

Condom Branding & The Total Market Approach in LMIC

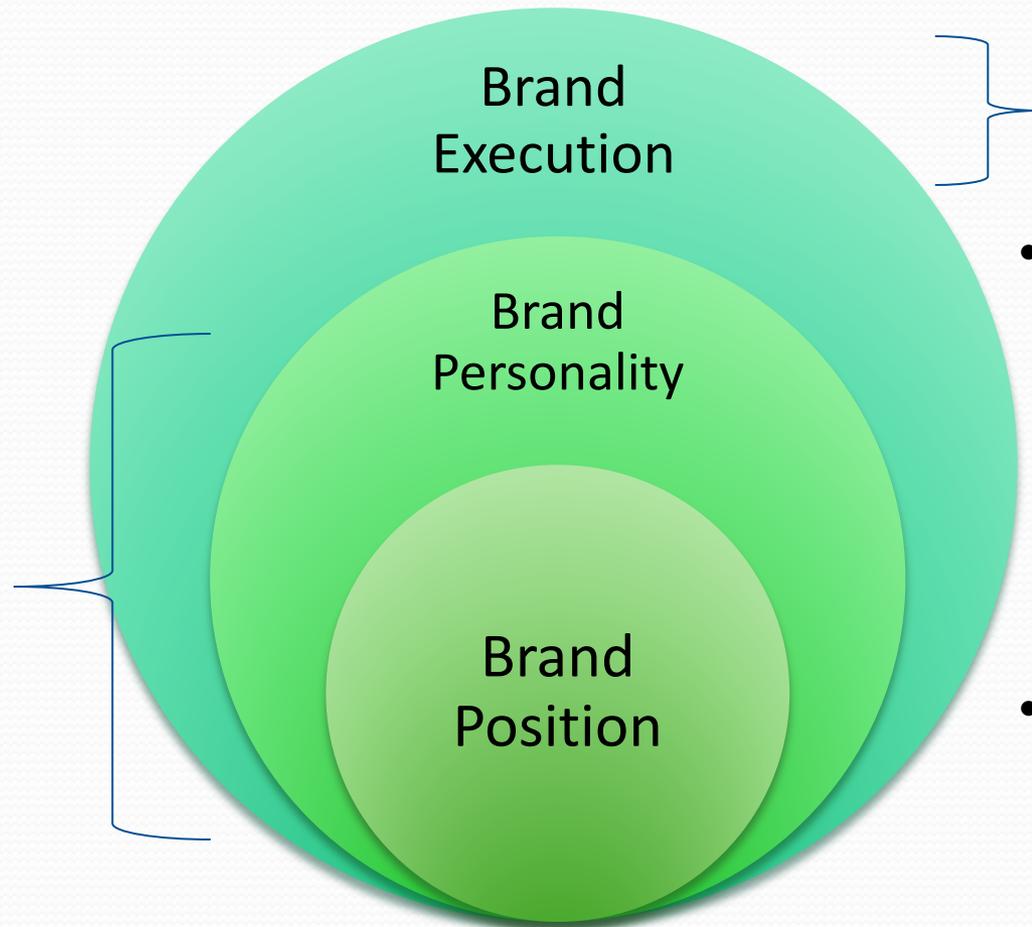
Webinar on the Total Market Approach for Condom Programming

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Anatomy of a Brand...



