

Social Marketing for Adolescent Reproductive Health

Program Experiences in Cameroon,
Madagascar and Rwanda

Social Marketing

SUPPLY

Convenient delivery of essential health products and services at affordable prices

DEMAND

Promotion of healthy behaviors, including the correct and consistent use of preventive products and services

Social Marketing for ARH

Delivery of condoms and RH services where/when/how youth want & need them

- Youth-friendly condom outlets (to supplement national CSM efforts) in Cameroon
- VCT services at multi-purpose youth center in Rwanda
- STI treatment and RH counseling through private providers meeting minimum youth-friendly standards (confidentiality, affordability, etc.) in Madagascar

Social Marketing for ARH

Creative communication campaigns aimed at motivating healthy behavior

- Using research & BC theories to identify key issues
- Use of entertainment, humor, drama, etc. to catch & hold consumer attention
- Use of brands to link communication channels, and promote consistent image
- Mixture of media channels, mass and interpersonal
 - Peer education, tv/radio/posters, radio soap opera, newspaper, call-in radio programs, MVU shows

Lessons: Key Issues

- Self-efficacy
- Perceived risk for HIV/AIDS
- Support from parents
- Limited confidence in condoms
 - Concerns re breakage, decreased pleasure
 - Low knowledge of efficacy for STI/HIV and pregnancy prevention in some contexts

Results

- 4,000 15-24 year olds received VCT and STI services in the first 8 months in Rwanda and Cameroon
- Percentage of female youth visiting Centre Dushishoze in Rwanda increased from 10 to 46%
- Monthly client flow increased by 170% in Madagascar from 122 to 330
- 150,000 youth reached through IPC
- Characters developed in PSI mass media campaigns become popular role models
- Cameroon newspaper sales of 40,000 each month within first week of publication
- Mass media campaigns trigger discussion with parents and friends

Program Challenges

- Cost-effectiveness factors: population density, % in-school, and access to mass media
- Quality of interpersonal communication
- Balancing youth involvement with appropriate supervision
- Community backlash in spite of advocacy
- Balancing dual protection promotion with targeted messages re risk for HIV/AIDS