

Moving the needle on health behaviors

360° communications strategy tackles barriers, inspires action

Communication plays a powerful role in addressing behavioral barriers and shaping demand for health products and services. Uptake of short-acting methods of contraception and combined use of ORS and zinc to manage child diarrhea remains low in India. The USAID-funded Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project in India worked to combat this challenge through an integrated social and behavior change (SBC) communication strategy focused on increasing the demand for reproductive and child health products and services among the urban poor. The project also supported the use of SBC to reduce stigma and discrimination associated with tuberculosis (TB).

SHOPS Plus used an integrated SBC strategy to engage, educate, and encourage target populations to transcend their barriers and adopt positive healthy behaviors.

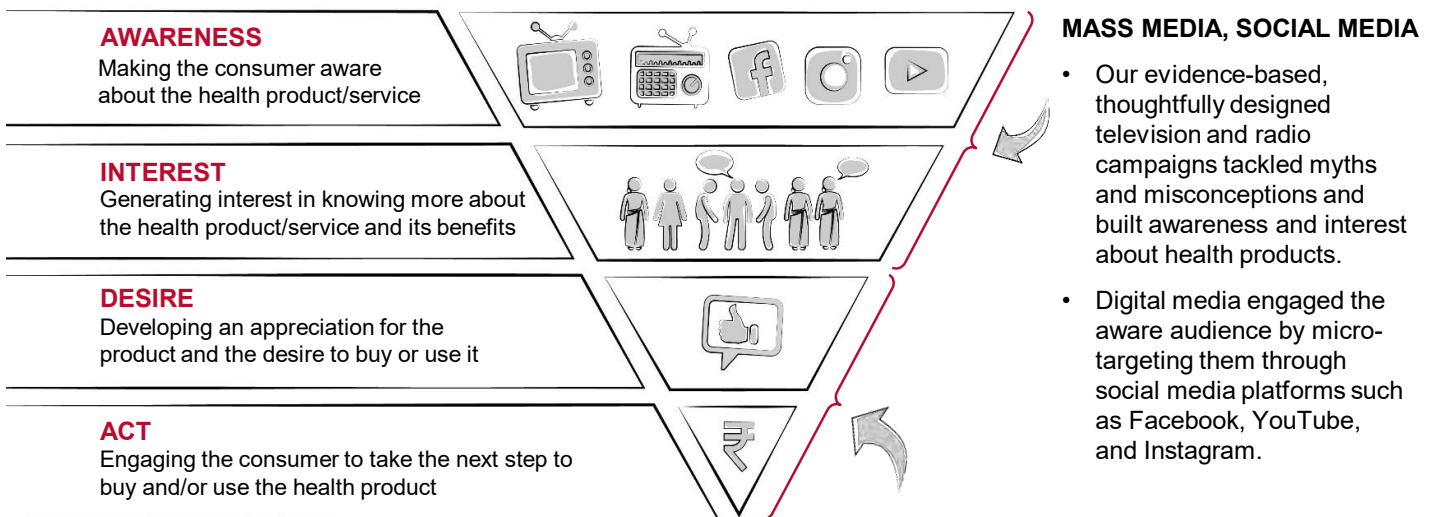


OUR APPROACH

SHOPS Plus used a 360° communications approach, with coordinated messaging across a variety of channels — mass media, interpersonal communication (IPC), emerging digital media, a helpline, and a chatbot — to leverage multiple touch points along the consumer’s decision-to-buy pathway and create a “surround sound” effect. In using this approach, we were guided by marketing and advertising’s proven AIDA

model (an acronym for awareness, interest, desire, and action) that identifies each cognitive stage an individual goes through during the process of making a purchasing decision. We selected and strategically deployed communication channels to amplify messaging, enhance audience engagement, and slowly push them forward in a persuasion funnel toward the desired behavior.

AIDA model: Multiple touch points usher the audience from awareness to action



Our messages were developed based on evidence.

We conducted desk research on contraceptive use, diarrhea management, and stigma toward TB patients to identify existing practices and gaps. Contraceptive use and TB-related stigma were probed further through primary research. This helped us understand the knowledge gaps, social norms, attitudes, and behaviors our messaging needed to target.

