

Establishing More Effective Social Marketing Strategies for Condom Usage in the Pacific

Robin Taylor, Ph.D. ¹, Niraj Singh²

1 – Oceanik Psi, Suva, Fiji

2 – AIDS Task Force Fiji, Suva, Fiji

Key Words: Gatekeeper, Social Marketing Campaign, Thematic Analysis.

Introduction

Promoting “safe sex” practices has been an ongoing task since the early 1990's in Fiji, particularly around the capital Suva, by non-Governmental organisations (NGOs) such as AIDS Task Force Fiji (ATFF). Condom usage has been the main practise promoted particularly towards the youth and special target sub-populations which are especially at risk such as sex workers and “street kids”.

However, despite concerted efforts by NGOs and government health ministries to raise awareness of safe sex practices, the reality is that there has been a steady (albeit currently small) number of positive HIV cases in the course of the last decade (see Chart 1).

More distressingly though, there has been a demonstrable increase particularly in the incidence of syphilis over the decade; a strong predictor of the behavioural practices that would spread HIV throughout the population once it becomes established (see Chart 2).

There is a sense then that despite the best of intentions, social marketing campaigns to

engage in safer sex practices, particularly in the use of condoms – has been ineffective. A time for a rethink is strategy seemed particularly apt as there is a growing sense that Fiji has a social 'timer' that is ticking away before the 'bomb' of an HIV endemic hits this Pacific island(John C. Caldwell, 2000).

We outline in this poster, the attempts of ATFF, to re-consider the social marketing of condom usage.

Why are Social Marketing Campaigns Unsuccessful?

One of the anomalies then is why, if marketing campaigns have been relatively widespread, has the message to practice safe sex, not been taken home or heeded? Particularly the anecdotal evidence suggests that condoms are not being used frequently, or consistently, especially by sub-populations such as the sex-workers.

Fiji is no different to many Pacific islands in which discussion about sexual matters is *tabu* (the Fijian root word which gives rise to 'taboo'). A chiefly hierarchical system amongst indigenous Fijians means that discussions at a group level (such as involving the whole village) are hard to conduct without the express permission of the village chief. He (or she) in turn must take note of, or heed what the Christian priest or minister might have to say towards such a discussion. Rural communities tend to be close knit such that a rural medical centre nurse would be very embedded to the community, particularly in terms of

serving the needs of the hierarchical (and paternalistic) ethnic Fijian culture.

Using the indigenous Fijian culture as an example, it was thought that to some extent the message might be understood by the youth but that there were social forces that kept them from either learning more about safe sex practices, or even if they did receive and understand these messages, there may not be the opportunity to utilize practices such as condom usage as a safe sex strategy. So to illustrate:

1. An NGO representative approaches the village to talk about safe sex practices, is turned away by the village chief because *'this is against our custom'*.
2. A government health ministry official maybe be accepted into the village by the village chief, but the latter feels pressured by the church minister to not allow a public discussion on safe sex practices because *'the church makes it clear that sex should only occur within a marriage'*.

3. An 18 year old girl living in the village would like to get some condoms in order to avoid pregnancy and practise safe sex, but the clinic nurse is a good friend of her parents and would tell them that their unwedded daughter intends to, or is, having a sexual relationship.

Borrowing from the original concept by Lewin (1947), it appears as if one way to conceptualise what is going on is to consider that there are 'gatekeepers' within society that "...position permits screening, filtering, or controlling of communication and information" (Corsini, 2002).

A person may see and hear persuasive messages that encourage the use of condoms, but they may have to balance this against influential people in their community that publicly condemn the use of condoms because (say) it encourages 'promiscuity'.

Our research failed to find social marketing campaigns that specifically target such *Gatekeepers*. Although the literature is replete with references to *Gatekeepers* in specialised context (such as the media, or medicine), there does not seem to be an acknowledgement of the special type of gatekeeper that can act to screen, filter or control information and attitudes to a whole society or culture. To acknowledge this important role, it is proposed that the term *Social Gatekeeper* be employed. We take *Social Gatekeepers* to mean individuals in a society or an ethnic culture who have a large amount of influence as to whether new social conventions or habits are adopted or shunned by making a societal sanctioned statement as to the acceptability, or not, of a practice

ATFF resolved to specifically gear a social marketing campaign to help persuade Fiji's *Social Gatekeepers* on the importance of safe sex practices in the current community, including the use of condoms.

Identifying Social Gatekeepers

In the context of promotion of safe sex practices following groups were identified as *Social Gatekeepers* that were relevant to the promotion of safe sex practices (see table 1).

