social marketing is successful it respects different cultures and finds within each one the positive forces that can support healthy behavior. And yet social marketing is bottom-line oriented: its goal is not empowerment, liberation or equity per se, but rather the reduction of morbidity and mortality. To effectively market complex and difficult prevention behaviors, a systematic process is needed which first establishes then maintains touch with different types of audience segmentation. Social marketing is such a process, uniquely focused on meeting the wants and needs of those segments.

**Service and Behavioral Marketing** refers to the application of social marketing to non-packaged products—services such as STD treatment and behaviors such as condom use versus condom sales, talking to partners about sex and condoms, delaying sexual initiation or adopting multiple safer sex behaviors. Many programs have found that behavioral science adds two new and rich dimensions to the social marketing framework: service marketing and behavioral marketing. As demonstrated in the examples below, even for behaviors like condom use versus condom purchase, social science has contributed enormously to understanding the barriers and determinants of this critical condom use behavior. For example, of all various possible determinants for condom use—after easy access has been assured—social norms, behavioral skills and self-efficacy seem the most promising starting points for investigation and intervention design.

**Understanding Perceived Social Norms in the Caribbean helped set priorities in a behavioral social marketing project.** An analysis of 1990 and 1991 national Knowledge, Attitudes, Beliefs and Practices (KABP) data in St. Vincent compared condom users and nonusers and found that users were significantly more likely to talk to their friends about condoms, believe that their friends use condoms and have their sex partner suggest using a condom.<sup>3</sup> Similar results regarding the strong role of perceived social norms were found from analyses of St. Lucia KABP data.<sup>4</sup> Supplemental focus group research with

sexually active youth revealed that they considered their parents to be obstacles to their own condom use. Focus groups with parents revealed that they did not approve of sexual activity among youth. While parents wanted their children to use protection if they were sexually active, they seldom discussed sex or expectations for behavioral protection with their children. In 1991, a two-phase “When You Can’t Protect Them Anymore...Condoms Can!” program was launched in St. Vincent and the Grenadines, St. Lucia and Grenada, using radio spots, call-in shows, a serial drama, a telephone hotline and public forums. Phase I targeted parents, encouraging them to talk with their teenagers about sexual responsibility and condoms. Phase II aimed at sexually active teens, using a “lifestyles” approach to sexual responsibility, and highlighting the options available to teens, including talking with friends, parents and partners. Tracking survey data from St. Vincent and the Grenadines showed significant changes in key attitudes and normative beliefs among those exposed to the campaign.<sup>5</sup> Targeting focused scarce program resources on important and achievable goals.

**Actual skill practice with condoms increased both perceived self-efficacy and reported condom use and was studied within the context of community implementation.** Skill has been identified as a major factor potentially influencing behavior for a wide range of health behaviors, including condom use. Condom skills intervention studies conducted in the Dominican Republic, Trinidad and Tobago, St. Vincent and the Grenadines and Jamaica found that: (1) Physical skill and self-efficacy at putting on a condom can be increased by educational interventions administered in a face-to-face session as well as with an illustrated brochure; and (2) Physical skill and self-efficacy at putting on a condom was associated with increasing other determinants of condom use and with higher reported condom use.<sup>6</sup>

**Combined norm and skill interventions increased condom use.** The Academy for Educational Development (AED) conducted a field experiment in the Dominican Republic to examine the role of skills interventions in facilitating condom use. The study enabled comparison of the effectiveness of a skill intervention with interventions designed to influence social norms and perceived susceptibility. It included 300 sexually active men who worked in a sugar mill who were each randomly assigned to one of five study groups: control, susceptibility, norm, skills and combined norm and skills. An index of condom-protected sex acts was constructed to study behavioral changes. Results showed that condom use dropped in the control and susceptibility intervention groups. It increased relative to the control group in the individual norm and skills groups. Condom use increased most dramatically in the combined norm and skill group, along with measures of intentions and actual skill. This study, as well as a number of other studies conducted across cultural settings, led the project's principal investigator Dr. Susan Middlestadt to report, "I believe that in the domain of HIV prevention, there are two particularly promising intervention points: skills and social norms."<sup>7</sup>

As developing countries move to address broader issues of HIV/AIDS prevention, social marketing with its rigorous systematic approach to understanding people and the cultural context in which they behave have much to contribute.

## LESSONS LEARNED AND RECOMMENDATIONS

- Condom social marketing should be considered an important element of any national program to prevent HIV/AIDS where condom access is low.
- In resource-constrained countries social marketing may be best organized and implemented by a private sector organization, rather than over-burdened governments.
- Governments can help promote effective condom social marketing through policy support to these programs in the form of tax-free importation of condoms, support for widespread advertising of condom products and the reduction of barriers to distribution.
- Free distribution of condoms should not be excluded in countries where there are successful condom social marketing programs. But free distribution should be organized to compliment, rather than compete with, condom social marketing.
- Pricing of condoms should be used to maximize sales, not to maximize the income of the social marketing organization. This may suggest the need for greater subsidies in poorer countries.
- Segmentation, distribution, pricing, advertising and branding are all critical elements of successful condom social marketing that should be resolved by country-specific consumer-based research, rather than the development of international norms or policies.
- Because consumers change over time and are influenced by more than a condom marketing program, successful condom social marketing programs should be free to monitor and change marketing tactics to meet the changing needs of consumers.
- Social marketing has more to contribute to the prevention of HIV/AIDS than just condom social marketing. Social marketing has already been successfully applied to the promotion of services and key prevention attitudes such as social norms and self-efficacy.