Things they experience

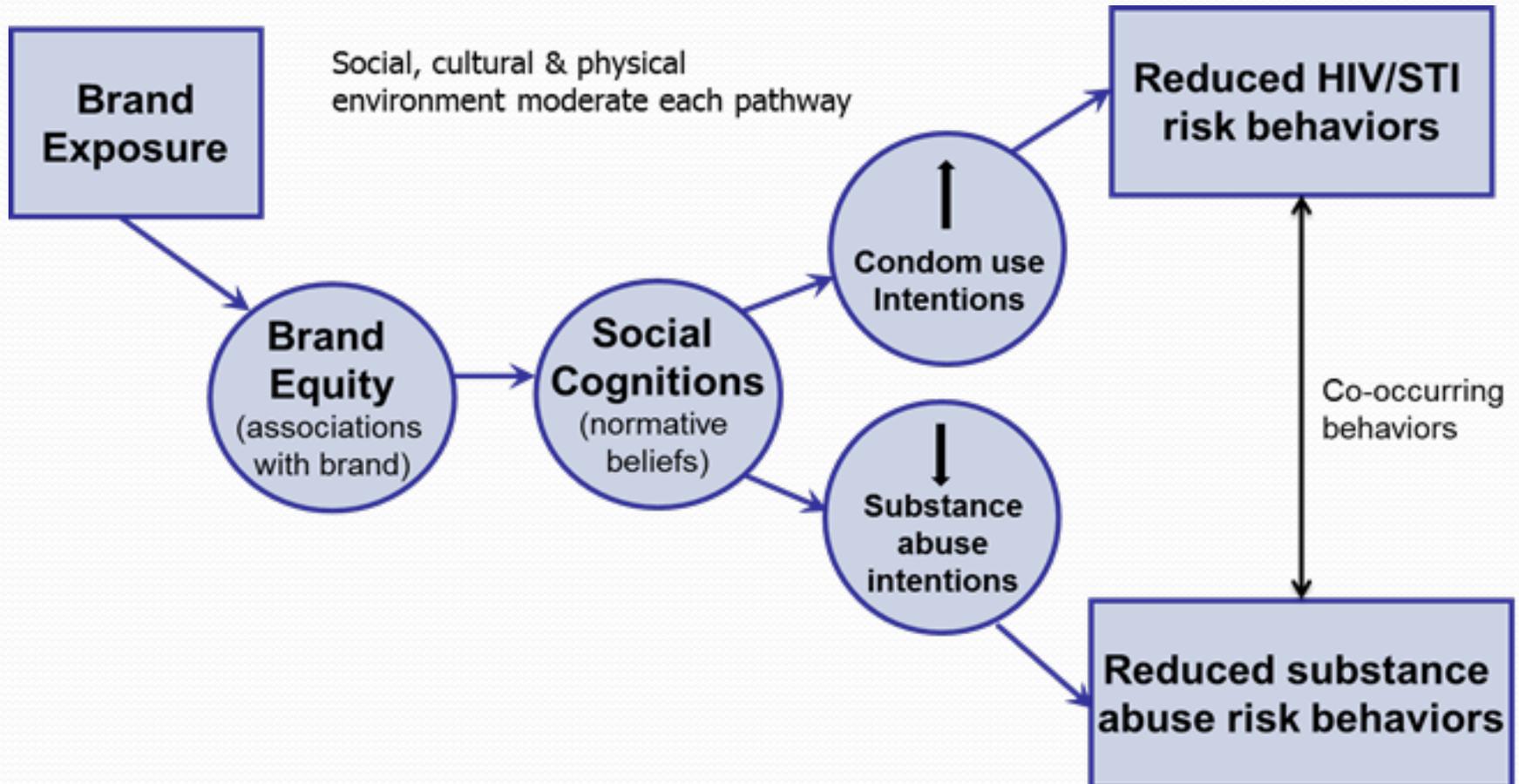
- “A brand is a set of associations linked to a name, mark, or symbol associated with a product or service...A name becomes a brand when people link it to other things.” (Calkins 2005, p. 1)
- **Behaviors can also be branded** by creating mental associations with beneficial outcomes

Things we decide

Health Branding & Behavioral Theory

- Brands create positive **brand equity** (multi-dimensional construct) in healthy behaviors – basis in Social Cognitive Theory (SCT) & Integrated Model (IM) (Evans, 2016)
- Health branding specifies the modeling component of SCT
 - Testable process by which the **benefits of healthy behaviors** may be depicted through social role models, such as teens who remain drug free.
 - Specifies attitude component of IM – changes in attitudes targeted by health messages mediated by brand equity
- Brands are tools for intervention, recruitment into programs, and translation/dissemination

Example Conceptual Model



Case Study 1 – Evaluation of PSI- Zimbabwe's Protector Plus (P+)

- How can we use all 4 Ps of marketing to create socially marketed condom brands that people want to 'buy'?
- Recent study evaluated brand management and *brand equity* in P+ (Evans et al., 2011)
- Zimbabwe increased socially marketed condom prices in late 2009 – what effect did that have?
- Evaluate the effect of the price increase and whether Zimbabweans willing to pay more for condoms.
- What is potential effect on TMA in Zimbabwe?

Quantitative Study Design

Brand	Current users	Lapsed users
<i>Protector Plus</i>	200	200
Free/Government sector	200	0
Non-users	0	200

- The study used a stratified sample to compare current P+ users to users of free/government provided condoms and lapsed users (those who have not used P+ condoms in past 3 months).

Willingness to Pay Higher Prices: Ordered Logistic Regression

Sample Includes All Users	Protector Plus		Free/Government	
	Odds Ratio	p-value	Odds Ratio	p-value
Brand Equity Scales				
Satisfaction/loyalty	2.17	<0.001	1.68	0.038
Perceived quality	0.84	0.434	1.88	0.042
Leadership/popularity	1.44	0.073	1.00	0.987
Perceived value	1.09	0.675	3.08	0.001
Brand personality	1.83	0.007	1.20	0.480
Market Barriers	1.70	<0.001	n/a	

- **Current P+ users are more willing to pay given higher brand loyalty, personality associations and lower market barriers. Free condom users are willing to pay more given higher loyalty, quality, and value.**

Case Study 2: 2013 Review of Country Programs

- Objective: To understand key brand management decisions made by PSI platforms and TMA impact.
- Research Questions:
 - How can social marketing brand management be operationally defined and measured?
 - What is the effect of brand management on growing the health of total markets?
 - How can health of total markets be operationally defined and measured?
- Developed detailed project and analysis plans

Source: Evans, W.D. (2013). Review and analysis of PSI brand management programs and TMA impact. Report prepared for PSI: Washington, DC.