We delivered carefully designed messages through strategically aligned communication channels.

Based on research insights, we developed a clear theory of change for each health area and creative briefs for campaigns. Our messaging sought to dispel myths and misconceptions, enhance awareness, and also reach key influencers, such as health care providers and pharmacists, to create an enabling environment. Integrated multi-channel campaigns ensured the messages, delivered in local languages, reached target groups across multiple touch points.

IPC, HELPLINE, CHATBOT, SOCIAL MEDIA

- IPC (also referred to in India as on-ground activations) in neighborhoods, workplaces, and point of care locations engaged target groups and key influencers such as service providers in fun activities, virtual reality games, and quizzes to create memorable experiences about products and services.
- Our chatbot and counseling helpline, available in four languages (Hindi, English, Odiya, and Assamese), ensured private conversations for those seeking more information and allowed health information to be more personalized to individual needs.
- Innovative digital media interventions disseminated information in an easily accessible (mobile-phone friendly), shareable, digestible format (short videos, images, infographics, live videos) to continue and expand engagement.





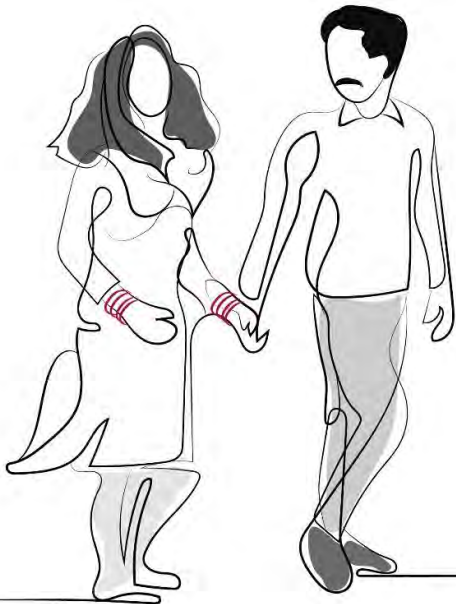
TARGET GROUP #1: YOUNG MARRIED COUPLES (18 to 29-year-olds)

We began with a desk research to identify the current practices and gaps in the use of short-acting methods of contraception by young couples. This was followed by formative research to explore the factors that determined contraceptive use; socio-cultural barriers; existing knowledge, attitudes, and practices; and the dynamics of spousal communication. The research pointed to the barriers our SBC strategy needed to overcome.

WHAT THE EVIDENCE TOLD US

Use of modern family planning methods has declined in India, especially among younger married women, a cohort who demonstrate a need for spacing methods. More than one-fifth of women in the 20–24 and 25–29 age groups express unmet need (National Family Health Survey-4 [NFHS-4], 2015–16).¹ Fewer young women in urban areas are using short-acting methods such as oral contraceptive pills (OCPs), which have shown decline from 3.8 percent in 2005 to 3.5 percent in 2015 (NFHS-4).

Negative perceptions, fueled by myths and fears of side effects and lack of appeal as a modern method of family planning, have caused the decline in OCP use.



WHAT WE DID

Our aim: Position OCPs as a contraceptive of choice for aspirational couples

Our SBC campaigns:

- 3 television commercials (TVCs)
- 3 radio spots
- 6 on-ground activations
- Workplace interventions
- Helpline and chatbot
- Social media campaigns on Facebook and YouTube

Our SBC campaigns made family planning conversations aspirational among couples and encouraged women to look beyond the culture of misinformation surrounding OCP use.

¹ International Institute for Population Sciences (IIPS) and ICF. (2017). *National Family Health Survey (NFHS-4), 2015-16: India*. Mumbai: IIPS.





TARGET GROUP #3: CAREGIVERS OF UNDER-FIVE CHILDREN

SHOPS Plus undertook a desk study on diarrhea management practices in India. We examined a range of data and previous research to understand the current scenario and the imperatives to improve combined use of ORS and zinc to tackle child diarrhea.

WHAT THE EVIDENCE TOLD US

Diarrhea is the third most common cause of death among children under five in India. Although most caregivers seek treatment for their child's diarrhea, only 60 percent of children under five receive oral rehydration salts (ORS) during their diarrheal episode, and only 24 percent received zinc treatment (NFHS-4).

