

Resources for Scale-up



Creating Demand for Multiple Micronutrient Supplements (MMS)

A mini guide

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Key messages

- Conduct formative research to understand how women perceive multiple micronutrient supplements (MMS). The results from such research will help you design a more effective promotion strategy.
- Focus on two priorities: making it easy for women to access MMS, and helping them remember to take MMS regularly.
- It is not enough to say that MMS are good for health. Promote this product in a way that women find attractive and relevant to what they really want.
- Whatever promotion activities and materials you prepare, pretest them first among the target audience. You will save resources and achieve better results.

Introduction

The influential economist Michael Rothschild once said that there are three classes of behavior change ‘problems’: education, regulation and marketing.¹ The public health sector has more often than not defaulted to education – telling people why they should practice the desired behaviors. However, the case of MMS, and other nutritional products, is also a ‘marketing problem.’ When we look at the usage of MMS, we can see that:

- MMS is a new product and is not widely accepted;
- the behavior necessary for adherence is not always easy, as people are required to take a tablet every day for a period of several months;
- as with all supplements, people need to be able to access MMS and know how to deal with potential side effects; and
- while there may be clear barriers to its use, MMS provides only a few immediate, visible benefits; therefore, perceived value for MMS needs to be created in the mind of the consumer.

As we can see, addressing such a ‘marketing problem’ requires more than just education. It requires marketing solutions that reduce the barriers to using the product and increase the benefits in the mind of the consumer.

This guide aims to help public health practitioners to effectively approach this marketing problem, and by doing so, achieve higher uptake of and adherence to MMS. We are aware that creating consumer demand is both an art and a science, and that it is impossible to cover this topic adequately in such short article. We therefore focus on three main phases of developing and implementing a demand creation strategy for MMS: getting started, project implementation, and monitoring and evaluation. Within each phase, we present tips that practitioners can apply to maximize the impact of their intervention. For a deeper dive on each of the tips and steps, we offer a further reading list with useful guidance. The key tips we provide are summarized in **Table 1**.

“While you yourself might be perfectly clear about the scientific benefits of MMS, their intended users might have different perceptions and experiences”

Getting started

1. Seek to understand women’s lives

While you yourself might be perfectly clear about the scientific benefits of MMS, their intended users – pregnant women – might have different perceptions and experiences. Since they are the intended users of MMS, it is their perceptions of benefits and barriers that matter the most. In the words of senior social marketer Dr William Smith: “Listen to consumers and what they really care about ... and then find some way of tying that into what we care about ... So begin with them, rather than beginning with us.” It is important, therefore, to ensure that the development of any strategy for promoting MMS is based on a thorough understanding of:

- (a) women’s lives during pregnancy; and

TABLE 1: Summary of 14 key tips for creating demand for MMS

Top tips to keep in mind when creating demand for MMS	
1	Include conducting consumer research in your project proposal and budget.
2	When preparing consumer research, take advantage of the resources recommended in this mini guide.
3	Before producing and procuring the MMS product, consult consumers on product characteristics such as tablet size, color and packaging.
4	Before you start promoting MMS, ensure that a steady supply of MMS is in place, so that it is easy for women to access them.
5	Apply a marketing strategy that takes into account product, price, place and promotion elements.
6	Consider developing a brand for MMS to help consumers identify with your product.
7	Develop a communication strategy for the messages you want to convey to your consumers about your product.
8	Ensure that your intervention helps women understand the possible side effects of MMS and what they can do about them.
9	Use reminders to help your consumers take MMS on a daily basis.
10	Conduct a product trial, pretest your marketing mix and incorporate feedback before launching the product.
11	If involving health personnel in your intervention, plan to build their capacity in marketing MMS.
12	Use a marketing strategy that actively works with women who already use MMS (the 'Doers') and are willing to promote them among their peers.
13	Use a mix of communication channels that women trust and are frequently exposed to.
14	Explore or collect baseline data and data that helps you understand the extent to which pregnant women use MMS and the main reasons for not using MMS.

(b) women's perceptions of and experience of using MMS.

You can gain such an understanding through consumer research, which should help you answer the following **key questions**.

- How do women feel during their pregnancy, and how would they *like* to feel?
- What are women most concerned about during and after pregnancy?
- What are women's main wishes related to pregnancy and delivery?
- What activities do women enjoy doing and what motivations and aspirations do they have that may be linked to making MMS appealing?²
- What is the proportion of women who have heard of MMS?
- What do women perceive as the main positive and negative consequences of using MMS?
- What makes it difficult for women to use MMS? What could make it easier?
- Who approves and who disapproves of them using MMS?
- To what extent do women think that they (and their future babies) are at risk of the problems that MMS aim to address?
- In the opinion of women and other stakeholders (e.g., health workers), what would need to be done to enable women to overcome the main 'barriers'?
- What communication channels do women prefer for receiving health advice?

