

SOCIAL MARKETING CYCLEBEADS: AN INNOVATIVE SOLUTION TO UNMET NEED IN THE PHILIPPINES

Justine A. Kavle, Caroline Blair, Santos J.O. Dacanay III
Rebecka Lundgren and Victoria Jennings

ABSTRACT

This paper presents how the Standard Days Method (SDM), used with CycleBeads, can address concerns about high levels of reliance on ineffective traditional methods and lack of public sector contraceptive supplies in the Philippines. Community-based survey data, operations research and sales data demonstrate the potential for social marketing CycleBeads through commercial outlets or pharmacies.*

KEYWORDS: *Social marketing, CycleBeads, unmet need, contraception*

Despite millions of dollars in donor support, use of modern family planning methods in the Philippines has not reached the level of other medium-income developing countries as current use of any modern method has recently stagnated (NSO & MI, 1994; NSO, DOH & MI, 1999; NSO & ORC Macro, 2004; NSO, 2009). In 2004, reductions in international and local donor support for contraceptive commodities resulted in decreased supplies in the national network of public health facilities, affecting the Philippines among other countries (Harvey, 2008). In the Philippines as of this writing the national government funds cannot be used to purchase contraceptives, such as condoms, pills and intrauterine devices, although those who can afford contraceptives can avail them for a fee from health centers (Harden, 2008). Local government units (LGUs) can also obtain and provide contraceptives to health facilities, but many lack funds to do so (Harden, 2008).

Clearly, family planning in the Philippines presents a complex picture. In this predominantly Roman Catholic country with nearly universal literacy, slightly less than 20% of Filipino couples have relied on traditional methods of family planning, including calendar rhythm and withdrawal for the last 15 years (NSO & MI, 1994; NSO, DOH & MI, 1999; NSO & ORC Macro, 2004; NSO, 2009). This is alarming given the high failure rates of these methods. Preliminary data from the 2008 National Demographic and Health Survey (NDHS), a nationally representative survey of 14,000 women, 15-49 years of age, reveal only one-third of married women use any modern method of family planning, with the majority using pill (16%) or female sterilization (9%) (NSO, 2009). Approximately 17 % of Filipino married women 'currently use' traditional methods of family planning (NSO, 2009). In 2002, the Government of the Philippines endorsed natural family planning methods as part of national policy, yet in the context of high use of traditional methods, many women receive incorrect information for identification of their fertile period and are therefore at risk of unintended and/or unwanted pregnancies.

The combination of high use of traditional methods and lack of public sector contraceptive supplies requires an innovative, low cost approach to help Filipinos achieve optimal birth spacing and desired family size. Scientifically-tested, highly effective fertility-awareness based methods are a potential option. In 2002, a fertility awareness-based family planning method, Standard Days Method (SDM), was introduced in the Philippines

through efficacy studies and operations research. SDM, a modern fertility awareness method, identifies days 8 through 19 of the menstrual cycle as potentially fertile and is appropriate for women with most cycles between 26 and 32 days long, (e.g. women who can expect their menstrual period to come around the same time every month). It is used with CycleBeads*, a string of color-coded beads that helps a woman track the days of her cycle and identify when she is fertile. Couples avoid unprotected intercourse on fertile days, through use of another family planning "barrier" method (e.g. condom) or abstinence from sex.

An efficacy study conducted in several countries, including the Philippines, showed that SDM has a failure rate of 4.8 with correct use and 12.0 with typical use, which is comparable to other user-dependent methods (Arevalo, 2002; Hatcher, 2004). Furthermore, studies in the Philippines and elsewhere have shown that SDM can be offered successfully through both clinic and community-based programs in which clients receive counseling on method use and through social marketing programs that provide minimal information (Gribble, 2008). A diagnostic assessment conducted in Jordan revealed that traditional method users are likely to adopt SDM and see the advantages of the method as a family planning option (Armand, 2008), which could also be the case in the Philippines.