Awareness about the ORS plus zinc regime as the first line of treatment for diarrhea is poor. ORS is perceived as a supplement and knowledge of zinc is low.



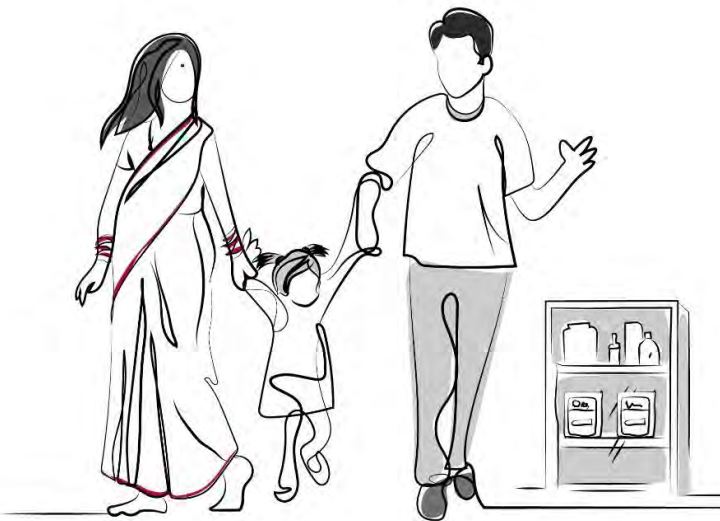
WHAT WE DID

Our aim: Promote home stocking of ORS and zinc to immediately treat child diarrhea

Our SBC campaigns:

- 2 TVCs
- 2 radio spots
- 9 on-ground activations
- Social media campaign on Facebook

Our SBC campaigns gave a call to action to store ORS and zinc at home so that the next time the child has diarrhea, the ORS plus zinc regimen can be started immediately.



SHOPS Plus India's child health campaign won the Silver Effie at the 2020 Effie India Awards!

The Effie Awards are globally recognized, pre-eminent awards that take place each year in 50 countries to spotlight effective marketing.





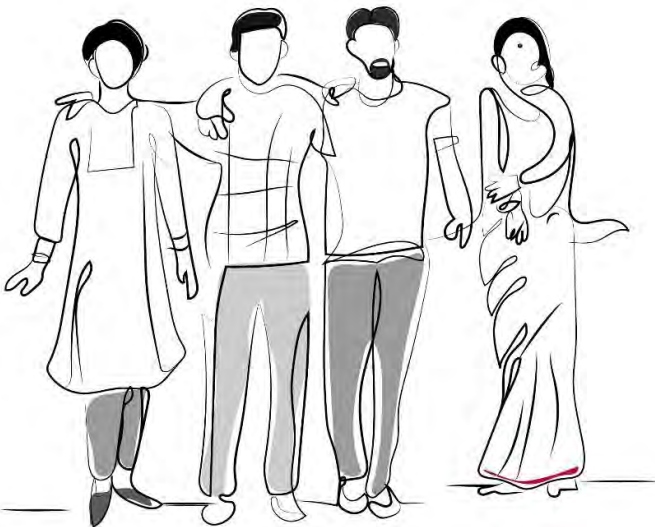
TARGET GROUP #4: TB PATIENTS' FAMILY, FRIENDS, COMMUNITY

We conducted desk research on TB-related stigma, followed by focus group discussions with key affected urban populations, including persons with TB; in-depth interviews with health care providers; and technical discussions with program implementers and civil society leaders. This helped us gain insights into the stigma associated with TB and its impact on treatment outcomes and health care seeking behaviors.

WHAT THE EVIDENCE TOLD US

Stigmatizing attitudes toward TB are high, and independent of knowledge about the disease (Sagili, Satyanarayana, and Chadha 2016).³ Increasing knowledge alone will not change prejudiced attitudes and stigmatizing and discriminating behaviors. The main reasons for stigma are: fear of infection and the belief that TB never goes away, eventually leading to death; fear that TB causes financial ruin; myths and misconceptions about how TB spreads; and prevalent socio-behavioral norms.

Along with increasing awareness about TB and its management, the behavioral norms of the inner circle (close family and friends of the TB patient) and the social circle (those who interact with the TB patient or his/her inner circle) must be changed.