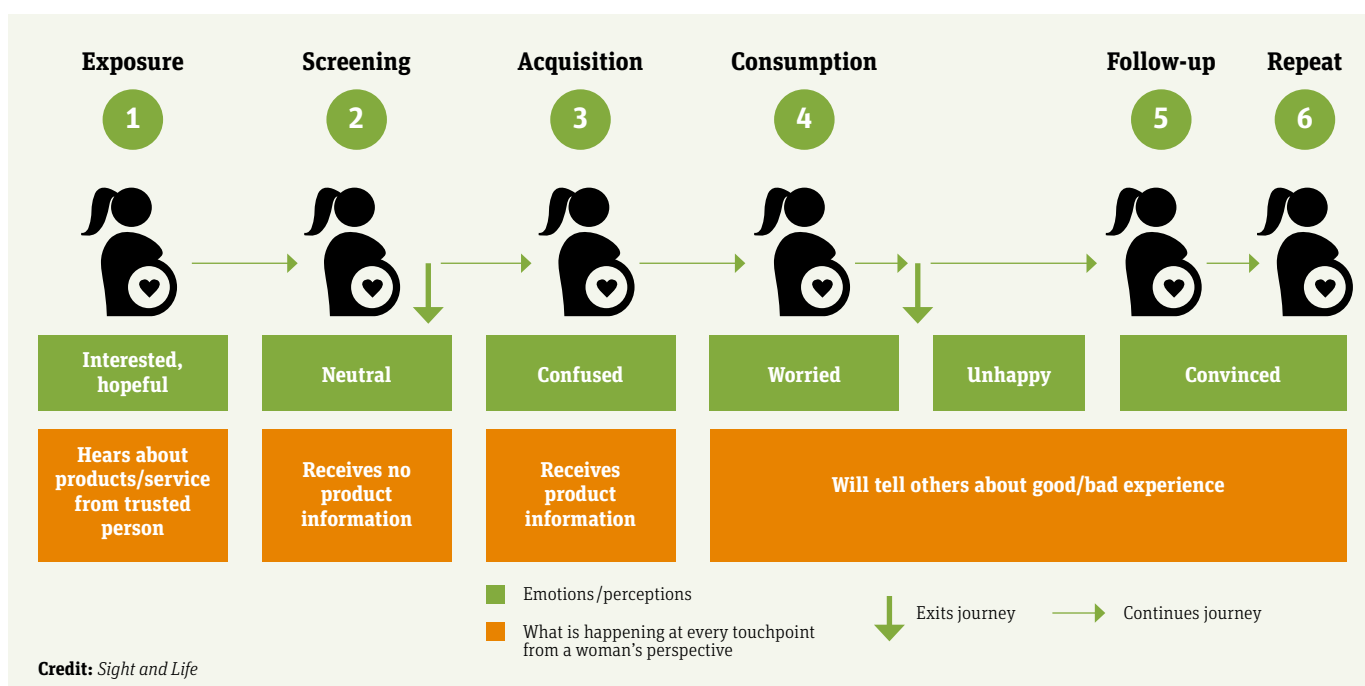
TABLE 2: Overview of commonly used research methods

Research method	What is it about?
Review of existing resources	• Avoid 'reinventing the wheel' by first looking at what research data already exists. Only then start thinking about doing primary research.
Semi-structured interviews ³	• Interviews with 'key informants' who can provide useful information, such as health workers or women who already use MMS or iron and folic acid.
Focus group discussions ⁴	• Informal, well-facilitated discussions about people's opinions and ideas. • Less suitable for exploring sensitive experiences if people are not willing to speak openly in front of others.
Barrier analysis ^{5,6}	• An approach that asks people who practice the behavior (the 'Doers') and those who do not (the 'Non-Doers') a series of questions aimed at identifying which barriers and motivators have the biggest influence on whether they (do not) practice the given behavior.
Customer journey mapping ⁷	• Qualitative technique to understand the physical and emotional 'journey' a person goes through when practicing a behavior (such as using MMS). • Helps understand consumers' thoughts and feelings and find ways to make it easier and more attractive for them to adopt the behavior.
Trials of improved practices ⁷	• A method whereby a small sample of women are asked to 'trial' practicing a behavior (such as using MMS) and their experience is then used to design (or improve) the promotion and marketing strategy.