## FUTURE CHALLENGES

**Manpower development** is important to the highly technical profession of condom social marketing. It is critical to train and prepare a growing cadre of specialists in marketing research, market management, product development, business management and social science.

**Condom fatigue** has already been noted in populations in the United States and Europe. There are not enough data to predict what will happen after several years of condom use on a large scale in the countries of Africa, for example. Fatigue has been combated by an ever-growing number of condom product improvements such as lubrication, color and ribbing. It is unclear whether such tactics will work or be accessible to most resource-constrained countries.

**Condom quality control** may become an important issue as the condom market expands. The U.S. market was flooded in the mid-1990s with cheap and less effective Asian condoms. Ensuring a supply of truly effective condoms for Africa will require regular vigilance.

**The expansion of social marketing** to the marketing of behaviors and categories other than condom sales will be resisted by professionals who still perceive social marketing as relating only to physical products. Further investments are needed to educate policy makers about the critical role played by condom social marketing and the possible value of expanding the use of social marketing to other HIV prevention needs.

## CASE STUDIES

### AIDSCAP PROGRAM IN CAMEROON\*

The AIDS Control and Prevention (AIDSCAP) program in Cameroon (1992-1996) was designed to address unmet needs in HIV prevention. Available HIV prevalence information in 1992 indicated that Cameroon still had a relatively low HIV prevalence rate, estimated to be between 0.5 percent and 1 percent of the general population. But surveillance studies suggested that the epidemic was increasing rapidly among specific populations within Cameroon—specifically, urban youth, commercial sex workers (CSWs), sexually transmitted disease (STD) patients and the military.

The program focused on improving behavior change communication (BCC) for select targeted groups at higher risk of HIV and STDs, expanding condom availability and affordability through condom social marketing and assisting the Ministry of Public Health to establish a national STD control service. It was funded by the U.S. Agency for International Development (USAID) through a cooperative agreement with Family Health International (FHI).

AIDSCAP/Cameroon's primary responsibility was to build the capacity of the National AIDS Control Service (NACS) to design, implement, evaluate and sustain programs that prevent sexual transmission of HIV and STDs. The AIDSCAP program was implemented by government and nongovernmental organizations (NGOs) and operated at the national level and in geographically focused areas, addressing specific components of the Medium Term Plan of the National AIDS Control Program. The program actively collaborated with the World Health Organization (WHO) and the German Technical Cooperation (GTZ) on sentinel surveillance, and with GTZ on the development of national STD treatment guidelines and peer education activities. AIDSCAP's subcontractors, Population Services International (PSI) and the Institute of Tropical Medicine (ITM), were instrumental in implementing the condom and STD strategies in Cameroon.

*\* The materials for this case study were drawn from the Family Health International Web page, <[www.fhi.org](http://www.fhi.org)>, where additional information on condom social marketing is also available.*

National interventions included the condom social marketing program implemented by PSI, and support to the Ministry of Public Health for the national sentinel surveillance program and to develop national STD treatment guidelines. Geographically focused activities included interventions with CSWs and their clients, STD patients, university students, military, youth and truck drivers.

The AIDSCAP/Cameroon program focused on building capacity through three complementary and mutually reinforcing strategies: BCC, condom promotion and STD prevention. Below is an overview of these strategic approaches.

### **BCC strategy**

The AIDSCAP/Cameroon BCC strategy included peer health education, community-based outreach programs, developing and distributing educational materials and alternative media such as theater. The heart of the Cameroon program was its pioneering behavior change interventions that have inspired the peer education models currently used around the world. Interventions with the military, university students, STD patients and CSWs and their clients were implemented by the NACS in collaboration with the ministries of defense, higher education and health. CARE/Canada and Save the Children-USA, two international NGOs, respectively implemented the in- and out-of-school youth project and a community-based intervention project in the East and Far North Provinces of the country. The BCC interventions focused on adoption of risk reduction behavior, including promotion of abstinence for young adults, fidelity for couples, partner reduction, condom use and treatment for STDs.

The projects used multiple, reinforcing communication channels and information, education and communication (IEC) activities. Specific approaches included interpersonal counseling and educational techniques, such as formal education sessions, drama, informal chats, one-on-one counseling and mass and traditional media. The projects also focused on building capacity for sustainability through training, developing and producing peer health educator manuals for CSWs, the armed forces, youth and university students. Over the course of the program, AIDSCAP/Cameroon trained more than 2,000 peer educators and leaders, who in turn educated more than 700,000 women, men and youth about HIV/AIDS prevention. More than 1.18 million educational materials that reinforced communication activities and behavior change, radio and television spots were produced and distributed.

