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**OCCASIONAL
PAPERS**

SOMARC
SOCIAL MARKETING FOR CHANGE

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**CONTRACEPTIVE SOCIAL MARKETING
OF MICROGYNON IN THE
DOMINICAN REPUBLIC—
PROGRESS OF THE CAMPAIGN**

*Edward C. Green
June 1987*

SOMARC

SOCIAL MARKETING FOR CHANGE

Dear Colleague:

Under its SOCIAL MARKETING FOR CHANGE (SOMARC) project, The Futures Group has initiated a series of Occasional Papers. Research and strategic marketing activities supporting SOMARC's contraceptive social marketing implementation and technical assistance programs around the world are generating a continuing stream of findings and practical assessments of potential interest to the professional CSM community. We hope that this series of papers will prove to be a useful means of timely communication.

All of the papers in this series will be brief and focused. Topics will relate chiefly to the research and management aspects of in-country CSM programs --interesting recent research results, new developments in technical approaches, success of alternative program strategies, and the like.

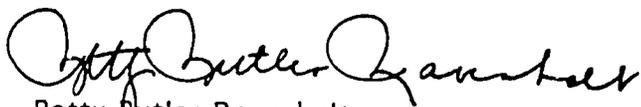
A copy of the first paper in the series is enclosed. It presents an overview of recent research findings from our program in the Dominican Republic and describes the characteristics of current CSM users of oral contraceptive there.

We hope that you will find SOMARC's Occasional Papers interesting and informative. In almost all cases, further details on the topics presented are provided in other SOMARC documents. For access to these documents or for further information, please address a request to:

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We look forward to continuing to work with you.

Sincerely,



Betty Butler Ravenholt
Project Director

SUMMARY. A recent survey conducted by SOMARC researchers in the Dominican Republic has yielded some interesting information about the effectiveness of the social marketing approaches being utilized there with sales of the oral contraceptive Microgynon. The data collected address a number of key questions involving the characteristics of current consumers of this product. This paper briefly reviews these findings.

INTRODUCTION

The uses of social marketing approaches in improving the use of family planning contraceptives in developing nations has been the object of much challenge and controversy in recent years. Questions frequently raised include: do consumers purchase products made available by social marketing programs, do these programs really contribute to observed increases in prevalence, are appropriate segments of the market being reached, is undesirable market competition emerging between this new public program and the existing private sector? All are questions that deserve good answers, as the social marketing approach is evaluated--although little information has been available to provide the answers.

Recent survey research, however, conducted as a part of SOMARC's contraceptive social marketing activities in the Dominican Republic provided a means to address some of these questions in a well-established program. The information discussed here was drawn from a consumer intercept study conducted in the Dominican Republic (Santo Domingo) during October through December 1986. This involved home interviews with 252 Microgynon purchasers. The primary purpose of this survey research was to obtain a profile of Microgynon purchasers and address questions about the performance of the CSM program such as those discussed above.

NOTE: A more detailed report on this research project is available through Dr. Green at John Short & Associates, Inc. (Columbia, MD) or the SOMARC program.

MAJOR FINDINGS AND CONCLUSIONS

- o **The Microgynon campaign is clearly reaching an appropriate target audience for a CSM program: young, lower middle class women with no or few children.**

The average Microgynon user is a woman of Class D or C. She is employed and is either married or in consensual union; she has no children or only one child. She learned about the product from TV. Although she has not been using the product for a long time, she appears to be taking Microgynon regularly and properly. She is able to obtain Microgynon with no problem. She regards the price as fair, and she intends to continue buying and using Microgynon.

- o **The Microgynon campaign is not simply siphoning off customers from the commercial market.**

The data clearly indicate that Microgynon purchasers represent a significant expansion of the market for oral contraceptives in the Dominican Republic and not solely brand switching among existing oral contraceptive users. Of all buyers, 34 percent were "new acceptors" of any method; 66 percent were "switchers" from other oral contraceptives or other methods.

Furthermore, the survey did not explicitly measure lapsed users, that is, women who had given up their previous brand or method for some period of time before trying Microgynon. It is probable that a number of the "switchers" were actively lapsed users. Thus, the "new adopter group" might actually be significantly more than the 34 percent measured in the survey.

A parallel analysis by The Futures Group of data from the Dominican Republic also suggests that the oral contraceptive market as a whole grew by 60 percent over the period between 1982 and the third quarter of 1986 due to the stimulation effect of the Microgynon promotion. (This analysis, conducted by TFG researcher John Stover, will be reviewed in a later occasional paper.)

- o **Television clearly has had great impact as an advertising medium (at least in urban parts of the Dominican Republic).**

Some 60 percent of users started buying Microgynon only after the promotional campaign on TV which ran for less than 4 weeks. Of the 62 percent who learned about Microgynon through a mass medium, 93 percent cited television.