TABLE 3: Example of interview questions used during barrier analysis

If the respondent is a Doer ↓	If the respondent is a Non-Doer ↓
• What are the advantages of using these micronutrient supplements?	• What would be the advantages of using these micronutrient supplements?
• What are the disadvantages of using the supplements?	• What would be the disadvantages of using the supplements?
• How easy or difficult is it to access the supplements?	• How easy or difficult would it be to access the supplements?
• How easy or difficult is it to remember to take the supplements every day?	• How easy or difficult would it be to remember to take the supplements every day?
• Are there any cultural rules or taboos against using such supplements?	• Are there any cultural rules or taboos against using such supplements?

FIGURE 1: Example of simplified consumer journey mapping (for micronutrient supplements) recording women's perceptions and emotions at every key 'touchpoint' with the service/product



2. Take advantage of available research methods and guidance

Conducting research into the factors that influence the adoption of MMS might seem to be a daunting task. Questions such as: 'Where should I start?,' 'How should I collect the required data?' among others come to mind. The good news is that there are many proven, well-tested methods and much guidance to help you conduct the necessary research (for examples, see **Table 2**).

You can find a selection of useful guidance on using these methods at www.behaviourchange.net and also in the References section.

Table 3 and **Figure 1** provide more detailed examples of two selected methods – the barrier analysis and customer journey mapping – that you might want to use when conducting MMS consumer research.

3. Consult consumers on product characteristics

Ensure that the development of any new product is based on a

thorough understanding of consumer preferences (for example, regarding MMS tablet size, color, packaging, price and promotion).⁸ In the numerous studies of new product performance over the years, a consensus has developed that understanding consumer needs significantly contributes to the success of the product uptake.⁹ Consulting consumers about product characteristics is also crucial to avoid ineffective investments.

4. Get the basics right

A multi-country study showed that one of the main barriers to a higher use of micronutrient supplements is their unavailability resulting from ineffective supply from the national to the local level.¹⁰ For any demand creation strategy to work, the intended users must be able to access MMS. While this might seem logical, programs often fail by underestimating the role of supply. Therefore, get the 'basics' right: before you start implementing any demand-creating activities, make sure that a system ensuring a steady and consumer-friendly supply of MMS is in place and is actually working (see **Box 1** for key resources).

“Before you start implementing any demand-creating activities, make sure that a system ensuring a steady and consumer-friendly supply of MMS is in place”

BOX 1: Interested in learning more to help you get started?

The following resources might help you think through the process of creating demand for a new product and the importance of involving consumers in every step of this process, including research and development.

- Social Marketing Behavior: A Practical Resource for Social Change Professionals¹¹
- The Role of Consumer Insight in New Product Development and Its Impact on Supply Chain Management: A Swedish Case Study⁸
- Consumer Research in the Early Stages of New Product Development: Issues and Applications in the Food Domain⁹
- Look up the supply-related checklist in the article entitled ‘Procurement and Production of Multiple Micronutrient Supplements for Pregnant Women: A Country Assessment Toolkit’ on page 90 of this *Sight and Life* Special Report
- Increasing Adherence to MMS among Pregnant Women in Haiti: Experiences using *Sight and Life*’s process for designing behavior change programs¹²

Project implementation

5. Think beyond communication and develop a ‘marketing mix’

Communicating the benefits of your product (MMS) is no doubt an important element of creating and maintaining demand. But it is not the only element that can be used to influence your consumers’ decision to use the product. In fact, a mix of elements, often referred to as the ‘marketing mix,’ is needed. This includes product, price, place and promotion. **Table 4** describes each element of the marketing mix in more detail and provides examples relevant for MMS. More guidance is available in the publication *Social Marketing Behavior: A Practical Resource for Social Change Professionals*.¹³

6. Build a brand that consumers can identify with

According to consumer scientists, 95 percent of our purchasing decisions may be formed in the subconscious mind.¹⁴ This is the part of the brain where logic takes a back seat and emotion grabs the wheel.¹⁵ Branding is more than just a nice logo and packaging; it helps a consumer connect with your product on an emotional level and feel comfortable about consuming it. Your consumer research will help you define those characteristics of your brand that are most likely to resonate with your audience. When thinking about your MMS brand, keep in mind that you are branding for pregnant women’s desires and aspirations, not for a topic (i.e., nutrition). Hiring a creative agency is a good idea when you want to build a brand for MMS (see example in **Figure 2**).

