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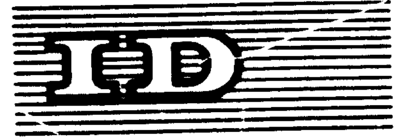

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THE MARKETING COMPONENT OF FAMILY PLANNING 1/

by

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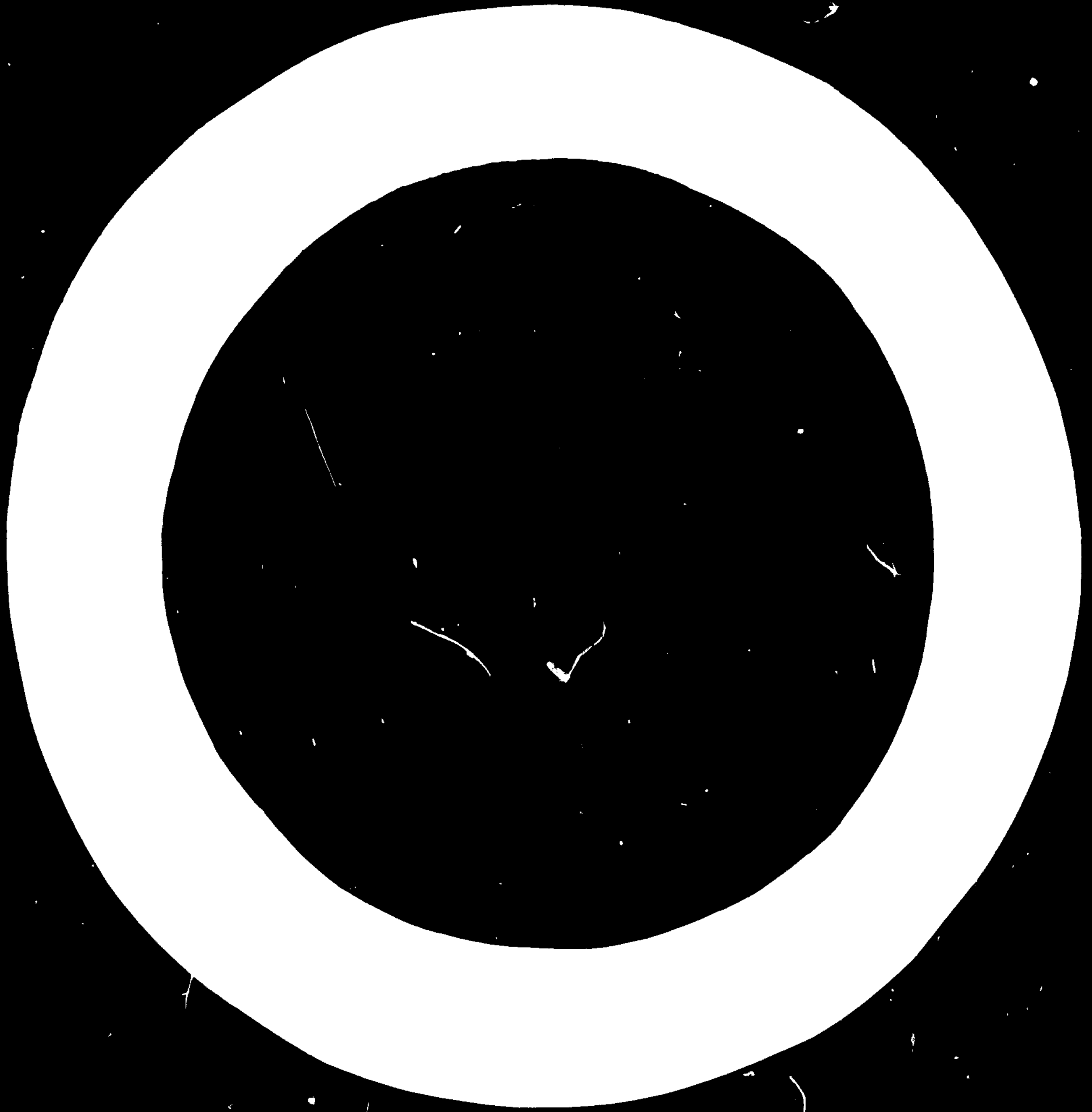

Some eight years ago, we embarked on an experimental program to examine the potential of and problems related to the use of private sector marketing structures and institutions to accelerate development of family planning activities. Our goals were multiple, but one of the over-riding considerations was that such an approach might be one of the few options available in nations in which the development of public sector programs,[11] of which there were only a half dozen at the time, was not very likely. This was particularly sensible, we thought, because a majority of contraceptives, by volume and value, flowed through such channels world-wide -- that is, these channels had shown the ability to deliver goods, in some cases quite widely.[31] While it is still relevant in some nations, the major premise on which our research program was built has tended to decline in importance over time. Today, to our very pleasant surprise, there are some two dozen national programs in existence and perhaps that many more national policy declarations in the population field.[28] And conferences of the type we are attending here today are more evidence of growing agreement, at least implicitly, that the basic battle over whether control of births is desirable is subsiding.

