

GLOBAL HEALTH

Innovation Insight Series



Photo courtesy of PSI/Lesotho

Young women learn how to use the female condom

PSI II: Changing Perceptions and Behaviors

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With more than 23 percent of its adult population HIV positive, the Kingdom of Lesotho has the third-highest HIV prevalence in the world.¹ Women in Lesotho bear a significantly larger share of this disease burden than men. Twenty-seven percent of women aged 15-49 are HIV-positive, compared to 18 percent of men.² Women also become infected at a younger age than men, and at a dramatically higher rate. In 2011, UNAIDS estimated that 15.4 percent of young women aged 15-24 were living with HIV, compared to only 6.4 percent of men in the same age group.³ For women, HIV prevalence nearly quadruples between the ages of 19 and 29, rising from eight percent to almost 40 percent.⁴ Although the dangers of HIV are well understood in Lesotho, social norms that encourage high-risk behaviors and inadequate use of preventive practices have caused the countrywide prevalence to remain essentially unchanged since 2004.^{5,6}

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ABOUT PSI

Population Services International (PSI) was founded in 1970 as a nonprofit organization focused on improving reproductive health in developing countries using commercial marketing strategies. Over the years, PSI broadened its mission to address family planning, child and maternal health, and HIV and AIDS prevention, screening, and treatment. Working in partnership with local governments, nongovernmental organizations (NGOs), and ministries of health, PSI utilizes innovative communication, marketing, and distribution techniques to increase the demand for, and the delivery of, health services and products.⁷

In 2001, PSI opened an office in Lesotho to launch a condom social marketing program and, in 2004, a network of HIV testing and counseling services. The organization subsequently expanded its focus to include comprehensive HIV prevention activities,⁸ in order to better address the HIV epidemic affecting the nation. In Lesotho, the primary route of HIV transmission is heterosexual sex.⁹ A low rate of medical male circumcision is one factor that contributes to the high disease prevalence. Certain widely accepted practices also put people at risk, including sexual concurrency (multiple, overlapping partners) and cross-generational sex (younger women forming relationships with older men who provide material goods or financial assistance in exchange for sexual favors). Describing these practices, Brian Pedersen, Technical Services Advisor at PSI/Lesotho, explained, “Women will have a primary sexual partner who is their boyfriend, and is an age mate, but then they’ll also have a ‘minister of transport,’ who supplies taxi fare; a ‘minister of housing,’ who helps with the rent, and a ‘minister of communication,’ who provides air time or a cell phone.”¹⁰ In this scenario, HIV risks are magnified by the fact that as these relationships persist, they become “trusted partnerships,” in which women are unlikely to use condoms.¹¹ Moreover, with their older partners, “Even if the women want to use condoms, they have limited negotiating power because they’re asking for something in return,” Pedersen noted.



Photo courtesy of PSI/Lesotho

The Silkee female condom

As a result of these cultural norms, young Basotho women ages 18-29 are in the highest risk category for HIV infection. In 2010, a donor provided PSI/Lesotho with “a warehouse full” of female condoms (FCs) that they could use to help these women protect themselves. Past research had shown that in settings where women have a limited ability to insist on safe sex practices, the female condom can provide an effective alternative.¹² However, the challenge for the PSI/Lesotho team was to figure out how to actually distribute and promote them since early versions of the female condom were notoriously unpopular. “It has traditionally been difficult to distribute FCs through the same channels that are effective for male condoms, such as public health clinics,” said Pedersen. “When we send them, the clinics send them back and ask for more male condoms instead.” Challenged to develop a more creative approach, the team began to strategize a social marketing program to increase the consistent and correct use of FCs among young females in Lesotho.

ONE CHALLENGE: CHANGING PERCEPTIONS AND BEHAVIORS

Pedersen and his colleagues decided to focus their efforts on universities, where they could access large numbers of women in the relevant age group. The primary effort would be a one-year pilot program centered around five institutions of higher learning, as previous PSI experience in FC programming suggested that the product could be most

effectively promoted among educated women of higher socio-economic status.¹³ To inform the development of the pilot program the PSI team surveyed women at the institutions to learn more about the existing knowledge, attitudes and practices around the FC.

The results of the study indicated that PSI had a number of significant hurdles to overcome. To start, while awareness of the FC was relatively high, usage was exceedingly low. Out of the 140 participants in the study, only two women reported having actually used one.¹⁴ Additionally, the survey revealed that most of the women did not know how to insert the FC and were confused about the parameters for use, including how long it could/should be inserted prior to intercourse, how it was held in place, and other such factors. Moreover, many of the women believed that using a FC was unpleasant. According to Pedersen, this perception came from second-hand accounts that were based on an

