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CONTRACEPTIVE SOCIAL MARKETING AND ACCEPTANCE OF SPACING METHODS OF FAMILY PLANNING IN UTTAR PRADESH AND BIHAR

INTRODUCTION

Social marketing refers to the application of commercial marketing principles and techniques to influence the attitudes and behavior of the people for the benefit of individuals, groups and society as a whole. Social Marketers act as change agents. The primary aim of social marketing is 'social good' but in commercial marketing the aim is primarily financial i.e. making profits. Social marketing looks at the provision of health care products and services including distribution of contraceptives as a sociological issue (Government of India, 2001). Contraceptive social marketing (CSM) employs commercial marketing techniques to promote the use of modern contraceptive methods. In the CSM programmes, contraceptives are distributed at subsidized and affordable prices through commercial networks, retail outlets and community/ NGO based distribution systems among socially and economically backward couples who are poor and do not use family planning methods. The past experience demonstrates that the contraceptive social marketing has been highly effective in many countries in increasing the use of spacing methods such as condoms and pills etc. (Ross, and Frankenberg, 1993, Schellstede and Derr, 1986). India is a country with large demographic diversity as there are great inter-state variations in the rates of population growth, levels of fertility and family planning acceptance. The demographically backward states need special attention to apply CSM model with a view to increase the use of family planning methods and reduce fertility. In India, the States of Uttar Pradesh (U.P.) and Bihar are dominated by socio- economic backwardness with widespread poverty, higher fertility and lower levels of family planning acceptance. In these two states, the study relating to operation of the CSM programme would prove to be highly significant.

Main objective of the present paper is to examine the levels of the acceptance of modern family planning methods among the couples and to assess the met and unmet need for family planning in the states of Uttar Pradesh and Bihar against the background of the demographic and socio economic

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features of the States concerned. An attempt has further been made to find out as to what extent the functioning of the contraceptive social marketing programmes in these two states has been effective in promoting contraceptive use, particularly spacing methods such as condom and oral pill. The analysis is mainly based on the data drawn from National Family Health Surveys (1992-93, 1998-99 and 2005-06) and the documents of the Ministry of Health and Family Welfare Government of India, State Innovations in Family Planning Services Agency (SIFPSA), Uttar Pradesh and Social Marketing Organizations (SMOs), participating for distribution of contraceptives under the CSM Programme. Output and effect of the contraceptive social marketing programmes are measured in the analysis in terms of operational aspects of the social marketing projects, quantum of contraceptives distributed and sold and the proportion of couples using contraceptives of social marketing brand.

DEMOGRAPHIC PROFILE OF U.P. AND BIHAR

The analysis relating to demographic and socio-economic features of the regions provide the knowledge about rationale behind the operation of the contraceptive social marketing programmes in the areas concerned. The States of Uttar Pradesh and Bihar are demographically vulnerable with higher rates of population growth and higher levels of fertility. Table 1 presents major demographic and socio-economic data for U.P. and Bihar as compared to India as a whole. The table shows that in 2011, the States of U.P. and Bihar have 22 percent of the total population of India and therefore, demographic trends in these two states are vital to demographic transition in the country. During the decade 2001-11, the decadal growth rate of population is between 20 to 25 percent in U.P. and Bihar compared to 17.6 percent in India. Higher rates of population growth in these two states are mainly due to higher levels of fertility. The vital statistics published by the registrar general India (Sample Registration System) shows that the birth rates (2008) are highest in U.P. and Bihar compared to other states of the country(Registrar General India, 2009). The birth rate (2008) is 29.1 in U.P. and 28.9 in Bihar as against 22.8 in India. The infant mortality rate is also higher in U.P. (67) and Bihar (56) than India (53). Both of the States are predominantly rural states as during 2011, 78 percent of the total population of U.P. resides in rural areas compared to 89 percent of Bihar and 69 percent of India. Among females aged 7 years and above, only 53 percent in Bihar and 59 percent in U.P. are literate as compared to 66 percent in India (2011). A significant indicator of social backwardness is lower age of marriage for the females.

The table shows that among women aged 18-29 years who were married before reaching the legal minimum age of marriage (18 years) is as high as 64 percent in Bihar and 52 percent in U.P. as against 46 percent in India. The proportion of population falling below poverty line (2004-05) is 41 percent in Bihar and 33 percent in U.P. as against 28 percent in the country as a whole.

The analysis indicates that the states of Uttar Pradesh and Bihar are dominated by socio-economic backwardness with widespread poverty, illiteracy, higher rates of population growth and higher levels of fertility.

CONTRACEPTIVE PREVALENCE RATES

Higher levels of fertility in the States of Uttar Pradesh and Bihar are accompanied by lower levels of family planning acceptance. The level of family planning acceptance is indicated here in terms of contraceptive Prevalence rate. The contraceptive prevalence rate is defined as percentage of currently married women age 15-49 years who are currently using a contraceptive method or whose husbands are using a contraceptive method. Contraceptive use refers to the couples rather than women as adoption includes use of family planning either by women or their husbands. Contraceptive methods include modern methods (sterilization, condom/ Nirodh, Pill IUD and injectables etc.) and traditional methods (Rhythm, withdrawal and folk methods). The National Family Health Survey, India, 2005-06 shows that contraceptive prevalence rate which includes the current users of modern methods and traditional methods, is 44 percent in U.P. (29.3% of modern methods and 14.3% of traditional methods) and 34 percent in Bihar (28.9% of modern methods and 5.2% of traditional methods) as against 56 percent in India (48.5 % of modern and 7.8% of traditional methods)(International Institute for Population Sciences, 2007). Tables 2 and 3 present the information relating to contraceptive prevalence rate for modern methods as the social marketing is mainly concerned with the promotion of the practice of these means of contraceptives, particularly modern spacing methods.