Of course, there are now new problems, including a more operational set of questions of how we might best set about to achieve population goals -- particularly decline of age-specific fertility. We see skilled and dedicated people functioning in family planning and we see policies and programs in existence in nations where there was

scepticism and often hostility only very recently. We see systems of clinics springing up to bring the best of modern contraceptive technology within the reach of masses of people who show remarkable latent demand or interest in products and services made available. In short, we see rapid development of structures to provide contraceptives and contraceptive services, and to deliver them to users and potential users.

But in our view, our original question of how marketing skills might be incorporated into family planning is even more germaine today. Many generic types of issues and problems facing various programs have been diagnosed as marketing type problems.[12,30] I am going to briefly discuss some of these problems today and suggest some prescriptions for them. My comments will be somewhat general, although the rather lengthy bibliography has a number of references specific to each point.

HOW A MARKETER MIGHT LOOK AT A FAMILY PLANNING PROGRAM

A marketer looking at the spectrum of difficulties facing many national family planning programs would recognize them as problems which are exceedingly complex and which involve a great deal of uncertainty.[8,15] He would see that he is dealing with a matter which is very private and about which there is generally only limited visible communication. He

would generally find a very low degree of practice of contraception, and that spread thinly in a very narrow segment of the population. He would find family reproductive patterns firmly established through generations of behavior, with very low measured levels of general awareness about modern family planning at all; he would find a very low level of specific comprehension of products and practices. He would find substantial constraints on activities imposed by a variety of institutions from a variety of directions, ranging from general controls of pharmaceuticals to genuine and often active concern about what the impact of family planning might be on traditional patterns of morality. He would find severe limitations of resources making efficiency a key consideration. He would find that he knows relatively little about attitudes towards either the basic concept of family planning or about some of the specific aspects of these attitudes -- as spacing of children, desired completed family size, etc. In all likelihood, he would find plans to set up a basically medically oriented system of depots to deliver services, generally with an extensive part-time field force attempting to motivate people in face-to-face communication to make an initial call at a clinic. He would find in general, however, that the clinics are themselves open relatively infrequently (perhaps at one special time in a day or a week, even once a month in some cases, or whenever medical resources happen to be available.) He would generally find, at the same time, that the clinics are being run in a medical system with multiple activities and with very high expectations of success in each of them. He would find a wide product line with widely varying costs, complexities, orientation with regard to sex of the user, etc. He would recognize that the line of products, while not

necessarily optimal from point of view of any user or group of users, has less serious discrepancies than those of most products. Further, he would be told of a variety of new products and product concepts under development which might in the near and middle run reduce even these discrepancies.

If he were asked to comment on what he might be able to contribute to the success of such a program, he would in all likelihood respond in three major areas:

1) logistical support--he would probably diagnose the need for broad and intensive distribution of materials in order to get and maintain a high degree of practice quickly and efficiently;

2) expanding the communications effort -- he would probably see need for a broad media program of several phases carefully tied in with the other parts of the program; and

3) use of action-oriented marketing research procedures -- he would probably stress use of several standard market research procedures in addition to the standard knowledge - attitude - practice package familiar in the field. He would, in all likelihood, also view his suggestions as supplementary to the more traditional medical-clinic system existing under most programs. The marketer's contribution is most realistically viewed as supplementing more traditional activities, for reasons that I will discuss briefly later.

On balance, the results of our research and other sorts of experienc lead us to the following view of marketing's role:

Logistical Support

Logistical considerations are absolutely critical; there is virtually no product class for which temporary lack of availability spells disaster for the steady user as for contraceptives.

