



**Condom Social Marketing Visioning  
St. Vincent and the Grenadines  
May 19, 2005**

- 9:00-9:15 Introductions
- 9:15-9:30 Goals & Objectives & Plan for the day (EG)
- 9:30-10:15 What is Social Marketing
- 10:15-11:00 What is the HIV/AIDS prevention picture today in St. Vincent
- 11:00-11:15 Coffee/Tea
- 11:15-12:30 Journey to the Future
- 12:30-1:30 Lunch & Discussion
- 1:30-2:30 Back from the Future: Summary of what St. Vincent wants
- 2:30-4:00 Roles and Responsibilities
- 4:00-4:15 Tea/Coffee
- 4:15-5:00 The Way Forward
- 5:00-5:15 Wrap up

## **Condom Social Marketing Visioning St. Vincent and the Grenadines**

May 19, 2005

**Summary:** The day long visioning exercise which was co-hosted by PSI/Caribbean, Options Consultancy Services and local partners, provided an opportunity to gain consensus on the condom social marketing programme in St. Vincent and the Grenadines (SVG). Key stakeholders in HIV/AIDS prevention had the opportunity to learn about social marketing, identify the needs of SVG, consider potential social marketing results and put forward concrete next steps to achieving the condom social marketing vision.

**What is Social Marketing?** Participants discussed their own perceptions of social marketing and Options presented a summary presentation of social marketing. The presentation is to be distributed to the participants, while key elements highlighted by participants included:

- Based on the culture
- Selling that is conscious of norms and values
- Access to condoms including availability in rural areas via shop keepers, community people, etc. where there may be no pharmacies
- Subsidised prices
- Promotion via: word of mouth, TV, radio, billboards, flyers, events (carnival), banners, jingles, popular theatre
- Based on what target groups want, determined through focus group discussions that involve target groups to identify messages
- Needs to overcome social censorship by aligning education and religious groups with messages
- Abstinence may be part of it but have to be realistic that even youth are sexually active and need access to condoms and support systems to resist pressures
- Aims to increase knowledge and skills to negotiate and use condoms
- Contributes to overcoming stigma such as against homosexuals
- Providing access, and letting individuals make decisions
- Involves consideration of how the total condom market (including condoms that are sold at subsidised prices, given away for free or sold at commercial prices) is segmented to ensure access for all

**Identification of SM needs in SVG today:** Participants discussed elements of HIV/AIDS prevention with a focus on access to condoms and groups most at risk.

### *Access*

- Commercial condoms are considered fairly easy to find, especially in urban areas, and are available in pharmacies, some shops and gas stations but it is difficult to have a complete picture of commercial condom availability and distribution.
- The Family Planning Association is selling unbranded condoms made by Durex through its clinics and shops.
- All government clinics have free condoms and education but not everyone goes to the clinics. The Government plans to buy branded condoms for free distribution. Approximately 250,000 free condoms are distributed per year but usage is not known.
- The World Bank is funding free condom distribution to 24 businesses.

- People know where to get condoms, but certain groups such as youth, women, or married people may experience barriers to obtaining condoms including negative/unfriendly attitudes by provider/shop keeper, privacy/confidentiality concerns and price.
- Branded condoms are more desired, but procurement costs are prohibitive for FPA especially with small quantities
- Commercial prices are EC\$2.50-4/package of 3 (in contrast to beer: \$3, cigarette \$5, spliff \$2)
- Available brands include *Choice, Rough Rider, Long Love, Ecstasy, Wet 'N Wild, Cool, Preventor*
- Female condoms should be made available to female sex workers and lubricants for MSM though this is currently taboo

#### *Attitudes*

- Sex is not planned by youth
- Trust is an important element of relationships and condoms suggest unfaithfulness
- SVG is a small country and the culture means that people don't mind their own business
- There are mixed attitudes and taboo toward condom promotion including a small but vocal Catholic minority (5%), some religious groups who feel that promoting condoms is promoting sex. However, there are no barriers from leaders and no restrictions on advertising in media
- Homosexuality is often hidden and men who have sex with men are often also in a marriage/relationship
- Marketing needs to consider Christian values, not just condoms but also abstinence and faithfulness

#### *Target Groups*

Current transmission is primary through heterosexual sex amongst 19-35 year olds. The target groups identified include:

- Young workers with kids, employees
- Youth (15-25)
  - In school
  - On the block
- Taxi/van drivers
- MSM
- FSW
- Fisherman on the block and away from their families
- Prisoners (VCT is offered)

**Proposed Activities and Outcomes of Social Marketing in SVG:**<sup>1</sup> Participants spent some time dreaming about what condom social marketing activities and outcomes would be ideal and then focused the discussion on what activities would be realistic and desirable. The list included:

- Condoms available anywhere you go
- Condom dispensers available (vending machines – in World Bank grant)
- Condoms in prisons (starting process and discussion)

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<sup>1</sup> NB: Not all activities will be feasible or possible within the PSI project given that the programme and results were already specified within PSI's contract with CIDA.