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earlier, less-refined iteration of the female condom. “The condom we were going to be marketing, called Silkee, was actually the FC2,” he explained. “The previously-distributed FC1 was made out of polyurethane, and was basically like a Ziploc bag. It had the same feel, was noisy, and had a harsh seam that caused scratching.” The PSI team realized that they would have to disassociate their product from the previous version and address multiple knowledge gaps and misconceptions. The one positive finding from the research was that women liked the idea that the FC was a female-controlled method, as opposed to the male condom.¹⁵

THE SOLUTION: THE POWER OF BRANDING AND SOCIAL MARKETING

PSI’s qualitative research clarified the focus of the pilot project. Based on the near-complete lack of first-hand experience, the first step in the adoption process would be to get women to try the product. “So many women already had negative associations with the FC, even though they had never seen or touched one, that when we first launched the program our call to action was just to give it a try. Our message was, this is a new product—you need to experience it and determine for yourself if it something you want to use,” recalled Pedersen. Second, because the FC is “actually a very complicated product to use,” another step in the process would involve building self-efficacy by teaching women how to use the condoms. “And the last piece would be about availability—putting the product in places where women could easily access them,” Pedersen said.

To support these efforts, the team set out to develop a brand and positioning that would counter the negative attitudes and perceptions associated with the FC. Describing the branding process, Pedersen said that PSI looks for points of differentiation for the product they will be offering. Importantly, those points are not limited to functional aspects of the product, such as strength, comfort, or ease-of-use, but often involve the emotional perceptions around its use. “We don’t just focus on how the brand will deliver on what you need it to do, but also on what being associated with that brand means for you—what does it say to the world about you as an individual,” he stated.

Accordingly, while PSI highlighted the increased usability and comfort of Silkee relative to the previous FC, the team concentrated primarily on positioning it as a high-end, sophisticated brand that, “demonstrates to the world that you are a modern woman who

has arrived,” said Pedersen. “One of the things we found in our research is that these young women want to stand out from their friends, whether it is by having the newest phone or nicest clothes. We tried to capitalize on that by saying that a woman who uses Silkee is special because she is a modern woman who knows where she is going in life and takes control over her sexual experiences and health.” The packaging of the product was carefully designed to reinforce that message. “The Silkee condoms were packaged in little clutch purses that, in Lesotho, are considered very sophisticated,” described Pedersen. Each package contained three FCs, based on the belief that if women tried the product several times, they would be more likely to become regular users.

With the branding established, the team designed a pilot program for the five institutions of higher learning that was built around four primary types of activities. The cornerstone of the program was interactive, small group peer education. “On each campus, we trained peer educators to talk about the FCs, demonstrate how to use them, and make them available to their friends and acquaintances,” recounted Pedersen.

The second element involved creative campus events designed to reinforce a message of female empowerment by featuring girls or women in activities that were not typical. “For example, we held a Silkee DJ competition, in which girls from each institution per-

formed in front of their classmates. After a peer vote, the winner from each campus went on to compete to become the Silkee DJ who would represent all five institutions,” he said. Pedersen noted that the events were designed to create a friendly competition among the institutions, with the goal of helping the girls connect with peers of similar backgrounds. “Our idea was to create a community of what we called Silkee Ladies—women who had the qualities we were trying to communicate through the Silkee brand.” At each campus event, packages of Silkee condoms were distributed to attendees.

The third component involved mass media, with an emphasis on a

radio program called The Silkee Zone. “We trained some of our staff members to audio record young women on campus answering questions about the biggest life lessons, their happiest moments, any regrets they had, that sort of thing,” detailed Pederson. Edited versions of the interviews were then presented by a host who would discuss each woman’s story during a 15-minute Silkee Zone broadcast on a popular radio station. “The purpose of the program was to create a space where young women could support each other, get advice from each other, and empower each other to strive for a better place in life,” said Pedersen. “And, of course, to associate our brand with that exchange.”

The final component of the pilot program involved basic training for the nurses who ran student health services to provide FCs and instruct students on their use.



A group of peer educators show off their “Silkee style”

Unfortunately, after the initial twelve months had passed, the PSI team learned that its donor had shifted its focus and would not be renewing funding for the program. The team was able to secure a six-month, no-cost extension but was ultimately forced to conclude its activities without an evaluation to formally document whether there had been any changes in behaviors or attitudes around the FC. However, the team did gather anecdotal evidence leading to some conclusions about the successes and lessons learned from the program.

On the plus side, the campaign illustrated the power of branding that creates an emotional connection with the consumer. “Many of the comments we have gotten are about how Silkee is much better than the unbranded female condom—even though they are the

exact same product,” said Pedersen. “The only difference is that we have a Silkee sticker on the branded condom. Half of the female condoms that we get from the donor go to the clinics unbranded, and the other half go to the educational institutions with the Silkee name.”