Table: 2 shows that the proportion of currently married women (or their husbands) who currently used any modern family planning method (2005-06) are considerably lower in Uttar Pradesh and Bihar (about 29%) as compared to India as a whole (49 percent). Despite the increased emphasis on spacing methods in the Family Welfare Programme of the Country, the levels of current use of these methods are very low in Uttar Pradesh and Bihar. The female sterilization dominates the method mix in U.P., Bihar as well as in India. The Table demonstrates that the contraceptive prevalence rate for modern methods increased during the period of 1992-93 to 2005-06 but the percentage of women who currently used any modern spacing method (Condom, pill or IUD) in 2005-06 is only 4 percent in Bihar and 12 percent in Uttar Pradesh.

Table: 3 presents the percentage of currently married women by contraceptive method currently used (2005-06) according to their important socio-economic characteristics in the States of Uttar Pradesh and Bihar. The analysis shows that the percentages of women who currently used any modern method or modern spacing method are lower among younger women aged 15-19 years and 20-24 years than those in higher age groups. Current contraceptive use of modern methods is considerably higher in urban areas

(42 % in U.P. and 41% in Bihar) than in rural areas (25% in U.P. and 27% in Bihar). In Uttar Pradesh current use of condom is reported by 17 percent of the urban couples as compared to 6 percent of those who belong to rural areas. In Bihar 5 percent of the urban couples currently used condom as against only 2 percent of the rural couples. The proportions of women currently using pill and IUD are also higher in urban than rural areas in both of the States. Table 3 further shows that current contraceptive use increases with rising educational level of the women. Among women with no education, 26 percent in Uttar Pradesh and 25 percent in Bihar, currently use any modern family planning method, compared to 44 percent and 43 percent respectively among those educated up to 10 years or more. The level of current use of modern spacing methods (condom, pill and IUD) also increases with increase in the educational level. The practice of modern methods of contraception and modern spacing methods is lower among scheduled caste women than those belonging to Other Backward Class and other castes in the States of U.P. and Bihar. In Table 3, Wealth Index indicates economic status of the households in which the surveyed women reside. Wealth or economic status has a positive effect on women's use of modern methods of family planning and modern spacing methods. Current use of modern methods is lowest (19% in U.P. & 17% in Bihar) among poorest women (with lowest Wealth Index) and highest (50% in U.P. as well as Bihar) among the wealthiest women (with highest wealth Index). The reproductive and child health survey conducted in India during 2002-04 shows that the current use of any modern spacing method (condom, pill or IUD) in the country is only 5 percent among women with low standard of living index as against 21 percent of the women belonging to households with high standard of living index (international institute for population sciences and Government of India, 2006). The analysis demonstrates that in the States of U.P. and Bihar, the proportions of women currently using any modern spacing method are very low in every socio-economic group, especially among those who belong to most backward classes. This indicates that both of these states need innovative programme like contraceptive social marketing to promote the practice of contraceptives, particularly, spacing methods.

UNMET NEED FOR FAMILY PLANNING

The Family Welfare Programme of India aims to generate the need or demand for family planning and to satisfy it through different public and private sources. One of the immediate objectives of the National population Policy of India-2000 is to address the unmet need for contraception (Government of India, 2000).

The couples with unmet need for family planning are those who do not want any more children or want to have a gap of two or more years before having another child but are not using any method of contraception. Current contraceptive users, as identified in the preceding section (Tables 2 & 3), are

considered to have met need for family planning methods. The total demand or need for family planning is the sum of met need and unmet need. The couples with unmet need for family planning may easily be converted from non-users to users of contraceptives as they are already motivated to stop or delay child births.

Table 4 shows the percentage of currently married women age 15-49 with unmet need and met need for family planning and total demand for contraception (2005-06) in Uttar Pradesh, Bihar and India. The Table shows that the demand for spacing methods is considerably lower in Uttar Pradesh and Bihar (between 13% to 15%) as well as in India (11%) as compared to demand for methods to limit the births (between 44% to 50% in U.P. and Bihar and 58% in India). It can be seen from the Table that most of the total demand (need) for spacing methods in Uttar Pradesh and Bihar is unmet or unsatisfied. The proportion of women having total need (total demand) for spacing methods (unmet and met) is 15 percent in Uttar Pradesh and 13 percent in Bihar and at the same time for 9 percent of them in Uttar Pradesh and 11 percent in Bihar such need or demand is unmet. The analysis suggests that intensive efforts are needed to enhance the demand (need) for spacing methods among the couples and to satisfy such need through effective programme activities. The unmet need for spacing methods of family planning can be satisfied to a great extent, if contraceptives are readily accessible and available to couples at affordable prices at convenient locations through the innovative programme like social marketing.

Operation of Contraceptive Social Marketing Programmes

(i) National Schemes: Since inception of the National Family Planning Programme in India in 1951, a series of experiments have been made by utilizing various approaches to enable people to practice suitable family planning methods. The initial approach was clinic-based and medically oriented. Under this approach couples in need of family planning services were expected to visit a family planning centre or PHC to utilize the contraceptive services. Realizing that mere provision of services would not in itself guarantee the sufficient consumer response, an 'extension approach' was adopted in mid -sixties in which all family planning services were offered by mobile extension workers under a 'cafeteria programme'. Special efforts were made to increase the use of a spacing method i.e. condom, which is simple, easy to use and a non-clinical reversible method.

In order to promote the use of spacing methods, the programme of social marketing of Nirodh (Condom) was launched in the country in 1968. India was one of the first countries globally to implement such social marketing programme. This CSM programme was launched in the country in collaboration with six leading consumer goods/ oil companies with 3 lakh outlets, with areas attached to each. Collectively they covered the entire country. These companies were: Lipton, Brook Bond, Union Carbide, Hindustan Lever, Indian Tobacco

Company and Tata Oil Mills. Subsequently, the programme was further expanded by involving six more companies' viz. Indian Drugs and pharmaceuticals Ltd., Smith Stanistreet Pharma , Indian Oil, Hindustan Petroleum, Bharat Petroleum and Arasan Match Industries.