But while television is important, 63 percent of users also said that a person had recommended the product. In response to the general question, "Why do you use Microgynon?", doctors were most often cited, followed by (female) friends, then pharmacists. Thus, medical support and detailing are important to marketing efforts.

- o **Marketing a low-dose oral contraceptive seems to help overcome one of the main obstacles to adoption and regular use of such contraceptives in the Dominican Republic, namely physical side effects.**

Fifty-four percent of Microgynon users switched from another oral contraceptive, almost always because of negative side effects. By comparison, 76 percent of all who had used Microgynon for more than one cycle experienced no side effects or positive side effects. Part of the satisfaction with Microgynon appears to be psychological, however, because the commonest oral contraceptive abandoned in favor of Microgynon was Nordette, which is identical to Microgynon in hormonal dosage. Product satisfaction must therefore owe something to the nature and power of the marketing campaign.

THE SURVEY RESULTS IN SUMMARY

User Characteristics:

Microgynon users tend to be young, lower middle class women of low parity

- 49 percent are from Class D, 35 percent are from Class C, and 16 percent are from Class B. (This finding is based on use of a composite socioeconomic status variable that represents a score of six constituent variables that were empirically found to discriminate significantly between Classes B, C, and D in Santo Domingo.)

- 75 percent of users were under 30 years old: 6 percent were aged 15-19, 38 percent were 20-24, and 31 percent were 25-29.
- 21 percent of users had no children, and another 33 percent had only one child. Viewed cumulatively, 85 percent had fewer than 3 children and 97 percent had fewer than 4 children.
- 54 percent were married, 26 percent living in consensual union, 12 percent were single, and 9 percent were divorced or separated (note that 21 percent of Microgynon users were neither married nor cohabiting).
- 55 percent were employed, of whom 47 percent were salaried and most others self-employed. Most jobs (75 percent) can be classified as commercial or administrative.
- 69 percent were wives or companions of the head of household; 9 percent were household heads themselves.

History of Use:

- 34 percent of Microgynon users are first-time users of any family planning product. Furthermore, 10 percent had switched to Microgynon from a less effective method such as rhythm (4 percent), condom (4 percent), or vaginal methods (2 percent). Of those that had switched from another brand or method, 80 percent had used other oral contraceptives. This means 53.5 percent of Microgynon users used another pill previously. (The design of the survey, unfortunately, did not allow full illumination of the characteristics of the "switcher" group. Some of these certainly are current users of contraceptives who are simply switching products. Others, however, are former users who stopped using a modern method some time ago and were prompted to resume use by the Microgynon social marketing program. From the standpoint of the impact of the program on prevalence, these "lapsed users" are more like the "first-time" users than current users who are simply switching products. Therefore, while the true proportion of lapsed users in the sample is unclear, it is highly likely

that the "new users" stimulated by the program (i.e., the sum of "first-time" users and "lapsed users") is well more than 34 percent of the total.)

- Regarding length of use, 24 percent of all users were found to be using Microgynon for the first time; 28 percent had been using the product for 1-3 months; 23 percent for 4-6 months. Thus, 52 percent had been using the product for less than 4 months, and 75 percent for less than 7 months. It is clear that most of those intercepted were recent users, and, in fact, have only been using the product since--and because of--the Microgynon television campaign that ended in early August 1986.
- There were more recent users (i.e., those who had been using for less than 4 months) found in the 15-24 age group than in the 25-29 age group ($p =$ less than .10). Recent users also tend to be women with no children or only one child, compared to those with 2 or more children ($p =$ less than 0.05).
- Oral contraceptives formerly used were primarily Nordette (exactly the same as Microgynon in hormonal dosage), followed closely by the standard-dose Noriday. Other brands were cited far less commonly; 18 of the 25 brands of the oral contraceptives found in the Dominican Republic were mentioned.
- Previous use of a contraceptive prior to Microgynon is not related to social class, but is related to age (the older the user, the likelier she is to have used a previous method. $p =$ less than .005), and to the number of children she has had ($p =$ less than .005). Number of children is probably a proxy for age here.

The older the user and the higher her socioeconomic status, the likelier she is to have used pills before. Women with higher education are also likelier to have used an IUD before.

- Of the women who used a previous method, 26 percent used the method for less than 4 months, 23 percent for 4-9 months, 29 percent for 10-24 months, and 22 percent for more than 24 months.

- The commonest reasons for quitting the previous contraceptive method (usually an oral contraceptive) are that it "caused harm or damage" (50 percent), followed by high price (14 percent), difficulty in finding the product (8 percent), doctor's recommendation (7 percent), and "inconvenience" (7 percent). 27 percent mentioned "other reasons," most of whom mentioned side effects such as allergies, menstrual problems, nervousness, etc. Thus a total of 77 percent quit due to unpleasant or harmful side effects.
- The women likeliest to say they quit because of harmful side effects were under 25 years old or over 30.