WHAT WE DID

Our aim: Shift norms concerning stigma and discrimination associated with TB

Our initiatives to end stigma:

- Supported National TB Elimination Program (NTEP) in developing an end-stigma strategy in coordination with the Central TB Division and its partners
- Developed an understanding of the stigma associated with TB, with a focus on urban poor
- Developed creative strategies to address the issue through mass media and digital campaigns
- Developed 2 TVCs, 2 radio spots, and 3 out-of-home creatives

Our SBC campaigns showed positive deviants from a patient's inner circle and social circle to counter fear of TB and show that the bond of loved ones can defeat TB.

³ Sagili KD, Satyanarayana S, Chadha SS. (2016). *Is Knowledge Regarding Tuberculosis Associated with Stigmatising and Discriminating Attitudes of General Population towards Tuberculosis Patients? Findings from a Community Based Survey in 30 Districts of India.* PLOS ONE 11(2): e0147274.



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WHAT WE ACHIEVED

Our SBC activities reached more than 108 million people. The reach and recall surveys SHOPS Plus conducted after the mass media campaigns showed we exceeded our targets on audience reach, recall, and expressed intent to use the recommended health products. The “surround sound” SBC strategy we used maximized reach and triggered interest and expanded engagement. This strategy involved developing and running a mass media campaign that used everyday influencers and behavioral nudges. An engaging on-ground activation campaign amplified and sustained the mass media campaign. We rounded out the surround sound strategy with a toll-free helpline and chatbot to enable open and reliable conversations, as well as social media to disseminate information and effectively engage target groups.

Our mass media campaigns on OCPs and diarrhea management were adopted and scaled country-wide by the Indian government using its own funds. India’s health minister launched the OCP campaign on World Population Day 2019 and supported the diarrhea management campaign through a video message. SHOPS Plus also helped the Government of India rebrand its Intensified Diarrhea Control Fortnight (IDCF) campaign as Defeat Diarrhea. Three states — Uttarakhand, Chhattisgarh, and Jharkhand — have made our OCP and diarrhea management TVCs part of their program implementation plan for FY 2020–21. Our TVCs and out-of-home creatives to reduce the stigma related with TB were released by the health minister under the “*TB Harega, Desh Jeetega*” (TB will lose, India will win) campaign in September 2019.

OUR SBC STRATEGY HAS SHOWN POSITIVE RESULTS IN EACH HEALTH AREA.

Promoting family planning among young married couples

- 43 million reached by our mass media campaign
- 5 million reached by social media campaigns
- 42,663 reached through on-ground activations
- 3,893 calls received on the family planning helpline

Reach and recall surveys show:

- 63% target population exposed to the OCP campaign
- 81% of those exposed recalled campaign slogan “*Hai goli mein vishwaas*” (We trust the pill) spontaneously
- 41% of those exposed persuaded to take the desired action (start/intend to start taking OCPs, discuss OCPs, or obtain more information)

Promoting better diarrhea management for under-five children

- 107 million reached by our mass media campaign
- 5 million reached by the social media campaign
- 20,639 reached through on-ground activations

Reach and recall surveys show:

- 63% target audience exposed to the ORS plus zinc campaign
- 77% respondents bought/intend to buy ORS packets to stock at home; 16% bought/intend to buy zinc to stock at home
- 1 in 4 exposed respondents said the campaign had positively changed their perception about use of zinc in treating diarrhea

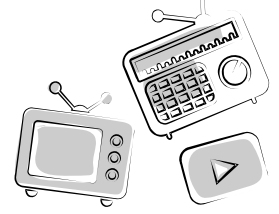
Building awareness about safe sex practices among unmarried youth

- 1,249 Nishedh radio episode plays on digital platforms
- 71,624 engagements on Nishedh’s social media pages
- 83,365 youth reached through on-ground activations
- 1.3 million reached by SHOPS Plus’ Instagram campaign

Reducing the stigma related with TB

- Contributed to the development of the end-stigma strategy for NTEP, released by the CTD, Government of India
- Developed mass media creatives (TVCs and radio spots), which were released by the Government of India
- Implemented a digital campaign to fight stigma