### **Condom promotion**

The BCC strategy was complemented and reinforced by the condom social marketing program. Condom programming was implemented by an AIDSCAP subcontractor, Population Services International (PSI). Under AIDSCAP, the condom social marketing program expanded countrywide to reach additional target group populations. As part of its strategy, PSI established officially recognized and supervised distributors in all major urban centers using specific marketing techniques and advertising to cover all of Cameroon's 10 provinces. More than 9,500 condom sales locations were established for Prudence condoms. The program also used peer educators, especially CSWs, to serve as condom sales agents in nontraditional venues while CSM sales staff supplied the more traditional commercial outlets. In Yaoundé alone, CSWs sold more than three million condoms. A number of CSWs were so successful as condom sales agents that they were able to leave the sex work profession. Over the life of the AIDSCAP project, the social marketing program sold more than 24 million condoms and distributed close to one million free ones.

### **STD prevention**

When the AIDSCAP/Cameroon project began there was no national STD control program. AIDSCAP/Cameroon efforts, led by an AIDSCAP subcontractor, the Institute of Tropical Medicine (ITM), concentrated on supporting the NACP in the development of national STD guidelines. As a result of these efforts, a national STD control plan and standard diagnosis and treatment guidelines were adopted by the Ministry of Health. These guidelines were essential for effective and appropriate STD treatment as well as for promoting the rational, cost-effective use of antibiotics. As part of this initiative, AIDSCAP supported a collaborative study with the Centre Pasteur du Cameroun to investigate the sensitivity of gonorrhea to 10 antibiotics commonly used in Cameroon. The results of the study were used to validate the proposed treatment guidelines and assist caregivers in treating gonorrhea. In the final year of the project, the treatment guidelines were adopted and approved by the Ministry of Health for use in its decentralized training program. At the central level, a core group of 10 physician/trainers were trained in their use, followed by a decentralized training for 40 military prescribers. In addition, a pilot study on prepackaged urethritis treatment (MSTOP) to improve access to STD treatment was completed and evaluated.

### **Capacity building**

With assistance from AIDSCAP, governmental and nongovernmental agencies strengthened their capacity over the course of the program to mobilize communities and individuals towards positive action in the fight against AIDS. They made significant progress in raising awareness about STDs and HIV/AIDS and creating a positive environment to support behavior change. Important technical and financial management skills for HIV prevention programming and implementation were transferred to the Ministry of Health and local NGOs.

Significant accomplishments were achieved over the life of the project, including:

- Increasing the capacity of the Ministry of Health to plan, manage and evaluate comprehensive STD/HIV/AIDS programs.
- Educating more than 700,000 men, women and youth about how to protect themselves from HIV/AIDS and STDs.
- Training more than 2,000 individuals working in professional and/or volunteer capacities to sustain HIV prevention activities in their communities.
- Distributing close to 25 million condoms, all but one million of which were sold through the condom social marketing system.
- Distributing more than one million educational and promotional materials that reinforce behavior change communication efforts and condom use.
- Developing and adopting national guidelines for STD diagnosis and treatment by the Ministry of Health.

The final country program evaluation was completed under a grant with Institut de Recherche et des Etudes de Comportement (IRESCO), a local research institute. IRESCO conducted the end-of-project knowledge, attitudes, beliefs and practices (KAPB) surveys among all the target groups. Analysis of baseline and post-intervention quantitative survey data suggests that knowledge about HIV/AIDS increased significantly in all target groups and that many of the target groups have adopted safer sexual behaviors such as increased condom use with a non-regular partner, reduced number of partners and/or seeking treatment for STDs. Specific documented outcomes include:

**Increased knowledge of two correct methods of preventing HIV among all the target groups.** One of the most dramatic increases was evidenced among youth in the Eastern Province. In 1993, only 37 percent were able to cite two correct methods of HIV prevention. By 1996, this had increased to 70 percent. Among both male and female university students, the proportion of respondents able to cite two correct ways of preventing HIV infection increased from 79 percent and 84 percent respectively, to 95 percent and 96 percent. Among clients of sex workers, knowledge of two correct HIV prevention methods increased from 50 percent in 1994 (unprompted) to 86 percent (prompted) in 1996. Knowledge about prevention methods also increased among CSWs from 40 percent (unprompted) in 1994 to 87 percent (prompted) in 1996.

**Increased reported safer sexual behavior related to condom use among several target groups.** Of the CSWs who reported having ever used a condom, the percentage rose steadily from 28.3 percent in 1988, to 88 percent in 1996. The percentage of clients who reported ever having used a condom also rose significantly, from 55.5 percent in 1990 to 81 percent in 1996. Consistent condom use by CSWs with non-regular clients increased from 52 percent in 1994 to 75 percent in 1996, and 63 percent with regular clients. The proportion of CSW clients who report using condoms during their last sexual encounter with a non-regular partner increased from 54 percent in 1992 to 97 percent in 1996. The percentage of female students reporting having ever used a condom increased significantly from 56 percent in 1993 to 85 percent in 1996. The percentage of men in the military reporting consistent condom use during the past 30 days with CSWs increased from 48 percent in 1993 to 59 percent in 1996.