One of the earliest suggestions for the incorporation of marketing skills involved the use of marketing outlets -- general merchandisers as well as pharmacies -- for distribution.[11] Since most population programs are developed in medical and public-health contexts, the basic outlet for goods and services is the clinic, and the employees of the distribution system are basically medical and paramedical personnel. This distribution strategy has several advantages, including a high degree of societal acceptance and its ability to handle technical problems, particularly of a medical nature. Clinics have an aura of legitimacy. However, a complete reliance upon clinics as outlets is questionable, especially when one considers the high cost per client visit and the relatively poor revisit rates they sometimes achieve. Several problems contribute to this situation:

- Medical resources, especially personnel, are expensive and generally in short supply. This restricts the rate at which programs can develop, the hours which clinics can operate, and the number of clients that clinics can handle.
- Complex, expensive control systems govern simple transactions such as replenishing supplies previously prescribed to the patient by clinical personnal. That is, a clinic may be a very expensive retail store.
- Many types of contraception, particularly those most affective in reducing the birth rates in the industrialized countries, are basically nonmedical. Their initial adoption requires neither medical advice nor rigid medical control of supplies for safety. Clinical systems may bias a program's emphasis to the exclusion of these methods, which may be particularly good as first-adopted

methods.

- As a distribution network, clinics tend to be sparsely dispersed--i.e., the clinic distribution model is built on the presumption that the client is willing to repeatedly travel relatively great distances. In order to make efficient use of scarce medical personnel, a visit to a clinic may also involve substantial waiting time. This may help to explain the low recall rates some clinics realize.
- Clinics lack anonymity, a potentially desirable feature for sources of repetitive supply of contraceptives, particularly because shyness is often involved.

By contrast, most cultures have a functioning distribution structure which delivers basic commodities to even the most remote areas of the countryside. The network is intensive and provides relatively anonymous outlets which are physically close to the customer. Wholesalers and retailers know how to deliver goods to customers, and distributors know how to stimulate consumer demand. It is possible that the retail structure could be utilized to provide distribution outlets for contraceptive materials, thus helping to resolve some of the logistical problems facing the clinic system. The materials might be sold at subsidized prices in order to furnish wholesalers and retailers with fair margins for their services. Preliminary evidence indicates that there are no major barriers to using the structure for these purposes,[10] although the potential impact can only be estimated from experiments. Other channels, such as mail order, could be used in some situations to supplement the clinic system's distribution of certain items.[16]

However, as important as easy availability is to rapid development of any sort of distribution structure, broad availability is unlikely *per se* to cause broad and repeated consumption. There are other elements of a program which must be coordinated--for example, the communications program.

Advertising and Promotion

Population programs face extensive informational problems. Because of minimal practice, limited word-of-mouth activity, and low awareness levels, a large volume of very basic communication is needed simply to induce a potential client to visit a clinic. Techniques common to mass advertisers are relevant in this case, because face-to-face communication is often too costly and has inadequate reach.[3] In some cases, national communications programs are not even designed to reach a majority of the target population. Fortunately, despite traditional taboos, it is increasingly possible to advertise birth control openly on billboards, on television and radio, and in magazines and newspapers. The ads can deal with such general notions as population control, existence of clinics, and sources and types of supply, although the more specific the better. Increasing literacy and expanding broadcast networks provide opportunities for applying modern advertising techniques to marketing the general concept of family planning. Advertising may be particularly important in reaching people who have completed their formal education and are currently in the reproductive age brackets.

Techniques for evaluating advertising may also be useful [9] in connection with an information program. Program evaluation plays a key role in most population programs but there are enormous difficulties in directly assessing the effect of program activities in terms of reduced birth rates. Advertisers who face similar problems in assessing the effects

of advertising on sales have developed methods of evaluating advertising through the use of measures of audience size, impact through awareness, first purchase, etc. These same techniques might be useful for evaluating population program information activities and for evaluating the impact, particularly initially, of the entire program. Similarly, correlations between contraceptive usage and birth rates may be useful auxiliaries to the evaluation of short-range program impact.

As with logistics, however, communication is not adequate *per se*. The promises of the advertising campaign must be followed up with adequate distribution, for example.

Marketing Research

At a very minimum, careful calibration of the extent and nature of existing markets for contraceptive materials and services should accompany program development. Besides providing useful attitudinal data from current suppliers and users, such studies will help prevent double counting of current practicers as conversions (first acceptors) for the new program. These studies have been and are being done at a variety of levels of sophistication and expense.[7,13] Action oriented market research might also make very significant contribution to population programs.[29] While studies of practice, attitudes and knowledge are well known in the field, advanced research concepts such as segmentation and perceptual mapping have not been used, nor have rigorously controlled market experiments been common. A good deal of basic social science research has been done, but very little action-oriented research on developing demand for products, or services, exists. On a more basic level, the markets in many countries have not been studied, nor has market activity been considered in the development of integrated population programs. In fact, medical and demographic research has

dominated the field to the extent that a considerable amount of fundamental research on basic demand for fertility control is still needed.