To date, there are no social marketing programs for CycleBeads in the Philippines, although CycleBeads distribution was recently piloted among a network of private midwives. Therefore, to assess the potential for social marketing CycleBeads, in 2003-2004, we conducted a community-based survey on willingness-to-pay for CycleBeads in 10 districts within the National Capital Region of the Philippines. CycleBeads, the visual tool for SDM, was introduced into fee-for-service health care clinics by Friendly Care, a local provider of reproductive health services, in Manila, Philippines for a period of one year. For the duration of the investigation, information, education and communication (IEC) materials were limited to a few posters in clinics. This subsequently sparked interest in the method, although a full scale launch of SDM with promotional materials was not carried out.

Information about demographic and socio-economic characteristics, and ability and willingness to pay for CycleBeads was collected from potential SDM users via a household cluster survey carried out by the Institute for Reproductive Health, Philippines (adapted from Foreit & Foreit

2003, 2004). A sample size of 320 women ($p = 0.5$, 95% C.I., 5.56% margin of error) aged 18-39 and men above 18 years of age (approximately 30 respondents per district or cluster), who were either married or in a consensual union were asked to participate. At the time of the survey, Friendly Care clinics charged clients 75 pesos for CycleBeads. Fabella hospital and local government clinics, such as the Rural Health Units in the municipalities of Tuba and La Trinidad, Benguet offered the method free of charge. Of 320 respondents, 117 respondents identified SDM as their method of choice, were counseled on the method, and were asked how much they would be willing to pay for CycleBeads ($N = 117$). Respondents were asked if they would be willing to pay 100 pesos, 125 pesos, and 150 pesos, as well as the maximum price they would be willing to pay for CycleBeads. In addition, in June-July 2008, additional data was collected to assess the status of SDM in the Philippines through in-depth stakeholder interviews, focus group discussions, health facility assessments, and interviews with health providers and community health workers.

In comparison to other modern family planning methods offered at the time of the survey, our data suggest that urban Filipinos would be willing to pay more for a one-time purchase of CycleBeads than for recurring payments of condoms or pills (see Table 1).

Table 1. Comparison of Willingness to Pay for CycleBeads vs. other modern methods of family planning, among women of reproductive age who intend to use contraception

Preferred Future Method	% of Women of Reproductive Age Willing to Pay	Average Price (Pesos) Willing to Pay
Pill, per packet ^a	77.3	77.0
SDM/CycleBeads (WTP study data, 2003-2004) ^b	NA	100.0
IUD, with insertion and fees ^a	79.5	216.0
Injection, per vial and service ^a	70.8	162.0
Condom, per packet ^a	75.9	36.0

^a National Demographic and Health Survey (2004)

^b Institute for Reproductive Health (2003-2004)

^c Exchange rate, 1 US Dollar = 53.65000 (Jan 1, 2003, www.oanda.com)

In the sample, 10% had no children, about half of respondents had 1 or 2 children, 29% had 3-4 children, and 9% had more than 5 children. Nearly 64% had a total monthly household income of 11,400 pesos. The largest percentage of respondents (36.6%) chose 100 pesos as their maximum willing to pay price (range: 20- 500 pesos). Approximately 9-10% of respondents cited they had “no need for family planning” or were accustomed to other family planning methods as reasons to not use SDM. Only 4% of women mentioned that they did not trust SDM as a family planning method. Approximately three-fourths of respondents identified drug stores or pharmacies as potential outlets to purchase CycleBeads.