Reasons for Using Microgynon:

- The main reasons cited for using the product were a doctor's recommendation (32 percent); another person's recommendation--usually that of a girlfriend (20 percent); publicity (19 percent); price (16 percent); a pharmacist's recommendation (11 percent); or the fact that it produced no side effects (8 percent). Note that "price" was cited by only 16 percent; surveys, however, in the Dominican Republic have found price, affordability, and other financial data to be of low reliability and validity. There also is reason to suspect that these results underestimate the influence of "publicity" on the selection of the product (see "The Medium" section below).
- The recommendation of a doctor is commonly cited as a reason to use Microgynon throughout all social classes, but somewhat less so among Class D. The recommendation of a girlfriend is commoner in Class D than in Class B, but it is still 5 percent lower than the recommendation of a doctor. Older women are more likely to use the product because of a doctor's recommendation, at least up to the age of 34. Women in the 15-19 age group are most likely to have used Microgynon because of a girlfriend's recommendation.
- In general, Class B women seem to be more concerned with, and constrained by, the price of Microgynon than Class D women. Consistent with this, Class B women expressed price concerns as a reason for quitting

a previous method (usually a pill) than Class D women. There are probably cultural reasons for these somewhat surprising findings. For example, focus group findings suggest that urban Class D Dominicans see themselves as what might be called "poor but proud," or as "the respectable poor." As such, they do not like to admit to interviewers that things are unaffordable. It also appears that Class D consumers are less likely to budget their finances and pursue bargain buys than consumers in Classes C or B.

The Medium that Conveyed the Microgynon Message:

- Respondents were asked, "Through which public media did you learn of the brand Microgynon?" 156 or 62 percent of all respondents answered, suggesting that the 19 percent citing "publicity" to the general question, "Why do you use Microgynon?" may be a misleading indicator of mass media's relative influence. Of the 156 who cited a medium, and allowing for multiple answers, 93 percent cited television, 15 percent cited posters, 10 percent cited newspapers, and 3 percent cited radio. Matchbooks, magazines and pamphlets averaged less than one citation each.

Perceived Effects on Health:

- Fifty-three percent of those who had used Microgynon for more than one cycle reported experiencing no side effects whatever, and 22 percent mentioned positive side effects such as regulating menstruation. Of the 25 percent of all users who mentioned negative side effects, 6 percent cited stomach ache, 5 percent cited nausea; 5 percent cited headache, and the remainder cited miscellaneous effects.

Use Effectiveness:

- Ninety-one percent of women who have used Microgynon for more than one cycle said they take their pill daily; the remaining 8.6 percent said they sometimes forget or lose their pills, usually missing 1-3 days in their cycle.

- Eighty-six percent of women who have used Microgynon for more than one cycle reported they have never missed a cycle or failed to take the pill for a month. Of the remaining 14 percent who have skipped one or more cycles, the commonest reasons given were suspension of sexual activities because of the partner's absence, and a need "to rest." The period of suspension for the 14 percent who have ever skipped was a single cycle for 67 percent of cases (9 percent of all cases), and 2-3 cycles for 19 percent (3 percent of all cases).
- Eighty-three and three-tenths percent of women reported taking their pill at night, a procedure recommended by Profamilia in order to regularize pill taking as a daily habit.

Distribution and Obtainability:

- The pharmacy interviews indicate that 76 percent of Microgynon purchasers were female and 24 percent were male.
- There seems to be little problem of distribution, at least in Santo Domingo: 88 percent said they experienced no problems obtaining the product, 11 percent said they occasionally had a few problems, and only 1 percent said they had had major problems.

Affordability and Future Intentions:

- Ninety percent of users remembered paying (or their husband or companion paying) RD3.90 (about U.S.\$1.30) for the last packet of Microgynon. A few in Class A or B neighborhoods remembered paying more. These may have been old packets of Microgynon that sell for the previous, pre-CSM commercial price.
- Among 230 of 252 users willing to express an opinion, 7.4 percent thought the RD3.90 price was high, 80.9 percent thought the price was fair or reasonable, 9.1 percent thought the price was low, and 2.6 percent could not decide. It should be remembered that survey-derived data regarding cost, affordability, and income in the D.R. may not be of high quality; in

fact the present data are somewhat at odds with the recent focus group findings on the affordability of Microgynon for Class D consumers. On the other hand, 49 percent of users intercepted are in fact from Class D, indicating that Microgynon's price must be reasonably affordable to Class D consumers.

- Eighty-nine and three-tenths percent of users said they intend to continue using Microgynon; 2 percent said they they plan to quit, and 8.7 percent were undecided. Of the 5 women who intend to quit, reasons included wanting to have another child, experiencing negative side effects, or simply wanting to change to another method.