7. Develop a strategy for your communication content

Developing the content of your communication goes beyond drafting messages. It starts with asking yourself several questions about the things you want to communicate (see **Box 2**).

TABLE 4: What does ‘marketing mix’ mean?

Marketing mix element	Description	Example
Product	Any product or service that you are creating demand for (i.e., MMS and related health services).	MMS tablets should be designed considering consumers’ preferences about their size, color, packaging, etc.
Price	The monetary cost, physical cost (time, effort) and emotional cost (fear of side effects) people incur in relation to the product.	Accessing and consuming MMS needs to reduce costs in the mind of the consumer, and provide to the user clear (and ideally immediate) benefits, such as feeling more relaxed about the baby’s health or being more in control of the pregnancy outcomes.
Place	The channels through which the product is made available to women (i.e., pharmacies, health centers).	The easier it is for women to access MMS, the more likely they are to use it. Understand access from their point of view and make it as easy as possible.
Promotion	The communication channels and content used to promote the product.	Use different communication channels (see point 13 in this guide) and pretested messages and materials to ensure that women hear about MMS frequently and from different sources.

FIGURE 2: Example of a commercial supplement brand that appeals to mothers' emotions and desires



Credit: www.goop.com

BOX 2: Key elements of content strategy

Content strategy – key elements

Messages

What do you want your audience to do, know and believe?

Messengers

Who will be delivering the message?

The Creative

How will you say it and what will you show? (look and feel)

Communication Channels

Where and when your message will appear

Credit: Sight and Life

8. Communicate the benefits but also the side effects

Interventions promoting the use of MMS are often good at highlighting their health benefits. However, the existing research shows that it is equally important to prepare the consumer for potential side effects: when caregivers are prepared for the possible side effects of using micronutrient supplements, it is more likely that experiencing them will not deter their continued use – simply because they knew that this might happen.¹⁶ It is also important that women have an opportunity to learn how they can deal with side effects.

“One of the main reasons for women not using MMS is very simple: they forget to take them”

9. Include reminders in your communication

One of the main reasons for women not using MMS is very simple: they forget to take them.¹⁶ Tackling this barrier can help your intervention achieve much higher and longer adherence. In Nepal,

for instance, caregivers who received a reminder card were two times more likely to meet the adherence criteria than those who did not receive the card (Figure 3).

10. Pretest your messages and materials

Imagine that you spent months of hard work on trying to design the best behavior change messages and materials. You might be keen to start using them. However, this is exactly the time when failure is most likely. While you might assume that the messages and materials are clear, attractive and useful, the target audience might not feel the same. As a result, your communication strategy will not deliver the desired effect.¹⁸ Therefore, it is crucial that you invest a few days in pretesting the most important messages and materials among the target audience. When doing so, we can take advantage of the following questions.

- What was the first thing in this material that caught your attention?
- What do you think this material/picture is trying to say?
- To what extent do you believe that what the material says is true?

FIGURE 3:¹⁷ Example of a reminder card

	Mo	Tu	We	Th	Fr	Sa	Su
Week 1	♥	♥	♥	♥	♥	♥	♥
Week 2	♥	♥	♥	♥	♥	♥	♥
Week 3	♥	♥	♥	♥	♥	♥	♥
Week 4	♥	♥	♥	♥	♥	♥	♥

- How does the material make you feel?
- In your opinion, what type of people should read it? For whom was it developed?
- To what extent do you think you could use the information in your own lives?
- What are your ideas on how the material could be improved?¹⁹

11. Strengthen the health workers’ ‘marketing’ skills

Even the best-designed social and behavior change messages, materials and strategies can fail if the people who are supposed to use them lack the required motivation, attitudes or skills. A randomized control trial in Indonesia showed that better-performing health extension workers had a much higher impact on the use of micronutrient powders and their contribution to reducing early infant mortality.²⁰ The difference is not just about the workers’ knowledge. Equally important are their ‘marketing’ skills – an ability to present MMS in a way that women find attractive and relevant to what they really want (e.g., a wish to have a safe delivery, a healthy baby or other ‘desires’ identified during consumer research).

