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CONSULTANCY TO UNIVERSITY OF INDONESIA: COURSE DEVELOPMENT AND FACULTY TRAINING IN SOCIAL MARKETING

Prepared for:

U.S. Agency for International Development, Indonesia

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INTERNATIONAL SCIENCE AND TECHNOLOGY INSTITUTE, INC.

CONSULTANCY TO UNIVERSITY OF INDONESIA: COURSE DEVELOPMENT AND FACULTY TRAINING IN SOCIAL MARKETING

Prepared by:

Karen F.A. Fox, Ph.D.

Prepared for:

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INTERNATIONAL SCIENCE AND TECHNOLOGY INSTITUTE, INC.
1129 Twentieth Street, N.W., Washington, DC 20036
202·785-0831 • Telex: 272785 ISTI UR • Fax: 202·223-3865

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EXECUTIVE SUMMARY

Purpose

The focus of this one-month consultancy (January 1989) was to enhance the capability of the Faculty of Public Health, University of Indonesia, to offer courses in social marketing. The two major components of the consultancy were course development and faculty training:

- Course development: In consultation with Dr. Adi Sasongko, and after appraising past efforts and anticipated needs, the consultant located and selected appropriate readings and developed preparation guides for a one-semester course in social marketing. The preparation guide is included in this report as Appendix B. (The complete set of readings -- approximately 600 pages -- is being shipped from Jakarta.) The consultant also provided Dr. Sasongko with books and articles, for use in preparing for teaching the course.

- Faculty training: The consultant conducted six faculty seminars on aspects of social marketing at the University of Indonesia. Outlines for the six seminars appear in this report as Appendix C. In addition, an invitational seminar, as part of the University's anniversary celebration, was also presented. The consultant also had many conversations with Dr. Sasongko, the faculty member who was primarily interested in the social marketing field.

Conclusions and Recommendations

Course materials and readings will be used to teach the social marketing course during the second semester of this academic year, February - June 1989. Some modifications, including additions and deletions to the reading materials, may be necessary. The most important next step regarding materials is to translate the Preparation Guide into Bahasa Indonesia. Eventually key readings, now available only in English, should also be translated.

The most pressing issue is faculty preparation. The existence of a Preparation Guide and a set of readings does not replace the need for an instructor with substantial academic preparation and experiential depth in the field of social marketing. Therefore, it is recommended that Dr. Sasongko and any other faculty member who might become directly involved in offering this course, acquire additional background and experience in marketing and social marketing. This preparation can be accomplished in Jakarta, through existing courses and projects supplemented by specialized preparation in social marketing and in relevant instructional techniques.

I. INTRODUCTION

Two decades ago, social marketing emerged as an approach to promoting beneficial social change. It has since been incorporated in dozens of health and family planning programs. Given the widespread awareness of social marketing, the question now is how to prepare people to work in the field of social marketing. Courses in social marketing, however, are virtually nonexistent in the United States and elsewhere.

Dr. Adi Sasongko introduced a social marketing course at the University of Indonesia in January 1988. The purpose of this one-month consultancy was to assist him and the Faculty of Public Health to develop a social marketing course, including designing the course, preparing and collecting materials, and carrying out short-term faculty training. (The Scope of Work appears as Appendix A.)

II. THE TEACHING OF SOCIAL MARKETING AT THE UNIVERSITY OF INDONESIA

A description of the social marketing course offered in 1988 will serve as background for describing the results of the consultancy.

The 1988 course was limited to S2 (graduate) students, and four students enrolled. Three of the four majored in health education. Now all S2s majoring in health education are expected to take the course.

The class, a one-credit course, met once a week for 50 minutes. The standard semester is 20 weeks long, but the social marketing course is less than 20 sessions. Readings came from the English language editions of marketing principles textbooks by Philip Kotler and E. Jerome McCarthy. These are the best-selling undergraduate marketing texts in the United States. Students worked in pairs on a given topic but were assigned to write separate papers: two students (one a dentist) wrote on reducing dental caries, and two others wrote on reducing smoking among high school students. In addition, the four students recruited speakers from pharmaceutical companies to present a program on ethics in the marketing of drugs. (The theme of the program was on the high prices of pharmaceutical drugs, promotions to physicians, etc.)

Appraising student performance, Dr. Adi reported that in general students do not do much reading, and particularly since the course materials were in English, he felt that they had read very little. He also felt the student papers did not reflect a clear understanding of the subject matter.

The consultant interviewed three of the four S2 students who took the course in 1988. The three students included two physicians and one dentist, all of whom graduated in June 1988. Two of the three are already teaching health education courses. If this is typical, then future graduates with an in-depth understanding of social marketing are likely to be in responsible positions where they can introduce others to social marketing. Most of the S2 students -- and the S1 (undergraduate) students -- will also have responsible positions in the Ministry of Health designing, implementing, or, at least, overseeing programs that could benefit from a social marketing perspective.