**Other risk reduction behaviors such as reduced number of partners were also evidenced in several target populations.** The percentage of male students reporting more than one sexual partner in the last three months dropped from 53 percent to 36 percent between 1993 and 1996. In 1993, 18.6 percent of male university students reported having had sexual relations with an occasional partner during the 30 days preceding the survey, and by 1996 this figure had decreased significantly to 9.4 percent. Between 1993 and 1996, the percentage of male members of the military reporting more than two sex partners in the past three months dropped significantly from 47 percent to 37 percent. STD treatment-seeking behavior increased among several target groups. For example, the percentage of CSWs seeking STD care at a health care clinic rose from 34 percent in 1992 to 86 percent in 1996, and among their clients from 65 percent in 1992 to 84 percent in 1996. Among male university students in 1993, 72.6 percent reported seeking treatment for their most recent STD either at a health center, with a nurse, doctor or pharmacist, and in 1996 this percentage rose significantly to 85.7.

Many lessons were learned from the AIDSCAP interventions. Some of these are highlighted as major lessons learned from the overall project.

- Informal educational “chats” about relevant sexual issues and personal experiences with HIV/AIDS were an effective way to support behavior change among CSWs.
- Drama is a practical and accepted medium through which to reach people in bars and beer houses with educational messages.
- Prevention efforts should include “regular” partners of sex workers.
- Peer education projects need to explore innovative ways to motivate their volunteers.
- It is crucial to involve political and religious leaders in decision making to break cultural and religious barriers to AIDS prevention.
- It is critical to continue subsidizing condoms to achieve sustainable behavior change.
- Serious consideration should be given to subsidizing STD drugs as well.

## THE TSA BANANA PROGRAM IN BOTSWANA

The Tsa Banana adolescent reproductive health program was designed to identify, develop and promote youth-friendly reproductive health information, products and outlets. The program was implemented in Lobatse from March 1995 through March 1996 by the Botswana Social Marketing Program/Population Services International (PSI). It included: (1) a communications campaign; (2) youth-oriented social marketing of condoms; (3) community outreach through peer sales educators; and (4) development of adolescent-friendly outlets. Peer educators taught adolescents condom negotiation skills, correct condom use and to “Abstain, Be Faithful and Condomize” (ABC).

Data were collected using a quasi-experimental control group research design. Pre- and post-intervention surveys were conducted in both the intervention location (Lobatse) and a comparison location (Francistown) by the Social Impact Assessment and Policy Analysis Corporation (SIAPAC)-Africa. A pre-intervention survey was conducted in mid-1994 among a random sample of 1,002 adolescents ages 13 to 18. A post-intervention survey was conducted among 2,396 adolescents in October 1995.

Analysis is based on the Health Belief Model (HBM), which attributes changes in individuals’ health behavior to their beliefs about: (1) the severity of the health threat; (2) their susceptibility to it; (3) the benefits/effectiveness of protective measures; (4) the barriers/negative implications of taking protective action; and (5) a trigger which leads individuals to act on these beliefs. HBM is suitable for intervention design and improvement because the components of the HBM model correspond with specific programmatic activities. Logistic regression analyses were used

*Table 1*  
**CHANGES IN ADOLESCENTS’ AIDS-RELATED BELIEFS (OBSERVED ONLY IN THE CONTROL LOCATION)**

Desired Changes		Undesired Changes	
Males	Females	Males	Females
None	Hard to convince a partner to use condoms.	Shy about buying condoms in a public place or to obtain them from a health worker.	None

to estimate the change in the odds of expressing each health belief between the pre- and post-intervention surveys, after controlling for school enrollment, level of education and the respondent’s age.

By October 1995, 68 percent of females and 71 percent of male adolescents had heard of the Tsa Banana Program. Promotional items such as T-shirts, stickers and pamphlets had been seen by 59 percent of females and 64 percent of males, and more than 20 percent of males and females had heard about Tsa Banana condom demonstrations or had seen one. Nineteen percent of females and nine percent of males had attended or heard about the project launch, which consisted of an outdoor opening ceremony and a large promotional show.

*Table 2*  
**CHANGES IN ADOLESCENTS’  
 AIDS-RELATED BELIEFS (OBSERVED ONLY  
 IN THE INTERVENTION LOCATION)**

Desired Changes		Undesired Changes	
Males	Females	Males	Females
People use condoms to avoid risks.	AIDS cannot be cured.	None	None
Hard to convince a partner to use a condom.	People use condoms to avoid risk.		
	People abstain to avoid risk.		
	Sex is good because it leads to marriage.		