The contraceptive social marketing programme of Government of India, which involved 12 giant consumer goods, pharmaceuticals and oil companies as mentioned above, also included voluntary organizations in 1987-88 such as Parivar Seva Sanstha and population services International (Government of India, 1988-89). By the early nineties most of the companies had withdrawn from the social marketing programme. They were aggrieved that they had not received adequate media support, for which reason they perceived sales as not significantly improving. Cost of distribution was also high. The programme was being implemented more and more by Social Marketing Organizations (SMOs) only. During 1993-95, number of organizations namely Hindustan Latex Ltd., DKT, Parivar Kalyan Kendra and FPI etc. joined the CSM programme. The brands of the SMOs were introduced in the programme. These brands are allowed to be marketed by the SMOs on all India basis as against the government brands (deluxe Nirodh, Super Deluxe Nirodh and New Lubricated Nirodh) which are allowed to be marketed in the specified territories only (Government of India, 2001). The Population Services International (India) a non-profit Society registered under the Societies Act and funded by its associates, PSI (Washington) took up selling of Nirodh in specified states including Uttar Pradesh (under the brand name "Masti"). The names of the social marketing organizations with prevalent brands are shown in Table 5.

The Social Marketing Programme of condom has been operating in the country with the objective of making condoms available to those who can afford to pay nominally for it. Under this Scheme, three different varieties namely (i) New Lubricated Nirodh (ii) Deluxe Nirodh and (iii) Super Deluxe Nirodh are procured from the indigenous condom ma nufactures and supplied to marketing companies / NGOs, called social marketing organizations at subsidized rates for sale in the open market. The distributing companies i.e. SMOs are permitted to market condoms under their own brand name. A promotional incentive of 10 paise per condom sold for Deluxe and Super Deluxe varieties and 3 paise per condom sold for New lubricated variety is also being provided to the SMOs.

Condoms are also supplied under the 'Free Distribution Scheme' with the objective of making them available to those who cannot afford to pay for it. Under this scheme, Department of Family Welfare, Government of India procures condoms with brand name NIRODH from various Indian manufactures and supply them to all the states/ UTs for distribution to the users free of cost through PHC, Sub centre, dispensaries and hospitals.

Table 6 presents the quantum of condoms distributed under the social marketing and free supply schemes. It can be seen from the Table that in 1995-96, 162.92 million pieces of condoms were distributed in India through

the operation of social marketing programme which increased to 513.77 million pieces in 2002-03. The analysis demonstrates the increasing popularity of the social marketing system for distribution of condoms. The Table further shows that the quantity of condoms distributed free of cost recorded declining treed in the country during the period of 1995-96 to 2001-02.

On the patterns of social marketing scheme of condoms, social marketing scheme of oral contraceptive pills (OCP) was launched by the Government of India in 1987. Under this scheme, Government procure Mala D from the indigenous manufacturers and supply them to marketing companies/ NGOs called Social Marketing Organizations at subsidized rates. Distributing companies i.e. SMOs are also permitted to market oral pills under their brand name as shown in Table 5. A promotional incentive of Rs. 0.25 per cycle of oral pills sold is also being provided to the SMOs. Under the 'Free Distribution Scheme' oral contraceptive pills with brand name Mala N are procured and distributed to the acceptors free of cost in the same manner as that of condoms.

Since December, 1995, Centchroman, a non-steroidal weekly OCP for females developed by the Central Drug Research Institute (CDRI), Lucknow is also socially marketed by M/s. Hindustan Latex Ltd. (Public Sector) under the brand name SAHELI for which product subsidy and publicity support is being provided by the Government. This pill is to be taken twice a week on fixed days for first three months, followed by one pill in a week thereafter.

Table 6 shows that oral contraceptive pills (OCPs) and weekly oral pills (Saheli) have registered increasing trends in the sales through social marketing during the preceding years. The sales of OCPs through social marketing increased from 146.8 lakh cycles in 1995-96 to 349 lakh cycles in 1999-2000 and again to 477.5 lakh cycles in 2002-03. During 1995-96, 44.2 lakh Tablets of weekly oral pills (Saheli) were sold under the social marketing scheme as against 56.8 lakh tablets in 1999-2000 and 135.6 lakh tabl;ets in 2002-03. The distribution of oral pills under the free supply scheme also shows an increasing trend during 1995-96 to 2002-03. The share of social marketing accounts for one third of all condoms and all oral contraceptives distributed annually in India (Government of India, 2001).

(ii) Area Projects: Area specific innovative projects have been implemented in different states of India to provide health and family planning services through the social marketing programmes. An attempt has been made below to discuss some major contraceptive social marketing projects carried out in Uttar Pradesh and Bihar to promote the acceptance of family planning methods, particularly spacing methods of contraception.

Uttar Pradesh

A community based distribution (CBD) proragemme with social marketing techniques was launched by the Family Planning Association of

India (FPAI) in collaboration with the Department of Preventive and Social Medicine of Banaras Hindu University in the year 1979. One of the major objectives of the project was to develop an education and distribution network using trained local volunteers to create the demand for family planning methods and supply oral contraceptives and condoms through the use of social marketing techniques. The project operated in most backward rural areas with a population of 1.2 million covering 1242 Villages in eight community development blocks of Varanasi district of Uttar Pradesh. The family planning services were provided under the project as integrated with primary health care and over all rural development programme through active participation of the persons from Village people called as 'Sanyojaks'. The selected Sanyojaks were first extensively trained and then subsequently given in-service refresher courses to update knowledge, sharpen skills and share experiences. The basic health supplies were offered to Sanyojaks at cost price and they sold it on a marginal profit. Condom and pills were provided to them free of cost but they were allowed to charge a token service charge of one rupee. The proceeds from marketing of contraceptives were shared equally between Sanyojaks and the project (Ford Foundation,1988, Khan,1990). The performance of project demonstrated that CBD programme with social marketing approach is a quite feasible and effective system to promote family planning acceptance in the backward rural areas (Rao, 1990). An evaluation study was conducted by the Population Research Centre of Lucknow University in 1991 to assess the performance of the Varanasi CBD Project. This study revealed that the proportions of current users of spacing methods such as IUD, condoms and oral pill was 25 percent among contacted couples in the project areas as against 5 percent among those belonging to non-project areas covered under the study (Rastogi, 1991).