The consultant's conversations with last year's students suggest that they have not yet grasped the key ideas of social marketing. This may be due to their very brief exposure to the subject (less than 20 hours), and other situational factors. Presented with hypothetical situations (including how to approach smoking reduction in high schools, a subject two students had written on as a course project), the three students counted on an informational approach -- essentially a conservative health education approach, involving training teachers to in turn provide facts to students.

Students are interested in learning about social marketing. In early January 1989, Dr. Adi told his 50 S1 students that a social marketing course would be offered; 30 of them made a special trip to campus the next week to sign up as auditors. For two reasons,

undergraduates are unable to take the 1989 course for credit: the course is not officially approved and listed in the catalog for S1 students, and S1 students in the last semester have already "used up" their elective credits. The consultant met with four of these S1 students. All had several years of work experience, three in the Ministry of Health, and one in an occupational rehabilitation clinic. While the S2 students are typically physicians or dentists, the S1 students have completed more coursework in health education, media, and probably even in the behavioral sciences than the S2s. The S1 students the consultant met with did not know much about social marketing, but thought it would be an interesting course which would be useful to them in their careers.

III. ACCOMPLISHMENTS

A. Course Development

After reviewing the existing course and materials, and assessing the social marketing needs of students, a curriculum "platform" was prepared. This platform is the set of assumptions which underlies decisions about course organization, materials, methods of teaching and evaluation, etc.

The course orientation should be "hands-on" and applied. Students completing this course will be "doers," and some will also be teachers. Graduates will be in responsible positions in the Ministry of Health and other health programs, and are likely to be in positions where they propose, design, or implement programs. Some will teach in universities. Therefore, they must have a very thorough understanding of social marketing theory and application. The alternative is to have social marketing expertise provided primarily by expatriate advisors. This social marketing course is likely to be the only formal preparation they will receive in marketing and social marketing, so it must be well planned and carried out, and must emphasize student mastery of course concepts. A solely "academic" orientation would be inappropriate. This implies that the course will include readings on the core topics of social marketing, exercises requiring application of course concepts, active class participation in discussions, guest presentations by social marketing practitioners, site visits to social marketing projects, and preparation of social marketing plans.

Knowing about social marketing is not enough. **The course must be adequate in time, scope, and depth for students to master the course content.** Thus at least two credit hours is essential. The class would meet formally for two class hours -- one hour and 40 minutes weekly. In the United States, each class hour is supposed to be combined with two hours of preparation. The consultant's understanding is that there is a similar expectation in Indonesia. While it was not possible to formally change course credit for the 1989 course, it was emphasized to Dr. Adi that the course had to meet a minimum of one hour and 40 minutes each week in order to provide the basics. However, this year's five S2 students (the only ones enrolled for credit), would get just one credit for the course.

S1 and S2 students should be combined in the social marketing course. Each group has different strengths to contribute -- the S2s have medical training, the S1s have more health education training and experience. Graduates of the two levels are likely to be working together in the Ministry of Health and other similar settings after graduation. Furthermore, the Department of Health Education has only a handful of S2 students each year, compared with several dozen final-year S2s, so it is not economical to offer two separate courses.

The course preparation guide should be translated into Bahasa Indonesia. To the extent possible, course readings should also be in Bahasa Indonesia. In preparing materials for the 1989 course the consultant's goal was to provide a minimum of 50

percent of the readings in Bahasa Indonesia. A goal which has been met. In Jakarta, translations of the Kotler and McCarthy textbooks were located, and selected chapters were incorporated into the set of course readings, along with key articles and book excerpts from sources in English. The consultant was also able to include an article on focus group interviewing, written in Bahasa Indonesia by Dr. Hadi Pratomo, Chairman of the Department of Health Education.

Translation of all readings is not necessary nor -- for the next year or two -- possible.

First, regarding necessity: Four S1 students were given copies of an English article and asked if they could read it, and how long they felt it would take them to read through the article. Even though only one spoke English with some confidence, the four felt that they could handle the article within an hour.

Second, regarding possibility: If there was one "textbook" in social marketing, providing a translation would be appropriate. But after reviewing virtually every source on social marketing in English, in order to select the course readings, it is clear that there is no "one textbook," and in particular, there is no one textbook appropriate for this specific course in Indonesia. (This is not the place for a detailed review of the social marketing literature, but the consultant is familiar with it and could elaborate on this judgement.)