- Improve attitudes in church, service providers, parents, by men about women
- Improve image of free condoms
- NGOs more actively promoting condom use and condom distribution
- Government increasing free distribution
- Commercial sector making condoms available in cinemas, entertainment spots, clubs, discos, bars, bus terminals and on a 24 hour basis (such as vending machines, bars, etc.)
- Building acceptance of “No condoms, no sex” especially among FSW, MSM and youth
- Teens becoming more responsible and having less risky sex
- Greater willingness to be HIV tested, including sex workers
- Positive messages attached to products that use sex to promote product, e.g. R rated movies, adverts
- HIV messages included in condom advertisements
- Teaching on correct condom use
- Open public discussion of condoms
- Target groups involved in development of campaign
- Campaign includes a mixture of mass media, behind the scenes promotion and peer educators
- Public opinion leaders (politicians, sports figures, popular people) are involved
- PTAs work with parents on dealing with issues (sex, condom use) including a focus on fathers
- Research and evaluation used to develop and improve programs
- Market defined and segmented
- Target groups involved in design, implementation and M&E

Participants outlined the following expected results:

- Condom sales increased
- Condom use increased
- Increased # of condom sales outlets (but how to measure?)
- Reduction in teenage pregnancy
- Youth express they felt comfortable accessing condoms
- Public supports/accepts condom use
- Increased testing, condom use, decrease STIs amongst FSW and MSM
- Sustainable total condom market strategies in place to enable continued buying and selling of condoms

### **Next Steps**

The Eastern Caribbean Social Marketing Initiative (ECSMI) funded by Canadian International Development Association (CIDA) and the Global Fund for AIDS, TB and Malaria (GFATM) aims to:

- Improve access to condoms
- Decrease barriers to use
- Enhance abilities to implement BCC and Social Marketing strategies for HIV/AIDS prevention
- Measure behaviour change and condom market growth

ECSMI will undertake activities on two levels: regionally and in SVG. Regional activities will include:

- Condom campaign (slogan, TV, radio)

- Point of sale promotions
- Educational material for target populations
- Educational modules
- Regional research (pricing study, baselines)

SVG activities will include

- Condom market analysis
- Expansion of distribution
- Target group analysis
- Training of Peer Educator Team and Health Educators
- Validation of regional campaign/materials
- Implementation and monitoring of IPC activities
- Measurement of results

Options will be involved in the monitoring and evaluation of the programme. This will include regional research on the impact of condom social marketing. Options will also be conducting a regional campaign on stigma and discrimination.

To assist with the development of the programme in SVG, the participants recommended the formation of an Advisory Committee. The participants recommended that the Committee be comprised of representatives from the following institutions:

- Planned Parenthood
- HIV/AIDS Unit at MOH
- NGO Network (including National Youth Council and others)
- Family Planning at MOH
- Health Promotion at MOH
- Media
- Red Cross
- Chamber of Industry and Commerce

**Next steps:**

<b>TO DO</b>	<b>RESPONSIBLE INDIVIDUAL/ORGANISATION</b>	<b>DUE DATE</b>
Distribution of summary of visioning, presentations and participant list	Options	June 10
Draft terms of reference for Advisory Committee to members	PSI	June 10
Propose to PSI the names of organisations that have the capacity to manage funds, monitor activities of peer educators and provide monthly reports to PSI/Trinidad	All participants	June 20
Advise PSI of possible Peer Educator	MOH (Health Promotion and Family Planning), Planned	June 30

candidates	Parenthood and Red Cross to recommend organisations and individuals to PSI	
Review needs for educational materials for the target groups	All participants to assist PSI's Communications Manager	Ongoing
Conduct Market Assessment	PSI's Sales & Marketing Manager with assistance from relevant participants	July 15
Send letter to PSI confirming St. Vincent's commitment to the social marketing project	MOH/NACC	June 30

**Attendees at Condom Social Marketing Visioning  
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Name	Organisation	Phone (784)	Email
Marina Lampkin	Ministry of Tourism and Culture	457-1502	tourism@caribsurf.com
Lou-Ann Boyde	Ministry of Social Development Etc.	456-2949	
Vanrick Pope	National Family Planning, MOH	457-1745	NFPPMOH@hotmail.com
Sharlene Antoine	HIV/AIDS Unit, MOH	451-2489	<a href="mailto:hivaidsunit@vincysurf.com">hivaidsunit@vincysurf.com</a>
Dr. Del Hamilton	HIV/AIDS Unit, MOH	451-2489	<a href="mailto:hivaidsunit@vincysurf.com">hivaidsunit@vincysurf.com</a>
Beverly Neptune	Ministry of Education, Youth & Sports	457-1466	bevneptune@hotmail.com
Kingsley Duncan	St. Vincent Planned Parenthood Association	456-1793	<a href="mailto:suppa@caribsurf.com">suppa@caribsurf.com</a>
Alic Skerritt	House of Hope		<a href="mailto:Alic98@vincysurf.com">Alic98@vincysurf.com</a>
Jeanie Ollivierre	NGO Network	456-2114 Fax: 457-2647	<a href="mailto:ndb@caribsurf.com">ndb@caribsurf.com</a> <a href="mailto:wisee@vincysurf.com">wisee@vincysurf.com</a>
Lois D. Dublin	Marion House	456-2161	<a href="mailto:mhouse@caribsurf.com">mhouse@caribsurf.com</a>
Harvey Farrell	Health Promotion Unit, MOH		<a href="mailto:harvefarrell@yahoo.com">harvefarrell@yahoo.com</a>
Bridgette Culpac (sp?)	St. Vincent AIDS Action G		
Descima Hamilton	St. Vincent Red Cross		<a href="mailto:descimaa@yahoo.com">descimaa@yahoo.com</a>