In addition, marketers' experience with planning and evaluating test markets can be very useful in assessing potentials, setting targets, and evaluating alternative strategies related to promotion and distribution.[19] Market tests might also provide information to help overcome administrative difficulties that have plagued the introduction of certain programs because of unclear direction and lack of experience with fertility control.[5]

Some Inhibitors

Any realistic discussion of marketing's role in population must recognize that marketers, marketing thinking, and marketing technology may not be universally welcome, nor will marketers necessarily be comfortable in the area.[24] Population problems are often viewed as basically medical (despite the fact that many countries' low birth rates have derived from nonmedical activities and not public programs), and different points of view may be received with a lack of enthusiasm. Similarly, research inputs to the field are viewed by some as disciplinary and well defined, rather than eclectic and pragmatic as marketers tend to define research interests. Program administrators, governmental or volunteer, often have at best an antipathetic view toward business practices in general and marketing in particular.

This is particularly true when the marketing structure is in private hands. The profit motive is tacitly suspect, and birth control activities must be conducted with scrupulous regard to recovering no

more than the cost of the effort in order to avoid the charge of "profiting from misery." Marketers must be extremely sensitive to the context of the problem and to the nature of the institutions involved, and means must be devised to avoid these conflicts early in program development.

SOME COMMENTS ON THE INSTITUTIONAL SETTING

These latter points indicate that we fully recognize that some of these suggestions imply major institutional frictions and perhaps some radical changes of behavior. In terms of behavior patterns, training, personal and professional needs, attitudes and even ethics, most medical communities do not have a tradition of promoting services on a broad scale or with any of the modern communications technology that has rushed upon us in the past two or three decades. Neither is there much of a tradition, in many cases, of providing materials and services in the most appealing and convenient manner to the public. Potential clients of family planning clinics, often less than relaxed on their first visit, may be discouraged and not make later visits. Of course, certain contraceptives are powerful drugs with substantial side effects, and others are devices which require medical or paramedical attention at least initially. However, distribution need not be limited to clinics even under these circumstances. For example, the clinics could distribute coupon books which can be exchanged for pills, foam, or other contraceptives at pharmacies and general retailers who in turn redeem the coupons for new materials plus some compensation to cover

costs. This sort of system requires only an occasional visit to the clinic, and that visit makes good use of the medical facilities.

Second, these suggestions are not dependent on particular institutional settings in which the program is mounted. For example, some nations have committed wholesaling and retailing activities to state trading institutions, and advertising totally to state networks of communications. Under these conditions, co-ordinated activities of several elements of the government are needed in order to harness the power of broader distribution and modern advertising technology. In other nations, the retailing and wholesaling structures are in the hands of private individuals, providing a whole array of special entrepreneurial skills as well as an enormous in-place distribution structure. The task here is to motivate them to stock and actively promote various kinds of contraceptives; our experience and research indicates that retailers and wholesalers tend to view these items as just another element in the line and this motivation, while complex, faces few problems over and above those faced by generically similar products.[10] Similarly, advertising agencies, with expertise at communicating relatively simple and highly motivational messages broadly may make a marked contribution to the communication program. In many places, our experience has been that advertising people are eager to be of social service and are particularly interested in being involved in population work.

SUMMARY

We have attempted to link several activities commonly associated with marketing to a number of the problems facing family planning programs. We have stressed four elements of program development which are likely to be slighted in design and implementation of a medically-oriented program but which will have substantial influence on the program's impact:

1) The breadth of the logistical availability of supplies in terms of physical and psychological proximity, times at which materials are available, and continuous exposure to promotion. Use of general wholesaling and retailing institutions provides a potentially attractive option to supplement clinic-pharmacy distribution. This can be particularly important in relieving the burden that new family planning responsibilities may place on already over-worked and under-staffed medical facilities, and materials can be made available efficiently and conveniently in familiar surroundings and anonymously.

2) The nature of the system by which product and program development take place. In particular, increased attention is needed to what the ultimate user wants in terms of product, function, availability, etc. Many standard action-oriented market research procedures are relevant to monitoring these developments. This is an area in which there has been some highly successful experimentation in various parts of the world.

3) Fresh ideas and viewpoints may be available from advertising people, distributors, etc. These ideas may not necessarily fit comfortably in the traditional orientation of programs, but they nonetheless

have substantial potential impact on program success.

4) Communications programs heavily oriented around face-to-face contact for both communicating the concept of family planning and motivating action should be supplemented by co-ordinated mass media programs with specific appeals. In this particular case, communication is likely to be more efficient measured per message received and in all likelihood in terms of action. Further, the media program is likely to make the face-to-face communications program more effective, both *per se* and by encouragement of more word-of-mouth communication about birth control. This is an area in which there have been very encouraging experimental programs.