Moreover, the social marketing field is very fluid, and some of the most useful material has come out only in the last year or two. One example is the excellent book, Communication for Child Survival, prepared by Mark Rasmuson, Renata Seidel, William Smith, and Elizabeth Booth of the Academy for Educational Development for USAID and published in June 1988. This particular book, even though it can not serve as a "stand-alone" text, should be translated into Bahasa Indonesia because it has several special virtues: it is written by practitioners who know social marketing and mass media health communications: it is well organized and clear; it is aimed at training people to do something; the examples are superb; and it is short -- actual text pages are fewer than 100. Since this publication was funded by USAID, it could be translated and used without copyright and payment problems. Substantial sections from Communication for Child Survival (in English) have been included in the course readings.

The time and cost involved in large-scale translation of other materials may be excessive, because new material will continue to appear over the next few years.

As social marketing is relatively new to the course instructor as well as to the students, **the course materials should include learning objectives and exercises that will guide both instructor and students in preparing for class sessions.** Dr. Adi observed that he does not prepare courses with the level of detail included in the Preparation Guide. Since the purpose of the consultancy was to perform technical assistance to enable the Department to offer this essentially new course, the level of detail included is important. Furthermore, at least one faculty member in the Department of Health Education, Mr. Zulasmi, prepares his courses using a similar format, providing students with objectives, readings, and discussion questions.

Evaluation techniques should match the learning objectives of the course. Since active learning and mastery of course concepts are important, students should be evaluated through quantity and quality of participation in class discussion (on exercises, cases, etc.), oral examinations, and preparation and presentation of social marketing plans, including the ability to explain rationales for decisions.

The completed volume, entitled Preparation Guide and Readings for Social Marketing, consists of guides for 15 class sessions (on the assumption that approximately five sessions would be spent with guest speakers, student presentations, and examinations), and about 500 pages of readings. The preparation guides are included as Appendix B of this report. (The complete volume is being shipped to ISTI/DC from Jakarta.) These materials should be reviewed periodically. A highly desirable addition would be short cases based on social marketing projects in Indonesia.

B. Faculty Development Activities

In addition to course development, the consultancy included providing short-term training in social marketing for the faculty. Members of the Faculty of Public Health, in particular those in the Department of Health Education (with whom the consultant had the most contact), were wonderful colleagues who made introduction to Indonesia and to the University a fascinating and rewarding experience.

1. Faculty Seminars

The consultant presented a series of six faculty seminars on social marketing topics, selected in consultation with Dr. Adi. The initial invitation and seminar outlines distributed at the six seminars are included in Appendix C. The seminar on focus group interviews was presented first, since a faculty team was preparing to conduct focus group interviews the following week as part of a study of mothers' decisions about child immunization. Seminar attendance ranged from five to 16 and included faculty from health education and related University of Indonesia departments, some department alumni teaching at other universities, and a few students. Given other obligations, Dr. Adi was only able to attend four of the six seminars.

2. Preparation for Teaching the Social Marketing Course

In addition to the seminars, the consultant met with Dr. Adi several times to discuss social marketing topics. He did not feel qualified in course development or in social marketing to work with the consultant on preparing the course; he also had other time commitments. Therefore, the consultant selected the materials and developed the preparation guide independently. Dr. Adi was not able to review the materials before the consultant's departure at the end of January, but since he was to begin teaching the course during the week of February 6, he has probably done so now. It is expected that in teaching the course this semester, he will use the materials prepared by the consultant. Dr. Adi and the consultant were not able to work together to prepare him to teach the course or to use the materials. He and other faculty members who plan to teach the social marketing course would greatly benefit from structured preparation in

social marketing and in related instructional techniques (e.g., evaluation methods, use of cases, etc.).

3. "Dies Natalis" Seminar

The founding of the University is commemorated annually with a series of public presentations. The consultant volunteered to present a seminar on social marketing. Invitations were sent to several faculties (including public health, economics, and medicine), to the Ministry of Health, and related organizations (e.g., UNICEF and Family Planning). The presentation, "Social Marketing Perspectives on Public Health and Family Planning," held on January 27, attracted about 45 people.

C. Other Tasks

Two other areas were mentioned in the Scope of Work but not completed during the consultancy. The Scope of Work included identifying human resources available within and outside of the University of Indonesia, and preparing a plan for collaboration between the Faculty of Public Health and various agencies. This component was outside the consultant's direct area of competence. It is best handled by Dr. Adi and his colleagues who are knowledgeable about such possibilities.

Dr. Adi is already very familiar with the Yayasan Kusuma Buana group of family planning clinics through his work with them, including the recently instituted de-worming program for Jakarta primary school pupils. He is very familiar with other organizations offering family planning services and contraceptives, and was directly involved in planning and carrying out a full-day public Family Planning Festival held in the ballroom of the Hotel Indonesia on January 15, which the consultant attended. In addition, Dr. Adi and the consultant both met with Gani Perla of IKB-SOMARK and with Pak Tjep, John Davies, and Richard Pollard of Dr. Mantra's Office of Health Education.