WHAT WE LEARNED AND CONFIRMED

- **Invest in evidence from the start.** Data and evidence — about who the target market is, what the existing practices are, and what barriers need to be addressed — are crucial and must receive the required investment. We conducted landscape and formative research, on which we based the development of a clear theory of change for each health area, and developed the creative brief for campaigns accordingly. Pretesting of messages helped us ensure that the intended messages were being received accurately by the audience, and the reach and recall survey enabled us to gauge impact. For our digital campaign as well, we used data from desk research to choose platforms, such as Facebook, YouTube, and Instagram, and subsequently used digital analytics data to monitor campaign performance.
- **Maximize amplification through a well-coordinated multi-channel SBC campaign.** Having several well-coordinated elements exponentially increases effectiveness of a campaign. We planned an integrated media campaign, where the combined effect of multiple communication channels/activities amplified messaging through a multiplier effect. Running such an integrated multi-channel campaign requires exhaustive planning and coordination. Planning must also go toward timing communication activities with key days or events, such as initiating a diarrhea management campaign at the start of the diarrhea season (April in India), and coordinating with key stakeholders, such as the government, to be able to execute the activity as planned.
- **Keep potential partners engaged from the outset.** For SBC campaigns seeking amplification by public and private sector partners, it is crucial that they be part, or co-creators, of a campaign from the start. This will ensure that the campaign's objectives tie in with the public health priorities and business objectives, respectively, of government and private sector. The diarrhea management campaign's close alignment with the strategic thrusts of the health ministry's Child Health Division helped secure government's buy-in and funds for sustained (53-day) airing of the diarrhea management TVCs. Similarly, alignment with a private partner's business strategy, for example, of focus on a certain contraceptive category, is crucial to secure the partner's resources for the campaign.
- **Invest in branding.** SBC programs must invest in creating a brand, giving the target audience a concept they can connect and identify with and aspire to, enabling better recall. SHOPS Plus had taglines for its campaigns, but did not build a brand, unlike *Goli ke hamjoli* (Friends of the Pill), an OCP category promotion program Abt Associates had earlier implemented to great success. *Goli ke hamjoli* was an umbrella brand under which multiple health campaigns were introduced with the aim of inspiring OCP use. The current SHOPS Plus OCP campaign missed out on this opportunity.
- **Secure support from health care providers.** Our research showed that doctors and other health care providers are seen as credible sources of health information and thus are major influencers of health choices. With this in view, partnership with provider bodies, like Indian Medical Association (IMA), Federation of Obstetric and Gynaecological Societies of India (FOGSI), and Indian Academy of Pediatrics (IAP), are critical to secure support at scale. We successfully advocated this to the government and shortly afterwards the health ministry issued a letter to private doctors part of IAP and IMA networks to prescribe ORS plus zinc for diarrhea, resulting in a 30 percent increase in ORS plus zinc prescriptions for diarrhea management. At a different scale but to a similar effect, the on-ground activations we conducted at service delivery points, such as at chemist shops and pediatrician clinics, secured influencers' support for better health decisions by target populations.

WHAT'S NEXT

SHOPS Plus investments in family planning and diarrhea management campaigns have brought success in terms of reach, recall, and intent to use recommended health products. The key messages of building trust (in OCPs) and promoting specific action (stocking of ORS and zinc) align with the desired change the private pharmaceutical manufacturers and marketers would like to see in the consumer's mind. Several private players have expressed interest in investing in brand-specific campaigns to further promote these messages and reach scale. SHOPS Plus is engaging with select marketers to finalize the implementation of such plans and offer technical assistance during rollout.

Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is a five-year cooperative agreement (AID0AAA-15-00067) funded by the United States Agency for International Development. The project strategically engages the private sector to improve health outcomes in family planning, HIV, maternal and child health, and other health areas. Abt Associates implements SHOPS Plus in collaboration with the American College of Nurse-Midwives, Avenir Health, Broad Branch Associates, Banyan Global, Insight Health Advisors, Iris Group, Population Services International, and the William Davidson Institute at the University of Michigan.

This brief is made possible by the support of the American people through the USAID. The contents of the brief are the sole responsibility of Abt Associates and do not necessarily reflect the views of USAID or the United States government.

April 2020

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