More generally, marketing has played a substantial role in the stimulation and development of very substantial flows of contraceptive materials throughout the world. The majority of most types of contraceptives is still distributed through outlets other than clinics, and in some cases the majority flows outside the pharmaceutical structure. Marketing does not take care of itself in any market, and certainly does not in this case. It is dangerous to assume that the existence of the technology to produce large volumes of a product will create demand for the goods, and planning for production without planning for disposal of the output almost inevitably leads to problems. Careful attention to distribution, advertising and marketing should not be avoided or ignored in planning and development of a family planning program.

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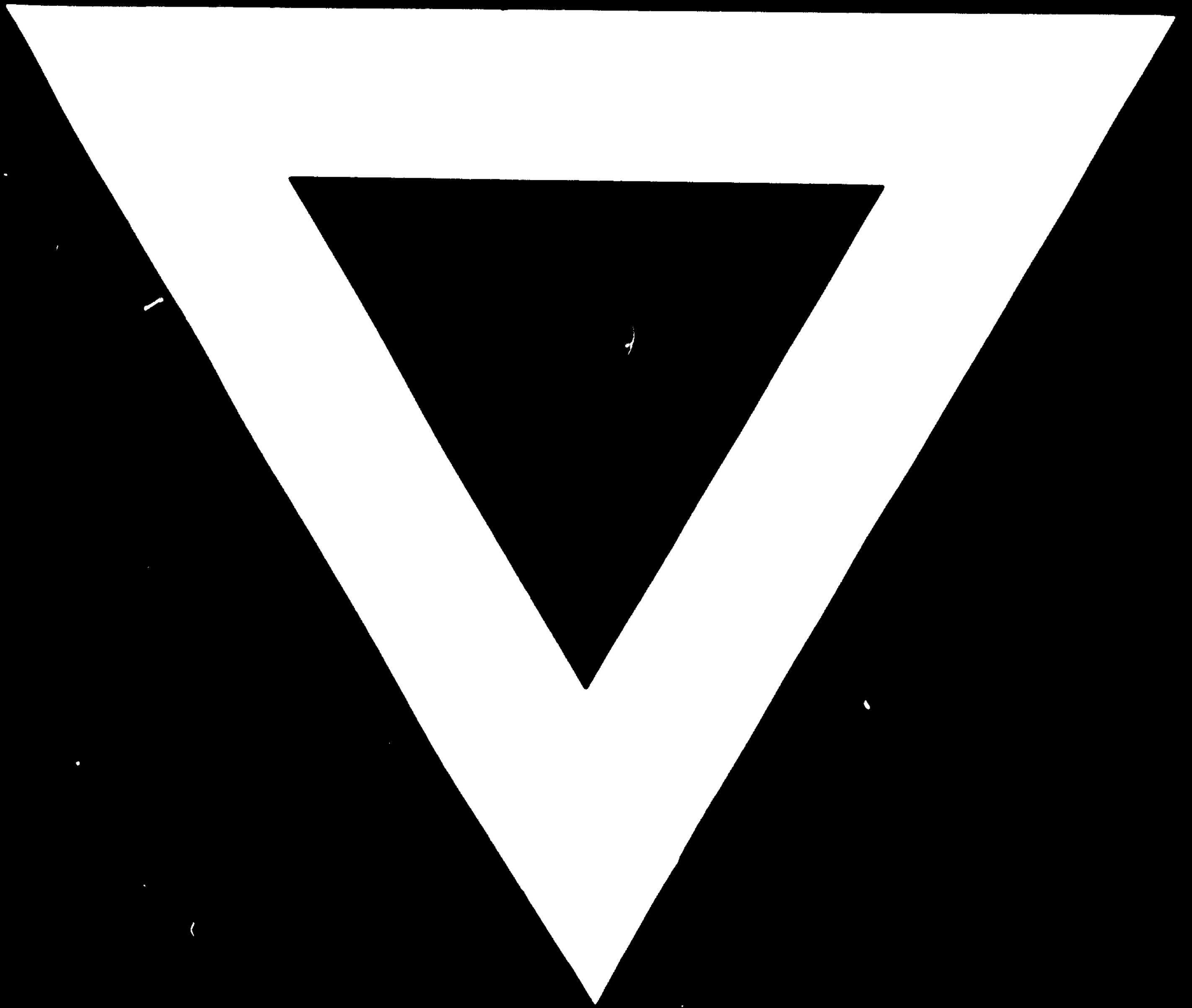

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