The 'State Innovations in Family Planning Services Project Agency' (SIFPSA) Implemented the IFPS project (innovations in Family Planning Services Project) in 1992 with one of the major objectives of increasing the use of spacing methods. The project supported a number of private voluntary organizations that provided maternal and child health services, counselling on spacing methods and referrals for sterilization through door to door delivery of services. Community based voluntary workers served both in rural and urban areas. Newly married couples in these areas were routinely counselled on child spacing. During the period of 1993-98, the projects supported by SIFPSA covered a total population of about 31.5 million which was 22.5 percent of the population of U.P. The contraceptive social marketing was promoted through these projects. The project activities tried to strengthen the system of contraceptive supply including subsidized, free and commercial brands. In some project areas, 60-80 percent of households were contacted at least once a month by the CBD workers. The contraceptive prevalence rate was doubled in the project areas in two years with the use of spacing methods, often going up three fold (SIFPSA, Innovations, 1997).Phase Two of the Innovations in

Family Planning Services Project(IFPS-ii) led by Futures Group is a six year (2004-2010) project funded by USAID that addresses reproductive and child health activities at the national level and in three states(Uttar Pradesh,Uttrakhand and Jharkhand).

Since 1997, SIFPSA played a pioneering role in contraceptive social marketing in rural areas of Uttar Pradesh with HLFPPT's active involvement in family planning programme of the State. This started with the SIFPSA supported Sukhi Sansrar Project (Social Marketing of Deluxe Nirodh, Mala D oral pills in rural U.P.) undertaken by HLFPPT during 1997-2006. The first rural marketing project was funded and implemented in 1997. The documents of HLFPPT show that during the period of eleven years from 1997 to 2008, the rural social marketing programme has developed direct distribution of condoms to over 25000 Villages in U.P. It has resulted in increasing the rural condom market from 39 million Pcs to over 100 million Pcs and access to condoms increased from 18 percent to 65 percent C and D category villages. Since 1997, this model evolved through active phases of engagement with SIFPSA. Under the rural social marketing programme, HLFPPT undertook its premier family planning programme of Uttar Pradesh with the following SIFPSA supported projects (Hindustan Latex Family Planning Promotion Trust).

1. **Chhota Sansar Project: 1997-1999**: A contraceptive rural marketing programme was implemented in towns of population less than 20,000. This programme being an innovative approach through a pilot project demonstrated the relevance and success of rural marketing approaches in condom and oral contraceptive pill promotion.
2. **Sukhi Sansar Project-1, 2000-2003**: Based on the success of above project a new state wide SIFPSA supported project "Sukhi Sansar Project -1" was implemented by HLFPPT for expanding the access and also expanding the usage of contraceptives in the rural areas. The rural areas focused had been upto 1000 population Villages in the State. Rural and Non Traditional outlets for selling condoms and OC Ps had been developed in more than 20,000 villages (upto 1000 population category). The project developed a distribution channel for condoms and pills in all the districts of the state and appointed the trade channel partners in district head quarters, tehsil head quarters and block head quarters. The project in collaborating with the SIFPSA partner NGOs, Milk Cooperatives, ISMPs to make available the contraceptives at the grass-root level. The local media based IEC promotion (mainly non-conventional media) was used to promote family planning awareness and favourable attitudes towards small family norm.
3. **Sukhi Sansar Project II- 2003-2006** : Based on the success of the aforesaid project and incorporating the learnings of the project

another state-wide project called as "Sukhi Sansar Project-2" had been awarded to HLFPPT for higher level of intervention in terms of reach and market expansion. The project achieved more in terms of distribution of condoms and creating awareness about the benefits of a small family and safe sex.

4. **Khushali-2003-2006**: In addition to above state-wide projects a hybrid model of Rural Social Marketing and Community Based Social Marketing Programme "Project Khushali" has been implemented by HLFPPT in Western U.P. Main objective of the Western U.P. Project is to increase the number of Villages having access to subsidized and fully priced contraceptives (condoms and pills) and other health care products like ORS (WHO formula) and IFA tablets etc. The project also aims at implementing behaviour change communication in rural areas.

The promotion strategy of above projects mainly includes brand promotion through mass media, video vans, press publicity, wall paintings and extensive use of 'point of purchase material' etc.

Bihar

In the State of Bihar, HLFPPT has commenced its operations in 2001 with the implementation of the community based social marketing programme in four identified high priority districts. During the period of 2004-2007, the programme marketed 11 million condoms and 952,640 cycles of oral pills through the community based social marketing networks of 1600 Tarang partners located in 4200 Villages of the districts of Patna, Vaishali, Saran and Samastipur. The 4200 villages represent 70 percent of villages and 80 percent of the rural population of these fours districts (Hindustan Latex Family Planning Promotion Trust).

HLFPPT has implemented the project aimed at strenghthening the contraceptive social marketing in the rural areas of four selected districts from each of the three states, namely Bihar, Jharkhand and Orissa. The project was implemented to promote modern spacing methods to reduce the level of fertility, particularly, among young rural couples. Innovative measures were adopted addressing the major barriers in the adoption of the small family norm and family planning methods. HLFPPT has, thus, focused on acceptability, affordability and motivation. Major objectives of the project are as follows:

(i) To undertake community based distribution through unemployed youth having knowledge of the community in the selected areas.