### IMPACT OF THE TSA BANANA PROGRAM ON HEALTH BELIEFS

Changes in health beliefs that occurred only in the comparison location (without the intervention) are shown in Table 1. All of the changes reported here were statistically significant. Females in the follow-up survey are 0.6 times as likely as women in the baseline survey to believe that it is hard to convince a partner to use a condom. At the same time, males were 2.2 times more likely to be shy about buying condoms in a public place, and 1.8 times more likely to be shy about obtaining them from a health worker. This is why in the absence of the intervention there were simultaneous desirable and undesirable changes.

Table 2 summarizes the changes in health beliefs that occurred in the intervention location but not in the control location. These changes can be attributed to the intervention. After the intervention, males were 1.5 times more likely than before to believe that people use condoms to avoid sexual risks, and only 0.7 times as likely to believe that it is hard to convince a partner to use a condom. Females were 2.7 times as likely as before the intervention to believe that AIDS cannot be cured, 3.4 times more likely to believe that people use condoms, 1.5 times more likely to believe people abstain, and only 0.2 times as likely to believe that sex is good because it can lead to marriage. No undesired changes occurred only in the intervention location. The fact that these positive changes were all achieved within the first eight months of the intervention testifies to the success of the Tsa Banana program.

Changes that occurred in the intervention as well as the control location are shown in Table 3. These are secular trends not attributable to the intervention. It is a desirable change for males to believe that sexually active people are at risk of HIV/AIDS, that people reduce risk by abstaining from sexual activity, that many of their friends use condoms and that they are less likely to believe that sex is good because it can lead to marriage.

But there is also evidence of undesired secular changes in beliefs. Females in both locations are more likely to feel shy about purchasing condoms in public and believe that women lose respect if they initiate condom use and that few of their friends use condoms. They are less likely to believe that people avoid casual and multiple partners to avoid risks. Among males, there is an increase in the belief that sex is good because it enhances one’s status.

While the positive impact of Tsa Banana is clear, the program was unable to effectively counter these undesirable changes, at least within the study’s short timeframe. But the Tsa Banana program may have been instrumental in countering the increased tendency of males (but not females) in the comparison community to feel shy about purchasing or otherwise obtaining condoms.

This operations research study demonstrates that the Tsa Banana program had a positive impact on several adolescent health beliefs. Within eight months, the intervention resulted in significant increases in the beliefs that AIDS cannot be cured (severity), people use condoms or abstain to protect themselves (benefits of protective action) and that it is easy to convince a partner to use condoms (barriers to protective action). In this short time span, however, the intervention was not able to effectively counter all of the undesirable secular trends taking place in the absence of the intervention. This research highlights the complexity of the factors that affect program impact. Males and females differ, both in their responses to the Tsa Banana campaign and in secular trends.

This research shows that intervention programs may need to counter undesirable changes. For example, the evidence that adolescents are increasingly shy about purchasing condoms and that females believe they lose respect if they initiate condom use suggests that the stigma associated with condom use is increasing. Growing awareness that condoms protect against the sexual risks involved in having casual and/or multiple partners may tend to stigmatize condoms through the association with high-risk behavior even as it increases the perception of the benefits of using them. This enhanced understanding of the complex factors that affect program impact will help program managers improve ongoing as well as future AIDS prevention programs.

*This case study was written by Dominique Meekers, Guy Stallworthy and John Harris, Population Services International (PSI), Research Division. Data collection for this project was funded by the USAID Botswana Population Sector Assistance Cooperative Agreement No. 623-0249-A-00-3010-00, through the Africa Bureau, Health and Human Resources Division, USAID.*

Table 3  
**CHANGES IN ADOLESCENTS’ AIDS-RELATED BELIEFS (OBSERVED IN BOTH THE CONTROL AND INTERVENTION LOCATION)**

Desired Changes		Undesired Changes	
Males	Females	Males	Females
Sexually active people risk AIDS.	None	Sex is good because it enhances status.	People avoid casual or multiple partners to reduce risk.
People abstain to avoid risk.			Few friends use condoms.
Few friends use condoms.			Shy about purchasing condoms in public.
Sex is good because it leads to marriage.			Women lose respect if they initiate condom use.

## APPENDIX

A recent review of condom social marketing research and evaluation published by PSI (Summer 1999) provides important insights into the answers to several of the key questions posed at the beginning of this chapter.

### THE IMPLICATIONS OF FREE AND COMMERCIAL DISTRIBUTION FOR CONDOM USE: EVIDENCE FROM CAMEROON<sup>8</sup>

This study used survey data to define how adolescents in urban Cameroon obtain condoms and whether the method of procurement—free from social marketing or other commercial sources—is related to actual use and continuation of use. Results of the study showed that condom marketing is more effective than free distribution at reaching sexually active adolescents. Of those who obtained free condoms, only 52 percent had ever used condoms, in contrast to 91 percent of those who bought social marketing

condoms and 84 percent of those who bought other commercial condoms. These differentials persist after controlling for other factors, providing empirical evidence for the assumption that fewer marketed condoms are wasted than those distributed free of charge. On the other hand, free distribution was more effective than marketing at reaching younger, sexually inexperienced adolescents. These results demonstrate the complementary relationship between social marketing and free distribution of condoms.