Dr. Adi is also familiar with several areas within the University of Indonesia where faculty may have an interest in social marketing and related topics. The consultant met only with faculty who attended the seminars, and did not seek out faculty within the Faculty of Economics (which is probably the locus for marketing courses), or Medicine. It would be helpful to determine relevant skills and interest among marketing faculty.

The Scope of Work also mentions developing a short-term (two week) course. Based on discussions during the consultant's visit, the idea behind a short-term course is to offer training programs in social marketing for Ministry of Health employees and others.

One direct way to prepare a two-week course is to arrange the 15 sessions already developed, into a compact time span. Fifteen two-hour sessions would certainly fit quite well, assuming participants had adequate time to do readings and preparation. A related issue is the necessary faculty preparation needed for the Faculty of Public Health to offer such a program. The consultant's recommendations appear in the following section.

IV. CONCLUSIONS AND RECOMMENDATIONS

Dr. Adi Sasongko is to be commended for his dedication and his initiative in launching the social marketing course in 1988. He has received encouragement from others within the Faculty of Public Health, and this encouragement has been important to establishing the legitimacy and significance of the course.

A preparation guide and set of readings for the course is now complete and will be used to teach the course during the semester which began on February 6 1989. They represent the consultant's judgement about the best available resources with particular emphasis on including materials in Bahasa Indonesia. The preparation guides and readings do not necessarily constitute a social marketing "bible." These materials will need to be reviewed and modified from time to time. The preparation guide should be translated into Bahasa Indonesia as quickly as possible.

From agency visits and contact with social marketing consultants working in Jakarta, it is apparent that substantial social marketing-oriented programs are being carried out, programs which bring together people with wide-ranging overseas social marketing experience. These people could be involved in introducing faculty and students to the application of social marketing.

Steps should be taken to regularize the status and structure of the course within the Faculty of Public Health. Specifically, the course should be increased to two credits. It should meet for one hour and 40 minutes weekly, and it should be open to S1 and S2 students. The approval for these modifications should be given right away in order to enable students to make plans to take the course when it is offered again in 1990.

Consideration should be given as to where this course should be offered, both in terms of which faculties and which universities. Since students take all or virtually all of their coursework within their own faculty, the faculty within which a course is offered effectively determines which students have access to it. At present it is taught in the Department of Health Education and Behavioral Science, within the Faculty of Public Health, but it is not certain that it should be offered only there. Also, there are other Faculties of Public Health in Indonesia where a social marketing course could be equally valuable. Issues about disseminating social marketing courses should be considered when planning for further faculty preparation and training in social marketing.

Faculty will require additional preparation and training in social marketing and in the use of cases in instruction. For this reason it would be desirable to identify several faculty members who might go through some elements of the training program together. The training should include the following elements:

- A regular course in marketing management should be taught in the University of Indonesia's Faculty of Economics, or by arrangement with IPMI. Taking a regular marketing management course would ground

faculty in the fundamental assumptions underlying marketing, and by extension, social marketing, and introduce them to marketing problem solving and the application of diverse marketing tools;

- A course in social marketing based on the course materials should be taught by an experienced professor;

- In-depth training in teaching using the case method. Conversations with faculty, both Indonesians and Americans with Indonesian teaching experience, indicate that most courses rely on traditional approaches such as lectures. Given the aims of active learning and mastery of skills, those who teach the social marketing course will become competent and confident in using cases. Analysis of cases enables students to develop skills in problem identification and analysis, as well as in proposing solutions;

- A series of site visits to meet social marketing practitioners, to see and hear what they are doing;

- An "internship," of a few weeks or more, with one or more of the social marketing programs going on in Jakarta;

- A short course on learning objectives and appropriate evaluation techniques for applied learning;

  Short- or long-term training in the United States is neither necessary nor desirable. Not only are the resources -- the regular marketing course, the social marketing programs, and the technical assistance people -- already available in Jakarta, but there is no comparable set of resources in one location in the United States; and

- Expanding offerings in social marketing should wait until the faculty completes appropriate training. There is discussion about offering short courses on social marketing, perhaps through the Center for Health Education within the Faculty of Public Health. It is possible that the existence of a book of readings and preparation guides is deemed equivalent to having a course ready to teach, but more faculty training is essential.

V. FURTHER ISSUES

Assumptions about the nature of the social marketing field will necessarily influence courses about it. The fact is that virtually no one has formal education specifically in social marketing. A few social marketers have done graduate work in marketing in the past 10 or 15 years, working with Philip Kotler and others who were early exponents of social marketing. But the founders were not trained as social marketers either. Kotler's Ph.D. is in economics, Zaltman's and Levy's are in psychology, etc. Furthermore, significant social marketing practitioners have come from advertising agencies (e.g., Novelli and Manoff), or communications research (e.g., many at the Academy for Educational Development, and other such organizations).