Project Plan

- Retrospective analysis of brand management actions that could affect the health of markets in a select set of countries in which PSI works
 - **Kenya, Madagascar, Mozambique, Nigeria, and Tanzania** for analysis based on comparability (platform, per capita GDP)
- Use existing national-level data sets, DHS and/or other health of markets and account for co-variates over time
- Account for variation in markets over time due to ‘external’ factors, such as changes in funding levels and media
- Account for type, reach, frequency of brand management
- Develop composite measure of brand management

Mixed Methods Approach

- Coding scheme based on 20 brand management actions (4-6 per category of 4 Ps)
- Each action weighted equally; used results in quantitative coding of brand management
- Identification of comparable data points for quantitative data (e.g., DHS in 2008 and 2011 with brand management actions quantified in between)
- Regression analyses: DVs – Consistent condom use, condom use with CSW, condom use at last sex; IV – brand management factor score; Co-variates

Challenges in quantitative analysis

- Issue 1: Lack of DHS data during all periods of interest
 - Criteria: 2 DHS conducted within 5 years time span and at least 1 survey in a recent year (2010-2012)
- Issue 2: Lack of detailed brand management data by year, reach (where was it delivered in country) and frequency/intensity (how much was delivered, how often)
- Goal was to demonstrate methodology for future use

Multivariable methods

- Multivariable logistic regression models examined condom use at last sexual intercourse with regular partner, in each year, and then using a model combining both years of data, with the year of survey included as an indicator variable.
- DV was male use of condom at last sexual intercourse with a regular partner, with predictors including a dichotomous indicator for any **awareness of condom brand**, and a variable representing imputed **level of funding**.
- Adjusted for socio-demographic variables (age, education, marital status).

Multivariable logistic regression of condom use on PSI brand awareness activities

Outcome: Condom Use at Last Sexual Intercourse		2008				2010			
		OR	95%CI- Lower	Upper	P-value	OR	95%CI- Lower	Upper	P-value
	Awareness vs. no awareness (ref) of condom brands	1.78	1.15	2.76	0.01	1.17	0.74	1.85	0.509
	Proportion of funding in program zone	0.39	0.22	0.69	0.001	0.92	0.39	2.15	0.844
	Age Quartile	1.05	0.92	1.19	0.461	0.97	0.78	1.21	0.813
	Education Quartile	1.26	1.11	1.44	0.001	1.13	0.91	1.41	0.251
	Single vs. Married (ref.)	0.60	0.35	1.03	0.064	1.13	0.47	2.70	0.791

Combined years analysis

Outcome: Condom Use at Last Sexual Intercourse		Combined 2008-10			
		OR	95%CI- Lower	Upper	P-value
	Awareness vs. no awareness (ref) of PSI activities	1.45	1.07	1.98	0.016
	Proportion of funding in program zone	0.47	0.30	0.76	0.002
	Age Quartile	1.03	0.92	1.15	0.628
	Education Quartile	1.23	1.10	1.38	<0.001
	Single vs. Married (ref.)	0.68	0.43	1.09	0.107
	Year of Survey (ref=2008)	1.50	1.16	1.95	0.002

Outcome: Awareness vs. no awareness (ref) of PSI activities		Combined 2008-10			
		OR	95%CI- Lower	Upper	P-value
	Proportion of funding in program zone	0.23	0.18	0.30	<0.001
	Age Quartile	1.97	1.84	2.10	<0.001
	Education Quartile	1.19	1.11	1.28	<0.001
	Single vs. Married (ref.)	0.27	0.22	0.34	<0.001
	Year of Survey (ref=2008)	1.31	1.04	1.65	0.024

Discussion & Conclusions

- Qualitative results suggest that brands are being actively managed, with most active management occurring in place and product domains
- Large fluctuations in promotion activities between countries and over time within countries (dark periods)
- Opportunities to peg price to competition and to differentiate brand lines based on price
- Demonstrated a methodology for evaluating brand management as a variable in condom use behavior
- Preliminary results suggest importance of brand awareness in behavior change with a TMA approach

Next Steps

- Need better data on brand management dosage: 1) reach, frequency of activities; 2) costs/location of activities
- Without detailed data on dosage, difficult to determine effects of brand management activities
- Need system for collecting brand management data on routine basis (could be an easy to use online form)
- Recommendations:
 - Implement brand management measurement systems
 - Use this methodology with data derived from new system
 - Evaluate effects over a multi-year time period

Thank you! Questions?

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