Our findings suggest that the availability of SDM/CycleBeads through social marketing channels would be both feasible and appropriate to lower middle to middle-income groups. With virtually no promotional efforts in the areas where the method has been introduced, a 2006 national family planning survey demonstrated that the current use of SDM is 0.1% per region in 6 of the 17 regions (CAR, Bicol, Central Visayas, Zamboanga Peninsula, SOCCSKSARGEN and ARMM), 0.2% in CARAGA and 0.3% in Northern Mindanao (NSO, 2006 Table 3.4:32). From 2001 – 2007, over 51,000 CycleBeads have been sold, and monitoring reports indicate high levels of correct use and satisfaction (Institute for Reproductive Health, Philippines, M. Rivera, April 16, 2009). Although SDM is offered by trained providers in clinics and communities are informed about SDM, a primary challenge remains the logistics and procurement of CycleBeads by local government units (LGUs), according to qualitative interviews with key stakeholders and interviews with providers in 2008.

Data from Population Services International (PSI) reveal that the successful introduction of SDM through social marketing in diverse retail settings in the developing world is achievable and promising. PSI has spearheaded social marketing of CycleBeads/SDM with reported sales of CycleBeads ranging from a low of 1,493 in Benin (2006) to a high of 13,182 in Madagascar (2008) (PSI, 2008a, 2008b). Lower sales in some countries compared to others reflect delays in funding for communication activities and/or logistics difficulties. However, these data demonstrate the potential of SDM to be offered widely in the Philippines and other developing countries.

SDM has the potential to address unmet need, reliance on ineffective traditional family planning practices and high discontinuation rates. Service delivery/outreach efforts could be targeted towards women who have never used family planning (e.g. newly married couples) and those who have problems with re-supply. The one-time purchase of the CycleBeads at about 50 pesos could provide an affordable option to Filipino couples not currently served by family planning programs. Community-based distribution through community health workers and volunteers in barangays (the smallest administrative division in the Philippines, e.g. a village, district or ward) could motivate and/or refer women to clinics or commercial outlets, like pharmacies. Operations research demonstrates that pharmacies can be a feasible and successful strategy for providing CycleBeads, as the majority of pharmacy clients were able to correctly use SDM in Benin and Democratic Republic of Congo (Institute for Reproductive Health, 2008). Indeed, study results show no significant differences in the ability to use SDM among women who obtained CycleBeads from the pharmacy versus those who received them from the clinic. On the other hand, there may be barriers to offering CycleBeads through the private sector, as cost may put CycleBeads out of the reach of the very poor. Furthermore, data from Ecuador, India, and Jordan, suggest that as CycleBeads are usually unknown to distributors and retailers, the low price potential consumers are willing to pay puts pressure on manufacturing and trade margins. The limited ability to capture the market in comparison to other contraceptive methods could impede social marketing of CycleBeads (Armand, 2008).

Appropriate strategies to address all components of the marketing mix (product/packaging, pricing, distribution and promotion) need to be put in place to expand options available to Filipino couples. Promotion of SDM is needed to create demand. In Benin, mass media campaigns using television and radio spots drove sales of CycleBeads, which continued to increase after an eight-month period following the campaign (Institute for Reproductive Health, 2008). CycleBeads require an insert that is easy to understand or a hotline, as little information is given at the point of service. To reach underserved segments of the population, health programs could subsidize CycleBeads for interested clients who cannot afford the mark-up

price. Community-based distribution through health program volunteers and referrals from community health workers could be reinforced with appropriate information, education, and communication (IEC) activities (e.g. local radio, TV). Currently, a sub-licensing agreement between the Institute for Reproductive Health, Philippines and a pharmacy chain are in place, which is an important initial step in the provision of CycleBeads directly to consumers. Recent licensing of a CycleBeads distributor in the Philippines may further facilitate availability of the method.