The result is a highly "mobile" consensus about what social marketing is. Occasional academic gatherings discuss "what is social marketing?", but practitioners tend to define social marketing in terms of their prior background: communications people see social marketing primarily as using mass media, advertising people see social marketing in terms of advertising, family planning/contraception people tend to emphasize distributing and promoting a physical product, health education people tend to focus on presenting factual information, and so on.

There is, however, a clear working definition of social marketing -- the application of marketing tools and concepts to promote beneficial social change. The definitional issue is discussed in greater detail in the consultant's 1980 article with Philip Kotler entitled "The Marketing of Social Causes: The First Ten Years."

Marketing -- including social marketing -- is far more than a set of facts or procedures. It calls for a particular approach to problem identification and problem solving. It calls for grasping a gestalt, not merely applying a template. The ideal preparation for social marketing would include a background in the behavioral sciences and research techniques, coupled with broad preparation in marketing, including advertising and other marketing communications, distribution, pricing, product development, and so forth. Programs aiming to transfer social marketing know-how will need to consider how best to provide this training.

APPENDICES

APPENDIX A:
Scope of Work

THE SCOPE OF WORK
FOR THE CONSULTANCY IN SOCIAL MARKETING
THE SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF INDONESIA

I. Expected results of the consultancy:

1. To improve knowledge and skill of the teaching staff in providing the Social Marketing course at the Bachelor and Master level (S-1 and S-2 program) in the School of Public Health, University of Indonesia.

2. Course curriculum in social marketing for S-1 and S-2 programs.

3. Teaching materials in social marketing for S-1 and S-2 program.

4. A plan for collaboration between School of Public Health, University of Indonesia and various agencies.

II. Justification:

1. The Social Marketing course is a new course offered in the School of Public Health, University of Indonesia.

2. Lack of teaching materials in the Social Marketing course.

3. Lack of experience in setting up the curriculum, especially in social marketing.

III. Objective of the consultancy:

1. To provide technical assistance in order to develop a Social Marketing course in the School of Public Health, University of Indonesia, so that it can be offered to the S-1 and S-2 students.

2. To assist the Department of Health Education and Behavioral Sciences staff to organize the course curriculum, as well as manage teaching materials.

3. To prepare a plan for collaboration between the School of Public Health, University of Indonesia and various other agencies.

IV. Details of the task:

1. Prepare curriculum for short-term (2 week) course for a long-term (1 semester, 18-20 weeks) course in social marketing for the FKM-UI based on:

   a. A review of the existing course curriculum and teaching material; and

b. An assessment of social marketing needs of S-1 and S-2 students.

The curriculum should include information on human resources available from both within UI and outside the institution, to assist in teaching short- and long-term courses.

2. Prepare a plan for collaboration with various social marketing agencies outside the FKM-UI.

3. Provide short-term training in social marketing for teaching staff at the FKM-UI.

Length of consultancy: one-month consultancy

Desired time : October, November, or December 1988

Counterpart : Dr. Adi Sasongko, M.A.

Approved. . . . . Date: 9 September, 1988
Dr. Does Sampoerno

Approved. . . . . Date: 9 September, 1988
Mr. David Denman

APPENDIX B:
Preparation Guide and Readings for Social Marketing

APPENDIX B

UNIVERSITAS INDONESIA
FAKULTAS KESEHATAN MASYARAKAT

Preparation Guide and Readings for Social Marketing

Prepared by Professor Karen Fox, Department of Marketing, Santa Clara University, Santa Clara, California 95053, USA, in consultation with Dr. Adi Sasongko, MA and other faculty of the Department of Health Education, Faculty of Public Health, University of Indonesia, Depok-Jawa Barat, January 1989.

Technical assistance was funded by the United Satates Agency for International Development as part of the Schools of Public Health Development Program. These materials are the work of or were selected by the author and do not necessarily represent official views of US/AID.

Recommendations for revisions, additions, and deletions are most welcome. Please make them in writing to Professor Karen Fox and/or Dr. Adi Sasongko, MA at the addresses above.

SOCIAL MARKETING

Purpose of the Course

This course has been prepared to introduce social marketing to S-1 (upper division undergraduate) and S-2 (graduate) students in the Faculty of Public Health. S-1 students will be in the final semester of the program, and most will have prior work experience in public health. Most S-2 students will have completed medical degrees and will be in the final semester of their program at the University. The majority of S-1 and S-2 graduates will work in the field of public health; some may be instructors or professors.

Credit/Time

This course will meet once a week for one hour and forty minutes. In 1989 the course will be offered for one unit of credit; in future years, after formal course approval, two credits will be offered.

Course Materials

This volume includes preparation guide and readings for each of the fifteen topics covered in the course. The preparation guides include learning objectives, a brief introduction, a list of readings, and issues to consider in advance of the class session. These issues will be discussed during class sessions.