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An additional lesson had to do with the influence that peers exercise over one another, as well as the value they place on sharing real experiences. Pedersen elaborated: “I think a lot of times in marketing we try to make everything shiny and perfect, like using professional models on our billboards. But what we found in this campaign is that if you give people a forum to share their personal stories with others, they love doing it and it really resonates with the audience.” Referring to

the Silkee radio program, Pedersen recalled that the team initially had a hard time finding women who would agree to participate. But after the first interviews aired, the response was so overwhelming that the PSI team had to turn away volunteers. “And so what we’re trying to do going forward is harness the power of client testimonials, and give people a forum where they can encourage each other and support each other to adopt the behaviors that we’re promoting in our different campaigns,” he summarized.

With regard to obstacles that inhibited the success of the pilot, Pedersen pointed to several different issues. First, there was the failure of the on-campus health clinics to provide and teach the usage of the FC condom as envisioned in the pilot. The reason for this failure was simply that, “A lot of the nurses in the institutions of higher learning were old women who didn’t think young women should be having sex,” laughed Pedersen. “So we ultimately stopped working with them, removed all of the FCs from the clinics, and distributed them through peers and events.”

A second issue involved the organization’s failure to think carefully enough about cultural norms and all of the stakeholders involved in making decisions about contraception. “By narrowly focusing on marketing to female consumers, and leaving out the men, our campaign did not accurately reflect cultural dynamics around who has the power to make decisions about sex,” Pedersen explained. “In Lesotho, men are expected to be both the carriers of the condoms and also the ones who initiate discussions around them. And so the feedback we got from women was, ‘You need to talk to our husbands and our boy-friends about this. You need to tell the men why they should accept it.’” Accordingly, PSI’s next FC campaign will be specifically targeted at men. “We’re going to see if we can convince men to accept having their female partners use the female condom, or at least encourage them to find out about it, by marketing it as the alternative for the man that wants to feel like he’s having condomless, natural sex again,” Pedersen said.

An additional challenge, and one that Pedersen believed his team should have predicted based on past experience, involved the difficulty of keeping the FCs available in bathrooms, dormitories, and other campus locations without a profit motive to sustain their distribution. “It was really difficult to get anyone to provide us with a continuous channel for distributing the condoms because they were free issue,” he recalled. PSI also didn’t have funding to incentivize campus staff to restock supplies on a regular basis. “Without a profit motive, you can only keep the enthusiasm going for so long,” he acknowledged.

A final obstacle is the fact that the female condom is fundamentally more popular among donors than it is among users. Undeterred, Pedersen said, “We’re viewing it as a challenge to see if we can take this suboptimal—but effective—product and get more people to use it through marketing. Despite its flaws, the FC fills an important protection gap, where men are unwilling to wear a condom but open to having their partners wear one. And by increasing the total number of protected sex acts, the FC helps reduce HIV incidence. ♦

NOTES

- 1 “Family Planning,” World Health Organization, 2013, http://www.who.int/topics/family_planning/en/, (March 8, 2013).
- 1 Global Report: UNAIDS Report on the Global AIDS Epidemic, UNAIDS, 2012 http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_UNAIDS_Global_Report_2012_with_annexes_en.pdf (May 25, 2013).
- 2 “HIV Prevalence: Data from the 2009 Lesotho Demographic and Health Survey,” Measure DHS, 2009, <http://www.measuredhs.com/pubs/pdf/HF32/HF32.pdf> (May 25, 2013).
- 3 Global Report: UNAIDS Report on the Global AIDS Epidemic, op. cit.
- 4 “HIV Prevalence: Data from the 2009 Lesotho Demographic and Health Survey,” op. cit.
- 5 Global Report: UNAIDS Report on the Global AIDS Epidemic, op. cit.
- 6 “HIV Prevalence: Data from the 2009 Lesotho Demographic and Health Survey,” op. cit.
- 7 “PSI at a Glance,” PSI.org, <http://www.psi.org/about-psi/psi-at-a-glance> (May 29, 2013).
- 8 “PSI Lesotho,” PSI.org, <http://www.psi.org/lesotho> (May 29, 2013).
- 9 “The Creative Difference: Reducing HIV Risk among Young Basotho Women through Promotion of the Female Condom,” 2011 Africomnet Awards Abstract (provided by PSI on May 17, 2013).
- 10 All quotes are from an interview with Brian Pedersen conducted by the authors, unless otherwise cited.
- 11 “The Creative Difference: Reducing HIV Risk among Young Basotho Women through Promotion of the Female Condom,” Female Condom Pilot Briefer, prepared for Johnson & Johnson (provided by PSI on May 17, 2013).
- 12 “The Creative Difference,” 2011 Africomnet Awards Abstract, op. cit.
- 13 “The Creative Difference,” Female Condom Pilot Briefer, op. cit.
- 14 “Final Report. Formative Research Study: Female Condom Pilot Project for Young Women Attending Institutions of Higher Learning in Lesotho,” June 2011, PSI Lesotho, http://phela.hivsharespace.net/sites/default/files/resource/PSI%20J%20Female%20Condom%20Formative%20Research%20Study%20Report_July%202011.pdf (May 7, 2013).
- 15 Ibid