REFERENCES

- Arévalo, M., Jennings V., & I. Sinai. (2002). Efficacy of a new method of family planning: The Standard Days Method. *Contraception* 65:333-338.
- Armand F. (2008). *Marketing the Standard Days Method (CycleBeads) in the private sector: lessons learned from country programs and market assessments*. ABT Associates, Inc, Bethesda, MD, Fertility Awareness-Based Method (FAM) II Project, Institute for Reproductive Health, Georgetown, University, Washington DC USA.
- Coren A. and Schwarz T. (2009). Philippines debates government promotion of contraception. CNN Retrieved Feb 8, 2009 from <http://www.cnn.com/2009/WORLD/asiapcf/02/08/philippines.contraception/index.html>.
- Foreit, K.G. & J.R. Foreit. (2004). *Willingness to pay surveys for setting prices for reproductive health products and services: A user's manual*, FRONTIERS, Washington, DC: Population Council.
- Foreit, J.R. & K.G. Fleischman Foreit. (2003). The reliability and validity of willingness to pay surveys for reproductive health pricing decisions in developing countries. *Health Policy* 63: 37-47.
- Gribble, J., Lundgren, R., Velasquez C. & E. Anastasi. (2008). Being strategic about contraceptive introduction: the experience of the Standard Days Method*. *Contraception*. 77: 147-154.
- Hatcher, R. et al. (2004). *Contraceptive Technology* (18th ed.) New York: Ardent Media, Inc.
- Harden, B. (2008, April 21). Birthrates help keep Filipinos in poverty: Contraceptives, rejected by government, Are Unaffordable for Many in Majority-Catholic Nation *Washington Post*. Retrieved May 5, 2009, from <http://www.washingtonpost.com/wp-dyn/content/article/2008/04/20/AR2008042001930.html>.
- Harvey, P. (2008). Social marketing: No longer a slideshow. *Studies in Family Planning* 39: 69-72.

- Institute for Reproductive Health, Washington DC. (2008). *Social marketing final report: Three country overview*.
- Institute for Reproductive Health, Philippines. (2009). Personal Communication.
- National Statistics Office (NSO), [Philippine] and Macro International Inc (MI). (1994). *National demographic survey*. Calverton, Maryland: NSO and MI. Accessed on April 27, 2009 from http://www.measuredhs.com/countries/metadata.cfm?surv_id=61&ctry_id=34&SrvyTp=ctry&cn=Philippines.
- National Statistics Office (NSO), Department of Health (DOH) [Philippine] and Macro International Inc (MI). (1999). *National demographic and health survey 1998*. Manila: NSO and MI. Accessed on April 27, 2009 from http://www.measuredhs.com/countries/metadata.cfm?surv_id=111&ctry_id=34&SrvyTp=ctry&cn=Philippines.
- National Statistics Office (NSO) [Philippines], and ORC Macro (2004). *National demographic and health survey 2003*. Calverton, Maryland: NSO and ORC Macro. Accessed on April 27, 2009 from http://www.measuredhs.com/countries/metadata.cfm?surv_id=227&ctry_id=34&SrvyTp=ctry&cn=Philippines.
- National Statistics Office (2006). *Family planning survey*. Manila: NSO.
- National Statistics Office (2009). *2008 National demographic and health survey preliminary report*, Accessed on April 27, 2009 from <http://www.census.gov.ph/data/pressrelease/2009/pr0929tx.html>.
- Population Services International (2008a). *First Quarterly Report*, Fertility-Awareness Based Methods (FAM) project, Institute for Reproductive Health, Georgetown University, Washington DC.
- Population Services International. (2008b). *Second Quarterly Report*, Fertility-Awareness Based Methods (FAM) project, Institute for Reproductive Health, Georgetown University, Washington DC.

ABOUT THE AUTHORS

JUSTINE A. KAVLE, REBECCA LUNDRGREN and VICTORIA JENNINGS are with the Institute for Reproductive Health, and School of Medicine, Department of Obstetrics and Gynecology, Georgetown University, 4301 Connecticut Avenue NW, Suite 310, Washington DC, 20008, USA. CAROLINE BLAIR is a Freelance public health consultant, P.O. Box 25101-00603, Lavington, Nairobi, Kenya. SANTOS J.O. DACANAY III is with the Institute of Management, College of Social Sciences, University of the Philippines Baguio, Baguio City, Philippines.