(ii) To enhance a comprehensive local media based IEC programme through the service providers, employing local non-conventional media in order to make modern spacing methods the preferred contraceptive choice among the target population.

(iii) Up- scaling the project strategies and preparing a comprehensive programme in the substantive phase.

The rural based distributors/ village level vendors were involved under the project. These stake holders are mainly the unemployed men/ women from the local communities and/ or registered medical practitioners. The project used a comprehensive non-conventional media based IEC programme including folk programmes (Daskathia, Pala, Nacha) video Van programmes, and street theatres etc. The block level service providers were also utilized in the community based distribution programme under the project for inter- personal communication on contraception and spacing methods.

The International Institute for Population Sciences, Mumbai conducted an evaluation study in 2004-05 mainly to examine the effectiveness of the Community Based Social Marketing (CBSM) programme adopted by the HLFPPT and its impact in enhancing the contraceptive prevalence rates in the rural areas of two selected districts in each of the three states i.e. Bihar, Jharkhand and Orissa (Singh, *et al.*, 2005). The findings of the study indicate that as per the CBSM project records; there is a gradual increase in the number of couples purchasing the products available under the CBSM project. The proportion of couples purchasing contraceptives ranges between 20 and 35 percent of the list of users. The survey findings reveal that extent of awareness of Nirodh brands of condom is almogst universal in the selected areas of Bihar. A considerable proportion of women in Vaishali and Patna districts of Bihar knew Mala D and Saheli pills than other oral contraceptive pills available. Current use of contraception among currently married women aged 15 – 44 years is the highest in Vaishali (51 percent) followed by Patna (50 percent). The findings further show that in all the study districts the current use of contraception has increased almost two fold. The major factor for the recorded increase in contraceptive prevalence has been the use of condom and oral contraceptive pills (OCPs).

HLFPPT has implemented the NACO supported social marketing programme in eleven districts of Bihar. This marketing programme is operated through a network of 28 stockists, 6400 retailers and 1600 Tarang partners serviced by a team of 2 area mangers, 25 field sales officers and 12 promotion staff.

Since 1996, DKT International's officiate, Janani, has operated a social marketing and social franchising proragmme in Bihar (now divided into the states of Bihar and Jharkhand). The programme combines the strengths of classic social marketing with a clinic based service delivery system and a franchisee programme through which doctors in rural areas provide low cost services. It also includes a network of over 22,000 rural medical practitioners who have been recruited and trained to provide condoms, pills, pregnancy tests and referrals to the clinic network for family planning. A network of rural health practitioners, each working in partnership with a women who is

a family member serves as the conduct between the clinics and rural communities. After training by Janani, the rural practitioners are franchised as Butterfly (Titli) Centres to sell/provide non clinical products and over the counter pregnancy test. Clients needing clinical services are counseled and refered to nearby Surya clinics, which earns the Titli Centres a commission. Surya Clinic is a public-private partnership (PPP)service provider under the National Rural Health Mission (NRHM) launched in 2005(Pandeya,2010). The social marketing infrastructure of shops and stockists serves as a channel to sell products in rural, urban and semi urban areas and to replenish supplies to the Titli Centre and Surya providers. For condom and pills, the Government of India provides a substantial subsidy, enabling the programme to make contraceptives available at very low and affordable prices. In 2010, DKT's programme sold over 30 million condoms, 2.5 million oral contraceptives and over 400,000 emergency contraceptive pills. This programme has achieved remarkable success in promoting the distribution of spacing methods of contraception and bringing reproductive health services to the rural poor in Bihar by strengthening and expanding private sector capacity.

Use of Social Marketing Brands

Analysis relating to use of different brands of contraceptives is useful in monitoring the success of social marketing and free distribution programmes. In the National Family Health Survey conducted in India in 2005-06, the current users of pills and condoms were asked for the brand name of pills and condoms they are currently using. Table 7 shows the percentage distribution of women using pills and condoms by the type of brand they are using. The table also demonstrates the percent distribution of men by the type of brand of condoms they are using. The analysis reveals that large proportion of the couples are not aware about brand name of the contraceptives. Out of total women currently using pills in India, about one third are using an unknown brand. Among current users of condom 46 percent of the women and 23 percent of men are not aware about the name of the brand which they are using. Among total women using oral pills, 42 percent are using a socially marketed brand and 26 percent are using a free brand or a fully priced brand. Women in urban areas are more likely to know the brand name of the pills and condoms and also more likely to use a fully priced brand and a socially marketed brand. Among men who reported condom use, the proportion of those who are using a socially marketed brand is 36 percent as against 27 percent of the men using a fully priced brand and 14 percent using a free brand.

In the states of Uttar Pradesh and Bihar, the proportions of oral pill users and condom users among women and men for whom the brand is known are shown in Table 8. The table demonstrates that according to women's reports, among oral pill users for whom the brand is known, 62 percent are

using a social marketing brande in Uttar Pradesh compared to 82 percent in Bihar. Among women reporting the current practice of condom who knew the brand nam, 67 percent in Uttar Pradesh and 52 percent in Bihar are using a social marketing brands. According to men's reports, out of the condom users having knowledge of the brand name 73 percent use social marketing brand in Uttar Pradesh as against 69 percent in Bihar. The analysis indicates that the use of oral pills and condoms with social marketing brands may be substantially increased if awareness about the names of the social marketing brands is expanded among the couples.