### **SEXUAL ACTIVITY AND CONDOM USE IN LUSAKA, ZAMBIA<sup>9</sup>**

Based on data from a sample survey conducted in Lusaka in 1996 (n=806), this study showed that among women, there is a strong association between the advertising recall for the social marketing condom brand *Maximum* and condom use. This association was present even after controlling for education. After comparing this data with a 1990 WHO/Global Programme on AIDS (GPA) survey of Lusaka, results showed that there was a significant increase in the knowledge of condoms and a decrease in travel time to a source of condoms between 1990 and 1996. These findings indicate that condom marketing promotion and distribution campaigns have been successful in increasing the use of condoms in Lusaka. The 1996 data also shows that about 6 percent of women and 24 percent of men last had sex with a casual partner; and that overall, 17 percent of women and 24 percent of men used a condom during their most recent intercourse. Using multivariate regression analysis, the study also showed that women whose last intercourse was with a regular or casual partner were more likely to use a condom, as were women who recalled hearing a social marketing message advertising condoms. For men, condom use was higher for those who were younger, had higher than secondary education and had easy access to condoms. The study concluded that because of gender inequity, programs directed at men are more likely to succeed than those aimed at developing women's skills in negotiating condom use.

### **CHANGING ADOLESCENTS' BELIEFS ABOUT PROTECTIVE SEXUAL BEHAVIOR: THE BOTSWANA TSA BANANA PROGRAM<sup>10</sup>**

This study examined the effect of the *Tsa Banana* adolescent reproductive health intervention—youth-oriented condom social marketing, peer sales educators, communications campaigns and development of adolescent-friendly outlets—on beliefs about protective sexual behavior. The study used a quasi-experimental research design, comprised of a before-and-after survey in the intervention location and in a control location. The analysis provides strong evidence that in just eight months the project had a positive impact on several health beliefs—including an increased awareness of the benefits of condom use and a reduction in important barriers to condom use, such as perceived difficulties in convincing partners to use condoms. The findings also indicate that several issues need further attention. For example, results in both the intervention and control location suggest that condom use is increasingly stigmatized among Tswana adolescents, which may partially offset program benefits. By examining negative secular trends as well as positive program effects, the study provided managers with a more complex understanding of the factors affecting program performance and identified issues to be stressed in subsequent communications.

## AN EVALUATION OF THE EFFECTIVENESS OF TARGETED SOCIAL MARKETING TO PROMOTE ADOLESCENT AND YOUNG ADULT REPRODUCTIVE HEALTH IN CAMEROON<sup>11</sup>

This study examines the effectiveness of a youth-targeted social marketing program for improving adolescent reproductive health in urban Cameroon. The PSI/Cameroon Social Marketing Program (PMSC) *Horizon Jeunes* program targeted adolescents and young adults for a period of 13 months using peer education, youth clubs, mass media promotion and behavior change communications.

Program effectiveness was examined using a quasi-experimental research design with a pre- and post-intervention survey in an intervention and control site. The results demonstrate that the intervention had a significant effect on several determinants of preventive behavior, including awareness of sexual risks, knowledge of family planning methods and discussion of sexuality and contraceptives, although the effect varied for men and women.

The intervention increased the proportion of women who reported using oral contraceptives and condoms for family planning. But there was no significant change in the proportion who used condoms during their last sexual intercourse, suggesting that condom use is not yet consistent. Among men, the intervention had a pronounced effect on the use of several family planning methods, including oral contraceptives, intrauterine devices (IUDs) and injectable contraceptives. Even though the intervention successfully increased the use of various family planning methods, there is no evidence that the intervention increased the use of condoms for STD prevention. The data show that while cost and availability are no longer important constraints to condom use among youths, many youths do not use condoms because they trust their partners or have had problems with condom use in the past.

## THE PROMOTION OF SAFER SEX AMONG HIGH-RISK INDIVIDUALS IN MOZAMBIQUE<sup>12</sup>

Using data from a nationally representative sample of sexually active adults, this study examined the effectiveness of Mozambique's *JeitO* condom social marketing project in increasing safe sex practices among men and women at risk of contracting HIV. The study tested the hypothesis that exposure to program interventions (communications and access) increases condom use with non-regular partners. The population's exposure to the program was high and multivariate analyses showed that exposure to condom social marketing advertising, communications and knowledge of a condom source are associated with higher levels of condom use with non-regular partners.

Analyses of regional differences in condom use showed that knowledge and use of condoms with non-regular partners were higher than the national average in all four provinces where the project had been operating longer (18 months versus six months). Multivariate analyses also showed that the above-average level of condom use in the capital, Maputo, can be attributed to the higher socioeconomic status of this population. The above-average level of condom use in the Sofala and Manica provinces was partly due to their high levels of exposure to the program. These findings indicate that the *JeitO* project's behavior change communications and condom distribution were effective in encouraging safer sex practices among high-risk individuals.