12. Engage the ‘Doers’

One of the strongest motivators for people to adopt a behavior is when they know other people who already follow it (the ‘Doers’) and gain clear benefits, such as feeling less tired or having greater peace of mind. The Doers are among the most effective ‘agents of change,’ as many people perceive them to be ‘like us’ and are more likely to follow their example. For example, in Peru, caregivers became less suspicious of micronutrient powders only when they received reassurance from neighbors who confirmed that ‘they are vitamins.’²¹

“The more communication channels mothers are exposed to, the more likely they are to follow the desired behavior”

13. Use diverse communication channels

Research from Alive & Thrive showed that the more communication channels mothers are exposed to, the more likely they are to follow the desired behavior.²² Therefore, it is important to ensure that pretested and consistent messages are communicated through multiple channels. While MMS is usually promoted during antenatal checks at the health facilities, you can also use many other channels. What matters most is that you choose those channels that pregnant women are most exposed to and which they trust regarding health advice. **Table 5** provides an overview prepared by the Compass website that presents various communication channels and summarizes their main strengths and limitations (also see **Box 3** for key resources).

BOX 3: Interested in learning more about project implementation?

- How to Develop a Channel Mix Plan²³
- Recommended guidance on developing communication messages and materials²⁴
- Recommended guidance on pretesting messages and materials²⁴
- Public Health Branding: Applying marketing for social change²⁵

Monitoring and evaluation (M&E)

14. Track the prevalence of different barriers and indicators

Implementing an intervention is like going on a journey. The better we know whether we are going in the right direction (and if not, why), the easier and faster it is to reach our destination. In the context of MMS, regular availability of useful and up-to-date data can help you steer the focus of your intervention and considerably increase its effectiveness. Therefore, consider collecting the following **data** as an integral part of your M&E system.

- The percentage of pregnant women who are aware of the main benefits of the promoted MMS.

TABLE 5: Examples of general strengths and limitations of different communication channels²³

Channel	Strengths	Limitations
Interpersonal communication	<ul style="list-style-type: none"> Tailored and personalized 	<ul style="list-style-type: none"> Lower reach
Community dialogue, peer-to-peer, health provider-client, inter-spousal and parent-child communication	<ul style="list-style-type: none"> Interactive Able to explain complex information Can build behavioral skills Can increase intention to act Familiar context – enhances trust and influence 	<ul style="list-style-type: none"> Relatively costly Time-consuming
Community/folk media	<ul style="list-style-type: none"> Stimulates community dialogue 	<ul style="list-style-type: none"> Less personalized than interpersonal communication
Community drama, interactive storytelling, music, community events, video group discussion, mobile video units, talks and workshops, door-to-door visits, demonstrations and community radio	<ul style="list-style-type: none"> Motivates collective solutions Provides social support for change Can increase intention to act Reaches larger groups of people 	<ul style="list-style-type: none"> Time-consuming to establish relationships Relatively costly May have less control over content
Mass media and mid-media	<ul style="list-style-type: none"> Extensive reach 	<ul style="list-style-type: none"> Limited two-way interaction
Radio, TV, print, film, outdoor – posters, billboards	<ul style="list-style-type: none"> Efficient and consistent repetition of message Capacity to model positive behaviors Sets the agenda – what is important and how to think about it Legitimizes norms and behaviors 	<ul style="list-style-type: none"> Available only at certain times Relatively impersonal
Digital and social media	<ul style="list-style-type: none"> Fastest growing and evolving 	<ul style="list-style-type: none"> Program may have less control over content
Mobile phones, SMS, Facebook, internet, Twitter, eToolkits, websites, eForums, blogs, YouTube, chat rooms	<ul style="list-style-type: none"> Potential to mobilize youth Highly tailored Interactive Quickly shares relevant information in a personalized manner Flexibility to change and adapt as needed 	<ul style="list-style-type: none"> Requires literacy Limited reach and accessibility Can lack credibility

- The percentage of pregnant women who are aware of how to deal with the side effects of MMS.
- The percentage of pregnant women who report themselves as willing to use the promoted MMS.
- The percentage of pregnant women who know how to access the promoted MMS.
- The percentage of women in the fourth or higher month of pregnancy who were unable to access MMS.
- The average number of days that the providers did not have any MMS in stock.
- The percentage of women in the fourth or higher month of pregnancy reporting that it is easy to remember to take MMS regularly.
- The percentage of women in the fourth or higher month of pregnancy who use the promoted MMS.
- The percentage of women in the fourth or higher month of pregnancy who use the promoted MMS and adhere to the daily regimen.

It is also essential to collect reliable baseline data at the beginning of an intervention so that you know where you started and how far you have traveled (see **Box 4** for key resources).

BOX 4: Interested in learning more about monitoring and evaluation?

- Chapter 4 of Nutrition International’s Behavior Change Intervention Toolkit²⁶
- Chapter 3.5 of GIZ’s Social and Behaviour Change: Insights and Practice²⁷
- Guidance on social and behavior change communication indicators at www.indikit.net²⁸

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