CONCLUSION

The foregoing analysis reveals that the states of Uttar Pradesh and Bihar are dominated by socio-economic backwardness with widespread poverty, illiteracy and high rates of population growth. Both of the States are predominantly rural with highest levels of fertility compared to other States of the country. Higher levels of fertility in these two states are accompanied by lower levels of family planning acceptance. The levels of the current use of spacing methods are very low in both of the states. The demand for spacing methods is considerably lower in Uttar Pradesh and Bihar and most of the total demand for spacing methods in both of the States is unmet or unsatisfied.

In order to promote the use of spacing methods, the programme of social marketing of Nirodh (Condom) was launched in India in 1968. On the pattern of social marketing scheme of condoms, social marketing scheme of oral contraceptive pills (OCP) with brand name as Mala D. was launched by the Government of India in 1987. The social marketing programmes of condoms and oral pills have been operating in the country with the objective of making these contraceptives available to those who can afford to pay nominally for them.The analysis relating to National CSM programmes demonstrates the increasing popularity of the social marketing system in terms of rising sales and distribution of condoms and oral pills.

With a view to promoting the use of contraceptives, the area specific innovative contraceptive social marketing projects have been implemented in different states of India including the States of U.P. and Bihar. Some of the major area specific CSM projects implemented in the State of U.P. are : (i) a community based distribution (CBD) programme with social marketing techniques, implemented in rural areas of Varanasi district by Family Planning Association of India (FPAI) in collaboration with the department of preventive and social medicine of Banaras Hindu University (1979-99).(ii) The IFPS project (Innovations in Family Planning Services Project)implemented by SIFPSA in 1992 with one of the major objectives of increasing the use of spacing methods. (iii) A contraceptive rural marketing programme under the Chhota Sansar Project implemented in 1997-99 through a pilot project demonstrating the relevance and success of rural marketing approaches in condom and oral

contraceptive pill promotion. (iv) A State wide SIFPSA supported project, namely Sukhi Sansar Projects -1 implemented by HLFPPT during 2000-03 for expanding the access and usage of contraceptives in the rural areas. (v) Sukhi Sansar Project-2, 2003-06, awarded by SIFPSA to HLFPPT for higher level of intervention in terms of reach and market expansion. (vi) Khushali – 2003-06 implemented by HLFPPT (with support of SIFPSA) in Western U.P.

In the state of Bihar some of the major area specific projects may be mentioned as: (i) Community Based Social Marketing Program implemented by HLFPPT since 2001 in four Identified High priority districts (Patna, Vaishali, saran & samastipur) of Bihar State. (ii) NACO supported CSM program implemented by HLFPPT in 11 districts of Bihar through a network of 28 stockiest, 6400 retailers and 1600 Tarang partners,(iii)a social marketing and a social franchising program operated by DKT International's affiliate, Janani since 1996.

After a long period of the implementation of social marketing programme (for condom since 1968 and for OCP since 1987) in India, the proportion of reproductive couples currently using temporary methods (condom, pills and IUD) is very low(12 percent in U.P. ,4 percent in Bihar and 10 percent in India as a whole). Despite the operation of above mentioned national and area specific CSM Schemes, large proportion of the couples are not aware about brand name of the contraceptives. Most of the current users of condom and oral pills with knowledge of their brand name reported to use a social marketing brand of the method concerned. This indicates that expanding the awareness about social marketing brands of the contraceptives would substantially increase the use of spacing methods of contraception.

On the basis of the major findings of the study, it may be suggested that the CSM programme may be more effective through greater emphasis on information, education and communication (IEC) activities. Awareness about the names of the brands of contraceptives should be increased through well-designed mass media messages. Intensive efforts are needed to enhance the demand (need) for spacing methods, particularly among younger couples. The coverage of rural areas under the CSM programme should be increased and the contraceptives should be readily accessible and available, particularly to rural couples, at affordable prices and at convenient locations. There is intense need to cover larger areas under the community based social marketing (CBSM) programmes for effective motivation of couples to use contraceptive methods through the members of their own community.

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Table 1
Demographic and Socio Economic Features of U.P., Bihar and India

Sl.No.	Features	U.P.	Bihar	India
1.	Total population (2011)	19, 95,81,477	10,38,04,637	1,21,01,93,422
2.	Percent to total population of India :			
	2011	16.5	5.6	—
	2001	16.2	8.1	
3.	Absolute decadal growth of population (2001-2011)	3,33,83,556	2,08,06,128	18,14,55,986
4.	Percentage decadal growth rate of population :			
	2001-2011	20.09	25.07	17.64
	1991 -2001	25.85	28.62	21.54
5.	Average annual exponential growth rate :			
	2001-2011	1.9	2.3	1.64
	1991-2001	2.3	2.6	1.97
6.	Percentage of rural and urban population to total population (2011)			
	Rural	77.7	88.7	68.8
	Urban	22.3	11.3	31.2
7.	Literacy rates (2011) (percentage of literates) :			
	Males	79.2	73.5	82.1
	Female	59.3	53.3	65.5
	Total	69.7	63.8	70.0
8.	Fertility and mortality (2008)			
	Birth Rate	29.1	28.9	22.8
	Death Rate	8.4	7.3	7.4
	Natural growth rate	20.7	21.6	15.4
9.	Infant Mortality Rate (2008)	67	56	53
10.	Percentage of women (age 18-29) who firstly married before reaching age 18 (2005-06)	52.2	63.7	45.6
11.	Percentage of population falling below poverty line (2004-05)			
	Rural	33.4	42.1	28.3
	Urban	30.6	34.6	25.7
	Combined	32.8	41.4	27.5

Source

1. *Census of India – 2011(Provisional Population Totals)* for indicators in Serial No. 1 to 7, *Census of India-2001* for figures relating to 2001.
2. Registrar General India, *Sample Registration System*, for indicators in serial No. 8 and 9.
3. International Institute For Population Sciences (IIPS) and Macro International, 2007, *National Family Health Survey (NFHS-3)*, 2005-06: India, vol.1, IIPS, Mumbai for indicators in serial no. 10.
4. Planning Commission, Government India, for information in Serial no. 11