## **AN EVALUATION OF THE EFFECTIVENESS OF TARGETED SOCIAL MARKETING TO PROMOTE ADOLESCENT REPRODUCTIVE HEALTH IN GUINEA<sup>13</sup>**

This study examines the reach and impact of an adolescent reproductive health intervention in Guinea. During an eight-month period, the program used peer education and mass media to reach youths, as part of a larger nationwide social marketing program. The results indicated that even though short-term, youth-targeted social marketing programs may be able to improve reproductive health knowledge, significant behavior change requires a longer intervention. The results also showed that low-budget peer educator interventions by definition will have limited reach unless they are supplemented by intensive large-scale mass media activities.

Research conducted by the Futures Group also adds several important insights on regional message development, the importance of targeting women and the critical need to creatively distribute products.<sup>15</sup>

## **CROSS-COUNTRY STUDY OF CONDOM PROMOTION FOR AIDS PREVENTION<sup>14</sup>**

The Futures Group completed a cross-country study examining approaches to condom promotion among groups with behaviors that put them at risk of contracting HIV/AIDS. The study sought to document the different techniques for condom promotion that the Futures Group has developed and implemented, as well as to evaluate the effectiveness of different interventions. It examined the results of two types of condom social marketing projects: those that integrated HIV/AIDS prevention strategies into existing family planning programs, and those that specifically developed condom social marketing activities with an HIV/AIDS focus.

The results of the study suggest that the different strategies implemented had varying levels of impact, but conclude that HIV/AIDS prevention messages can be effectively integrated into family planning programs. There is skepticism of this finding among several practitioners who have identified serious barriers to this integration. Agencies in countries where family planning is still politically controversial have not welcomed the addition of HIV/AIDS to their agenda. Audiences and benefits offered can be different, and the organizational branding of family planning versus AIDS can present a problem. One important finding of the study is the effectiveness of a general “protection” theme in promoting condoms for HIV/AIDS. This type of message escapes the political and religious backlash that frequently occurs in some conservative countries, and at the same time seems to clearly communicate an HIV/AIDS prevention message.

The Futures Group has used this approach successfully in marketing condoms for both HIV/AIDS and family planning in several sub-Saharan countries. In Malawi, for example, the research indicates that 94 percent of men interviewed were aware of the advertisements and that spontaneous recall of the HIV/AIDS prevention messages was high, despite the fact that HIV/AIDS is never directly mentioned in the advertising. Eighty-five percent found the theme of the advertisements appealing, and the same percentage said they were very likely to use condoms in the future. Current condom use among urban men increased from 28 percent before the campaign in 1991, to 60 percent in 1993 after the campaign. In addition, more men were using condoms “always” or “more than half the time” (65 percent versus 35 percent in 1991). The finding that the image of the condom had improved after the campaign was especially important. In 1993, men were significantly less likely to agree that condoms are used only for extramarital relations, that condoms are unreliable because they break and that condoms reduce sexual pleasure.

The study also examined the importance of addressing gender differences when promoting condom use. In Zimbabwe, the Futures Group designed

communication campaigns targeting women to increase the use of condoms within marriage or steady relationships. Since women's attitudes toward condoms and their condom negotiation skills are key factors in condom use, these advertisements encouraged women to ask their partners to use condoms. As with the Protector campaign for men (see below), the messages focused on general protection and avoided direct mention of HIV/AIDS. But research tests conducted before launch of the advertisements, showed that women clearly understood HIV/AIDS prevention from the messages.

### MARKETING *PROTECTOR* CONDOMS IN AFRICA<sup>15</sup>

The Futures Group launched the *Protector* brand condom in eight countries in Africa using a regional branding and advertising strategy. The communications campaign is designed to: (1) Communicate a dual message of protection for both family planning and AIDS; (2) Convey the image of a high-quality product; (3) Associate product use with positive behavioral attributes; (4) Change the condom's image from negative to positive; and (5) Make the product more acceptable to use.

Both the *Protector* condom package graphics and the advertising campaign address these goals. The package shows a good-looking young African couple in order to associate the product with attractive and upscale adults. The campaign slogan "Be Wise. Always Wear Protector Condoms," promotes the benefits of using condoms as part of today's modern lifestyle. The package design and advertising campaign received more than 90 percent approval ratings in the market research in all eight countries. The Futures Group has found that combining a positive motivational message with aggressive, hard-hitting distribution/promotional strategies is the most successful approach to increasing condom use.