Readings were selected from a wide range of materials. Wherever available, materials in Bahasa Indonesia have been used. Full citations to the sources are given the first time the source is mentioned in the preparation guide.

Course Activities

Course activities will include:

1. Preparation of readings and discussion questions
2. Attendance and participation in class discussions
3. A group project which will include preparing a social marketing plan, visiting a social marketing program, and making formal presentations to the class
4. Examinations

Session 1

COURSE INTRODUCTION

This first session will provide an overview of the topics covered in this course, and information on course materials, class preparation, and projects.

Session 2

OVERVIEW OF MARKETING

Learning Objectives:

1. You will be able to give a correct definition of marketing, needs, wants, demands, products, exchange, transactions, and markets.

2. You will be able to define and explain the marketing concept and to explain why modern marketing is not the same thing as aggressive selling or advertising.

3. You will be able to explain why a customer orientation is central to modern marketing and social marketing.

4. You will be able to give examples of what a customer orientation would mean in given marketing situations.

5. You will be able to explain what exchange means in the context of marketing, and to tell the four conditions which must be met to say that exchange has taken place.

Session Overview:

This class session introduces the course in social marketing by providing you with an overview of the field of marketing. The basic concepts underlying modern marketing are not difficult to grasp, but they do conflict with many people's preconceptions about marketing. Many people think that marketing is aggressive selling and insistent advertising that "wear away" at consumers until they "give in" and buy. Some companies may still try to sell their products in this way, but the field of marketing has evolved greatly over the past few decades. Modern commercial marketers recognize that they can be more successful by understanding their customers and offering them things that the truly value, rather than by trying to sell what the companies have to offer.

The success of this approach to marketing has fostered the development of social marketing. Modern marketing starts with understanding customers wants and needs. Furthermore, modern marketing is based on the principle of exchange--that people buy goods and services because they expect to better off as a result, and that consumers seriously consider and choose to adopt proposed ideas or changes in behavior because they see that the proposals offer them something they value.

Please read the materials which follow this overview in advance of the class discussion. These materials are designed to give you strong preparation in social marketing, to enable you to put these ideas into practice in your own work. By reading the material, reflecting on the issues presented, and then participating actively in class discussion will you obtain the full benefit from this course.

Class Preparation:

Reading:

1. Rasmuson, Mark R., et al., Communication for Child Survival, Washington, DC: Academy for Educational Development (for USAID), June 1988, pp. 10-12.

2. Kotler, Philip, Dasar-Dasar Pemasaran (edisi ketiga), Jakarta: Intermedia, 1987, Bab 1, pp. 3-41.

3. McCartny, E. Jerome, Dasar-Dasar Pemasaran, Jakarta: Penerbit Erlangga, 1985, Bab 2, pp. 27-51.

Issues to consider:

1. What did you think the term "marketing" meant before you enrolled in this course? How would your previous idea of marketing need to be modified if companies followed "the marketing concept" as described in your reading?

2. Adji, a student at UI, needs transportation to get from his home to the University. He realizes that he could take the bus or train; he could even arrange to live in Depok, very close to the campus. But what Adji really wants is a Mercedes-Benz automobile. What is the distinction between wants and needs in this situation? For us to say that Adji has a demand for a Mercedes-Benz automobile, what conditions would Adji have to meet?

3. Figure 1-1 in Kotler shows three degrees of want satisfaction. In social marketing we cannot always provide precisely the product or service or health behavior that consumers would really prefer. For example, the ideal contraceptive doesn't yet exist--it hasn't been invented. Explain the meaning of Figure 1-1 with reference to contraceptive products.

4. The following (hypothetical) statements were made by the directors of two different clinics:
Director of Clinic A: "We have an excellent, well-equipped clinic and fine medical staff. It's unfortunate that the patients who come here are so uneducated and stupid that they don't recognize what a great clinic we have here."
Director of Clinic B: "The most important task of this clinic is to determine the health needs of the community we serve and to determine how we can best meet those needs. It is useless for us to have great facilities and great staff if we do not serve the health needs of those who count on us for care."

Which of these two clinic directors reflects a customer orientation? What could you say to the other clinic director to explain the importance of a customer orientation?

5. You will want to start planning for your social marketing project for this course. Looking ahead in the course materials will give you some ideas of where social marketing has been applied.

Session 3

SOCIAL MARKETING, PUBLIC HEALTH, AND HEALTH EDUCATION

Learning Objectives:

1. You will be able to describe limitations of traditional health education activities, based on the readings and your own experience.

2. You will be able to explain the differences between a marketing approach and an educational approach.

3. You will be able to describe some limitations of past mass media health campaigns, and you will be able to explain how social marketing programs aim to overcome these limitations.