Table 2
Percentage of currently married women* according to modern family planning methods currently used (by women or their husbands) in Uttar Pradesh, Bihar and India (1992-93, 1998-99 and 2005-06)

States	Any modern method	Female sterili-zation	Male sterili-zation	Condom/ Nirodh	Pill	IUD	Injectr-ables	Other modern methods
U.P.								
1992-93	18.5	11.7	1.4	3.2	1.0	1.1	0.1	N.A.
1998-99	20.8	14.1	0.5	4.0	1.2	0.9	N.A.	N.A.
2005-06	29.3	17.3	0.2	8.6	1.7	1.4	0.1	0.1
Bihar								
1992-93	21.6	17.3	1.3	1.3	1.1	0.5	—	N.A.
1998-99	21.6	18.5	1.0	0.6	0.8	0.6	N.A.	N.A.
2005-06	28.9	23.8	0.6	2.3	1.3	0.6	0.2	0.1
India								
1992-93	36.5	27.4	3.5	2.4	1.2	1.9	—	N.A.
1998-99	42.8	34.2	1.9	3.1	2.1	1.6	N.A.	N.A.
2005-06	48.5	37.3	1.0	5.2	3.1	1.7	0.1	—

* Age 15-49, N.A. = Not available

— less than 0.05 percent

Source

(i) International Institute For Population Sciences (IIPS) and Macro International, 2007, National Family Health Survey (NFHS-3), 2005-06: India, vol. 1, IIPS, Mumbai.

(ii) IIPS and Macro International, 2008, National Family Health Survey (NFHS-3), India 2005-06: Uttar Pradesh, IIPS, Mumbai.

(iii) IIPS and Mcro International, 2008, National Family Health Survey (NFHS-3), India, 2005-06, Bihar, IIPS, Mumbai.

Table 3
Percentage of currently married women by contraceptive method currently used (either by women or their husbands) according to important socio-economic characteristics in Uttar Pradesh and Bihar (2005-06)

Back-ground characterstics	Percentage of current users Uttar Pradesh						Bihar					
	Any modern method	Sterili-zation	Condom /Nirodh	Pill	IUD	Other modern methods	Any modern method	Sterili-zation	Condom/ Nirodh	Pill	IUD	Other modern methods
Age of Women												
15-19	6.3	0.3	5.1	0.5	0.2	0.2	1.9	0.1	1.3	0.4	0.1	0.0
20-24	15.5	4.6	7.8	1.6	1.3	0.2	14.6	9.0	3.4	1.6	0.5	0.0
25-29	28.9	12.7	12.3	2.3	1.5	0.0	27.0	20.9	3.3	1.8	0.9	0.2
30-39	41.1	25.6	10.9	2.1	2.1	0.2	44.8	38.9	2.7	1.7	0.9	0.6
40-49	33.8	28.8	3.2	1.2	0.5	0.1	41.8	40	0.6	0.7	0.2	0.3
Residence												
Urban	42.4	19.2	16.6	3.2	3.2	0.2	41.3	31.9	4.7	3.1	1.0	0.6
Rural	25.3	16.9	6.2	1.3	0.8	0.2	26.8	23.1	1.9	1.0	0.5	0.3
Education												
No Education	25.8	18.6	5.3	1.0	0.7	0.1	24.8	21.7	1.2	1.0	0.5	0.4
< 5 year complete	28.2	17.7	7.5	1.3	0.9	0.9	32.7	28.2	2.9	1.6	0.0	0.0
5-9 years complete												
10 or more yrs.	30.6	16.2	10.6	2.5	1.2	0.1	35.5	30.2	2.8	1.9	0.5	0.1
complete	44.2	13.7	21.4	3.8	5.0	0.2	42.7	29.9	8.7	2.5	1.4	0.3
Religion												
Hindu	30.9	20	7.6	1.8	1.4	0.2	31.9	27.8	2.2	1.2	0.4	0.2
Muslim	20.5	5.5	12.6	1.4	0.9	0.1	12.7	6.1	2.5	1.9	1.6	0.6
Castes/ Tribe												
Scheduled caste	25.8	16.2	7.4	1.1	0.8	0.3	19.7	17.3	1.1	0.8	0.2	0.2
Scheduled Tribes	29.2	23.1	6.1	0.0	0.0	0.0	NA	NA	NA	NA	NA	NA
Other backward class	28.2	18	7.3	1.6	1.2	0.1	30.3	26.2	2.2	1.1	0.6	0.2
Other	34.8	17.3	12.5	2.6	2.2	0.2	33	24.8	3.6	2.3	1.0	0.5

contd. table 3

Back-ground characterstics	Percentage of current users Uttar Pradesh						Bihar					
	Any modern method	Sterili-zation	Condom /Nirodh	Pill	IUD	Other modern methods	Any modern method	Sterili-zation	Condom/ Nirodh	Pill	IUD	Other modern methods
Wealth Index*												
Lowest	18.6	14.7	2.5	0.8	0.5	0.2	17.1	14.5	1	0.6	0.5	0.5
Second	24.3	16.6	6.0	0.9	0.5	0.4	24.4	21.9	0.9	1.2	0.3	0
Middle	26.1	17.3	6.7	1.3	0.8	0.1	32.6	26.8	2.7	1.6	1.3	0.2
Fourth	38.2	20.8	12.9	2.8	1.6	0.0	42.2	36.7	3.9	1.0	0.3	0.3
Highest	49.7	19.6	21.1	4	4.8	0.2	50.3	37.1	7.7	4.0	1.0	0.4
Total	29.3	17.5	8.6	1.7	1.4	0.2	28.9	24.4	2.3	1.3	0.63	0.3

* Wealth Index is based in NFHS-3(2005-06) on the assets possessed by the households and housing characteristics. Each household is assigned a score for each asset and housing characteristic and scores were summed for each household. Individuals are ranked according to scores of their household.