## RELEVANT CHAPTERS

- Chapter 18 *Reducing the Risk of Mother-to-Child Transmission of HIV During Pregnancy and Delivery*
- Chapter 19 *Mother-to-Child Transmission of HIV Through Breastfeeding: Strategies for Prevention*
- Chapter 23 *Counseling, Testing and Psychosocial Support*

## REFERENCES

1. Kocher KW. *The Stop AIDS Story, 1987-1992*. Basel: STOP AIDS Campaign of the Swiss Aids Foundation and the Federal Office for Public Health, Morf & Co. AG, 1993.
2. Kilmarx PH, Supawitkul S, Wankrairoj M, et al. Explosive spread and effective control of human immunodeficiency virus in northernmost Thailand: The epidemic in Chiang Rai province, 1988-99. *AIDS* 2000 Dec 1;14(17):2731-2740.
3. Francis C, Helquist M, Fishbein M, et al. The role of social norms in promoting condom use among heterosexuals in the Eastern Caribbean. Poster presented at the 1991 AIDS Prevention Conference, U.S. Agency for International Development. Washington, D.C., November 1991.
4. Fishbein M, Middlestadt SE, Trafimow D. Social norms for condom use: Implications for HIV prevention interventions of a KABP survey with heterosexuals in the Eastern Caribbean. In McAlister L, Rothchild ML, eds. *Advances in Consumer Research* (Vol. 20). Provo, Utah: Association for Consumer Research, 1993, pp. 292-296.
5. Middlestadt SE, Fishbein M, Albarracin D, et al. Evaluating the impact of a national AIDS prevention radio campaign in St. Vincent and the Grenadines. Washington, D.C.: Academy for Educational Development/AIDSCOM, 1993.
6. Hernandez O, Middlestadt SE, Jimerson A, et al. The impact of HIV prevention communication on condom use with multiple partners among heterosexual Dominicans (forthcoming).
7. Middlestadt SE, et al. *A World Against AIDS: Communication for Behavior Change*. Smith WA, et al., eds. Washington, D.C.: Academy for Educational Development, Nov 1993.

## RECOMMENDED READING

8. Meekers D. The implications of free and commercial distribution for condom use: Evidence from Cameroon. Population Services International Research Division Working Paper No. 9, 1997. Presented at the XIIth World AIDS Conference, Geneva, 1998.
  9. Agha S. Sexual activity and condom use in Lusaka, Zambia. *Intl Fam Plann Perspect* 1998 Mar;24(1):32-37. (An earlier version of this paper is available as Population Services International Research Division Working Paper No. 6, 1997).
  10. Meekers D, Stallworthy G, Harris J. Changing adolescents' beliefs about protective sexual behavior: The Botswana Tsa Banana Program. Population Services International Research Division Working Paper No. 3. Presented at the International Conference on STD/AIDS in Africa, Abidjan, 1997 and at the VIIIth International Congress of the World Federation of Public Health Association, Arusha, Tanzania, 1997.
  11. Van Rossem R, Meekers D. An evaluation of the effectiveness of targeted social marketing to promote adolescent and young adult reproductive health in Cameroon. Population Services International Research Division Working Paper No.19, 1998.
  12. Agha S, Karlyn A, Meekers D. The promotion of safer sex among high-risk individuals in Mozambique. Population Services International Research Division Working Paper No. 21, 1999.
  13. Van Rossem R, Meekers D. An evaluation of the effectiveness of targeted social marketing to promote adolescent reproductive health in Guinea. Population Services International Research Division Working Paper No. 23, 1999.
  14. Heiling G. Nation building, one family at a time: The story of SOMARC. Washington, D.C.: The Futures Group International, 1998.
  15. Brown J. Evaluation of the impact of the Protector Condom Campaign in Malawi. SOMARC Occasional Paper No. 19. Washington, D.C.: The Futures Group International, May 1994.
- Andreasen AR. *Marketing Social Change: Changing Behavior to Promote Health, Social Development and the Environment*. San Francisco: Jossey-Bass Publishers, 1995.
- Aral Sevgi O, Holmes KK, Wasserheit JN. *Research Issues in Human Behavior and Sexually Transmitted Diseases in the AIDS Era*. Washington, D.C.: American Society for Microbiology, 1991.
- Fishbein M, Goldberg ME, Middlestadt SE. *Social Marketing: Theoretical and Practical Perspectives*. Mahwah, New Jersey: Lawrence Erlbaum Associates Publishers, 1997.
- Heilig G. *Nation Building, One Family At a Time: The Story of SOMARC*. Washington, D.C.: The Futures Group International, September 1998.
- Kocher KW. *The Stop AIDS Story, 1987-1992*. Basel: STOP AIDS Campaign of the Swiss Aids Foundation and the Federal Office for Public Health, Morf & Co. AG, 1993.
- Leviton L. Theoretical Foundations of AIDS-Prevention Programs, In Valdiserri RO, ed. *Preventing AIDS: The Design of Effective Programs*. New Brunswick: Rutgers University Press, 1989, pp. 42-91.
- Population Services International. Annual report 1999-2000. Washington, D.C.: PSI, 2000.
- Population Services International. Annotated catalog of recent social marketing research and evaluation. Washington, D.C.: PSI, Summer 1999.
- Smith WA, et al. The Applied Behavior (ABC) Framework. In Smith WA, et al. eds. *A World Against AIDS: Communication for Behavior Change*. Washington, D.C.: 1993, pp. 19-37.