In the realm of condom usage for instance, religious leaders such as highly conservative Christian priests may effectively sanction the use of condoms because their usage is perceived to be an encouragement for sex as a means of 'recreation', rather than 'procreation' (within a marriage). Subsequent members of such a church consequently feel it a 'sin' to use or purchase a condom. However, given the incidence of teenage and out of wedlock pregnancies and the incidence of STIs, it is clear that Fiji's youth still engage in active sexual relationships, albeit without the use of condoms and thereby increasing the risk to contracting HIV.

Group	Reason to ID as Social Gatekeeper
Parliamentarians	Placing government money into social marketing campaigns.
Chiefs	Being custodians of traditional ethnic culture vs. the need to modernise to the realities of HIV/AIDS.
Religious leaders	Being custodians and guides to a spiritual life that traditionally views 'safe sex' as naturally occurring when people follow the doctrines of the religion.
Pharmacy staff	Attitude to youth buying or wanting to buy condoms.
Medical/family planning centre staff	Attitude to youth or married individuals who might be having an extra-marital affair, requesting access to condoms.
Teachers	In promoting sex education in the classroom that includes safe sex practices such as condom usage.
Police	Officers are required to interact with the sex work community.
Media	Being able to place a 'postive' or 'negative' spin on safe sex promotions.

Table 1: A selection of Social Gatekeepers identified by AIDS Task Force Fiji, along with a brief rationale as to their inclusion.

Designing a New Social Marketing Campaign

Participants

Discussions with staff at ATFF, who have had over a decade's worth of experience in the Pacific, highlighted a list of twenty or so groups of people who were considered to be *Social Gatekeepers*. The list was shortened to include about 8 main groups that were felt to be of greater importance than the others.

Members within that smaller group were identified who had been previously known to be either negatively inclined towards safe sex promotion or silent on the matter, to their current position where they were now positively disposed towards advocating safe sex programmes and even to the extent of advocating safe sex practices.

Since Fiji's population is not that large, finding *Social Gatekeepers* who had changed their

attitude from negative to positive was a considerable struggle, with the consequence that it was not possible to find representatives in all identified categories in the time line that the research has been done.

Methodology

Social Gatekeepers identified and who agreed to be a respondent in this research, took part in an anonymous semi-structured interview that focussed on their change of attitude. Interviews were arranged at the convenience of the *Social Gatekeeper*. About half of the 20 interviews were conducted by three people – the two authors and another ATFF member of staff¹. This was to ensure consistency of approach and up-skilling of the interview technique. About half way through the schedule the interviews were conducted by only two members of the research team.

The main interviewer strove to maintain an interview style that was 'relaxed' but which

1. Susana Baleinadago

covered the main points to be asked. If executed well the respondent should feel like the interview is more like a casual discussion. Since this takes considerable skill to do well, a second (or third) researcher could actively listen to the respondent and note down pertinent follow up questions that could be asked towards the end of the interview to plug any gaps that the main interviewer may have missed..

Application

The very real task then is to design a social marketing campaign to promote condom usage within traditional Pacific societies which at the very least do not cause society's *Social Gatekeepers* to actively persuade their audiences against their use. Ideally they would promote any social marketing campaign's central message to their respective community.

The transcribed interviews were analysed for general *themes* that helped drive the change from negative (or neutral) to active promotion of condom usage as part of a safe sex promotional campaign to the relevant community.

Assuming that there are commonalities in the *thematic analysis*, a marketing design group has a much better chance of driving future change in other *Social Gatekeepers*, by incorporating these commonalities in a future campaign.

The analysis and tentative results of this new methodology are presented in the second poster *Measuring the Effectiveness of Social Marketing of Condom Usage in Fiji*.

Conclusions

- ❑ Researchers within ATFF, have concluded that one of the potential reasons social marketing of condom usage as one of the safe sex practices has not been successful is because of the interference by *Social Gatekeepers* who do not see the relevance or urgency to Fiji citizen's sexual health.
- ❑ The methodology employed has been to interview *Social Gatekeepers* who have undergone an attitude change from negative to positive on the value of effective education and social marketing of condom usage as part of a suite of safe sex practices.
- ❑ These interviews have been transcribed and a *thematic analysis* applied to find common core events that appeared to help the *Social Gatekeepers* change their attitude.
- ❑ These common themes will be used to devise a marketing campaign geared specifically at *Social Gatekeepers*.
- ❑ If more *Social Gatekeepers* were to change their attitude, ATFF predicts that the effective use of condoms within Fiji's community would increase.

References

Corsini, R. (2002). *The Dictionary of Psychology*. New York: Brunner Routledge.

Caldwell, J. C. (2000). *AIDS in Melanesia. It's Everyone's Problem: HIV/AIDS and Development in Asia and the Pacific*, Canberra, 22 November, 2000

Lewin, K. (1947). Frontiers in Group Dynamics II: Channels of group life; Social planning and action research. *Human Relations*, **1**, 143-54.