N.A.= Not available.

Source: (i) International Institute for Social Sciences (IIPS) & Macro International, 2008, National Family Health Survey (NFHS-3), India, 2005-06 UP, Mumbai: IIPS.

(ii) IIPS & Macro International, 2008, National Family Health Survey (NFHS-3),India,2005-06 Bihar, Mumbai, IIPS.

Table 4
Percentage of currently married women age 15-49 with unmet need and met need for family planning and total demand for family planning in U.P., Bihar and India (2005-06)

State/ India	Unmet need for family planning			Met need for family planning *			Total demand for family planning		
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total
U.P.	9.1	12.1	21.2	5.7	37.9	43.6	14.8	50.0	64.8
Bihar	10.7	12.1	22.8	2.2	31.9	34.1	12.9	44.0	56.9
India	6.2	6.6	12.8	4.8	51.5	56.3	11.0	58.1	69.1

* Currently using any method

Source: International Institute For Population Sciences (IIPS) and Macro International,2007,National Family Health Survey(NFHS-3),2005-06: India, vol.1,IIPS,Mumbai.

Table 5
Social Marketing Organizations under Social Marketing of Contraceptives

S. No.	Name of the SMO	Condoms (Brand)	Oral Pills (Brand)
1.	Population Services International, New Delhi.	Deluxe Nirodh, Masti	Mala-D Pearl
2.	Hindustan Latex Ltd., Thiruvananthapauram	Deluxe Nirodh, New Lubricated Nirodh Ustad.	Mala-D, Arpan
3.	World Pharma, Indore	Deluxe Nirodh, Mauj	Mala-D, Julie
4.	Parivar Kalyan Kendra, Panchkula	Deluxe Nirodh, Pick me	Mala-D,Sugam
5.	Janani, Dehi	Deluxe Nirodh, Mithun	Mala-D, Apsara
6.	Parivar Seva Sanstha, New Delhi.	Sawan, Biliss, Milan	Ecroz
7.	DKT India, Mumbai	Zaroor	Choice
8.	Pashupati Chemicals & Pharmaceuticals Ltd,. Kolkata.	Ahsaas	-
9.	Dey's Medical Store (Mfg) Ltd., Kolkata.	-	Mala-D,
10.	Eskag Pharma Pvt. Ltd., Kolkata.	-	Sivida
11.	Family Planning Association of India, Mumbai.	Sangam	-
12.	Indian Drugs & Pharmaceuticals Ltd. Gurgaon	-	Mala-D,
13.	Population Health Services, Hyderabad.	Thril	Khushi
14.	Medicon Enterprises, Rohtak	Sparsh	-
15.	Parivar, Patna	Sathi	Hamjoli

Source: Government of India Department of Family Welfare, Ministry of Health and Family Welfare,Available at**:** www.mohfw.nic.in/reports/contraceptives

Table 6
Distribution of Condoms and Oral Contraceptive Pills under Social Marketing and Free Supply Schemes in India

Fiscal Year	Social Marketing			Free Supply	
	Condoms	Oral Pills	Weekly oral pills-Saheli Centchroman)	Condoms	Oral Pills
	In Million Pieces	In Lakh* Cycles	In Lakh Tablets	In Million Pieces	In Lakh Cycles
1995-96	162.92	146.80	44.17 * *	891.22	411.20
1996-97	263.25	162.42	62.05	741.70	397.94
1997-98	324.42	228.40	94.06	685.85	467.10
1998-99	348.74	255.08	87.70	674.70	452.32
1999-2000	477.74	349.03	56.83	624.36	488.98
2000-01	465.43	331.91	63.98	627.42	554.39
2001-02	438.79	403.32	129.60	733.00	528.54
2002-03	513.77	477.51	135.58	891.42	574.31

* One cycle consists of 28 tablets

** 1-12-95 to 31-3-96

Source: Government of India, Department of Family Welfare, Ministry of Health and Family Welfare, Available at : *www.mohfw.nic.in/reports/contraceptives.*

Table 7
Percent distribution of women who are users of oral pills or condom and men* who are condom users according to type of brand being used in rural and urban areas of India (2005-06)

Women/ Men	Users of pill/ condom	Rural/ Urban	Using a free brand	Using a socially marketed brand	Using a fully priced brand	Using an unknown brand	Total
Women	Pill Users	Rural	15.3	37.1	9.5	38.1	100.0
	Condom	Urban	9.4	50.2	18.2	22.3	100.0
	users	Total	13.1	42.0	12.8	32.1	100.0
		Rural	19.1	24.8	7.62	48.5	100.0
		Urban	8.7	22.8	4.3	44.3	100.0
		Total	13.1	23.7	17.1	46.1	100.0
Men	Condom	Rural	19.9	40.1	13.0	27.0	100.0
	users	Urban	8.9	33.2	38.9	19.0	100.0
		Total	14.0	36.3	26.7	23.0	100.0

*Men who used a condom the last time they had sex.

Source: International Institute For Population Sciences (IIPS) and Macro International, 2007, National Family Health Survey (NFHS-3), 2005-06: India, vol. 1, IIPS, Mumbai.

Table 8
Percentage of pill and condom users aged 15-49 for whom the brand being used is known who are using a social marketing brand in Uttar Pradesh, Bihar and India (2005-06)

State/ India	Percentage of Women		Percentage of Men
	Pill users using a social marketing brand	Condom users using a social marketing brand	Condom users using a social marketing brand
Uttar Pradesh	62.4	67.3	72.5
Bihar	(82.0)	(51.6)	(68.8)
India	61.9	43.9	47.1

Note: Table excludes pill and condom users who don't know the brand name.

( ) based on 25-49 unweighted cases

Source: As in table 7.