4. You will be able to give a clear explanation of the nature of social marketing, and to present examples of areas where social marketing can make a contribution to public health.

Session Overview:

Public health professionals are increasingly turning to social marketing to increase the effectiveness of their programs. As students in a school of public health, you should understand the relationship between social marketing and other approaches that have long been used to encourage people to adopt sound health practices.

As you read the assignments, you may find that you disagree with some of the things the authors say. You may think that they are too critical of traditional health education programs. Please keep an open mind, and make notes of what each author says. You might find it helpful to use the sort of table that Barach uses in his article as a framework for taking notes.

Class Preparation:

Reading:

1. Rasmuson, pp. 6-7, 10.

2. Barach, Jeffrey A., "Applying Marketing Principles to Social Causes," Business Horizons, July-August 1984 (vol. 27, no. 4), pp. 65-69.

3. Fox, Karen F. A., "The Impact of Social Marketing on Mass Health Promotion Campaigns," Advances in Health Care Research, 1984, pp. 86-88.

4. Manoff, Richard K., Social Marketing: New Imperative for Public Health, New York: Praeger, 1985, Chapter 1, pp. 11-13, and Chapter 4 (selected paragraphs)

Issues to consider:

1. According to the readings, what are some limitations of health education as it has been traditionally practiced? Try to list at least three or four broad areas, and be prepared to give an example of each.

2. According to Barach, how does a marketing approach differ from an educational perspective?

3. According to Fox, on what bases have mass media health campaigns been criticized? In what ways does social marketing aim to go beyond the typical mass media health campaigns?

4. According to Manoff, why is social marketing important? (He gives several reasons. You should too.)

Other questions: List here questions you have about the session topic and/or readings that you would like to have clarified in class.

1.

2.

3.

Session 4

FORMULATING SOCIAL MARKETING PROBLEMS

Learning Objectives:

1. You will be able to explain the importance of carefully and correctly formulating a problem before proceeding to design a social marketing program.

2. Given descriptions of situations, you will be able to identify two or three possible explanations and to suggest ways to determine which is/are most likely.

3. You will be able to explain the significance of external environmental forces---including political, economic, demographic, sociocultural, religious, and other forces---on social marketing problems and on designing social marketing programs.

Session Overview:

Correctly formulating social marketing problems is an essential step in the social marketing process. First, social marketing programs involve a great deal of effort, time, and resources. Second, social marketing programs are designed to promote health behaviors that offer adopters some improvement in health or wellbeing. Therefore a social marketing program that is ineffective, or that gives inaccurate or inappropriate advice, or that addresses an insignificant problem is wasteful of scarce resources.

Most professional people are trained in a particular field and tend to view the world around them from the perspective of their own training and experience. Faced with the same situation, a physician might recommend giving medical advice, and a health educator might recommend providing a training course. Both the doctor and the health educator may be correct, but thay may each see only one aspect of the problem. Furthermore, it is quite possible that someone from another field would offer still anotner point of view.

Social marketers apply their marketing perspective---what you will be gaining in this course. In the process they seek out various perspectives on the problem to assure that the social marketing program, when designed, addresses a significant and correctly identified problem.

Social marketing problems---and the ability to address them with social marketing programs---are often greatly affected by the external environment. For example, countries in which women's status is low often do not provide much education to women, and this in turn affects women's ability to earn money and women's knowledge and practice of family planning. Only by developing a complete picture of the problem area and the influences on it can we design the most promising programs.

Moreover, health-related social marketing programs must reflect the most up-to-date scientific evidence in promoting particular health behaviors. For example, oral rehydration programs worldwide now promote the one medically

case of many tangible goods) packaging. As you read these selections, you will see how marketers think about product decisions and strategy.

Class Preparation:

Reading:

1. Kotler, pp. 432-434. Levels of a product.

2. McCarthy, Bab 9, "Unsur-unsur Pernecanaan Produk," pp. 221-254.

3. McCarthy, E. Jerome, and Perreault, William D., Basic Marketing (eighth edition), Homewood, IL: Richard D. Irwin, 1984, pp. 318-319.

4. Population Reports, "Products," pp. J780-J784, J786 (part).

5. Rasmuson, pp. 54-55 (part), pp. 100-105.

Issues to consider:

1. Kotler's concept of the three levels of a product has great relevance for social marketing. Try applying this concept to the following situations: (a) family planning, (b) immunization, and (c) breastfeeding.

2. Some products promoted by social marketing programs are unsought goods, at least initially. Based on your reading, what should marketers do in such cases?

3. Describe situations in which condoms would be considered (a) a convenience good, (b) a staple, (c) an impulse good, and (d) an emergency good. What are the implications of each situation for marketers?

