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