4. One contraceptive social marketing program offers two oral contraceptives (one is low-dose), one brand of condoms, one brand of foaming tablets, two different IUDs, and an injectable contraceptive. Relate this example to what you have read about a "product mix." Why would the project offer several products? Why would the project offer more than one brand of the same type of product?

5. The Ansell Company manufactures condoms which are marketed by the Family of the Future (a nongovernmental organization in Egypt) under the brand name "TOPS." Relate this example to what you have read about manufacturer brands, dealer brands, and individual brands. Which was used in this case? What are the advantages?

6. What are the functions that packaging performs? Illustrate in reference to the packaging of (a) condoms and (b) ORS.

7. Refer to McCarthy, Gambar 9-7 on page 246, on the characteristics of a good brand name. Appraise the following brand names based on McCarthy s criteria.

DuaLima
Coca-Cola
555
Gadung Garam
family planning (instead of "birth control")

8. Why is it important to test a product, including its brand name and packaging, before it is introduced to the public? How can product testing be done?

sound, practical method of saving hundreds of thousands of children's lives each year. Yet many doctors continue prescription of antibiotics which have no effect on most forms of diarrhea, and which have no impact on diarrheal dehydration. Social marketers in particular must insist on promoting the very best medical information and practices.

Class Preparation:

Reading:

1. Rasmuson, PP. 22-23, and 28-31.

2. Fox, Karen F. A., "Social Marketing of Oral Rehydration Therapy and Contraceptives in Egypt," Studies in Family Planning," March-April 1988 (vol. 19, no. 2), pp. 95-99. (Read the remainder of the article for Session 5.).

3. Manoff, pp. 223-233. Case of the Indonesian Nutrition Education and Behavior Change Project.

Issues to consider:

1. Manoff, on page 225, reports that "the corps of kaders was poorly trained and suffered a high dropout rate." Based on your reading of the case and your knowledge of the role of kaders, list several possible explanations for the high dropout rate. Next to each explanation, note one or more ways you could investigate the role of that explanation for the dropout problem.

2. Based on your knowledge of marketing, particularly the principle of exchange, what do the kaders receive (monetary or nonmonetary) in return for their volunteer service? What might they receive that would increase the likelihood that they would continue to serve as kaders?

3. Suppose you were going to design a program to reduce the incidence of smoking in Indonesia. What environmental (social, political, etc.) forces would facilitate your efforts? What environmental forces would make it very difficult to change public attitudes and behaviors about smoking?

4. Rasmuson presents a diagram of a problem (diarrhea) in relation to its causes and ways of prevention and treatment. Prepare a similar diagram for the social marketing problem you are working on for your project, being sure to reflect the most up-to-date medical knowledge on the subject.

Session 5

DESIGNING SOCIAL MARKETING PROGRAMS

Learning Objectives:

1. You will be familiar with the basic steps in designing and implementing a social marketing program.

2. You will be able to read descriptions of social marketing programs and to explain what was done in terms of the steps in a social marketing program.

3. You will be able to prepare a proposal to carry out your own social marketing program.

Session Overview:

The pupose of this course is to help you become familiar with the central ideas of social marketing, and to enable you to apply this knowledge of social marketing to actual problems. You will be designing a plan for a social marketing project, and this session provides an overview of the program design process.

You may hesitate to begin preparing your own social marketing plan, because you don't yet "know everything" about social marketing. Please prepare a proposal anyway because as you work on the proposal you will be learning the process of social marketing. Each class session will add to your knowledge and you can add to and improve your plan.

Class Preparation:

Reading:

1. Reread Rasmuson, pp. 11-12.

NOTE that Readings #2 and #3 address the same basic topic, the steps in designing a social marketing program. Each of the readings has its particular strengths. Reading #2 presents an excellent conceptual overview, while Reading #3 gives more detail. Therefore it is strongly recommended that you read them in the order they appear here.

2. Novelli, William D., "Developing Marketing Programs," in Lee W. Frederiksen et al., Marketing Health Behavior, New York: Plenum, 1984, pp. 59-89.

3. Manoff, Chapter 6, pp. 104-117.

4. Fox, Karen F. A., "Social Marketing of Oral Rehydration Therapy and Contraceptives in Egypt," Studies in Family Planning, March-April 1988 (vol. 19, no. 2), pp. 95-108.

Issues to consider:

1. Make your own set of notes on the process of designing and carrying out a social marketing program, based on Readings #2 and #3. Taking notes will help you grasp the sequence of steps involved in the design process. Based on your reading and your notes, explain in your own words the basic steps in designing a social marketing project.

2. Describe the components of a social marketing program with reference to the two social marketing programs described in Reading #4.

3. Demonstrate your knowledge of the design process by preparing an outline for your proposal for your social marketing project for this course. (NOTE: You will be revising and improving your proposal throughout the term.)

Session 6

UNDERSTANDING CONSUMER DECISIONMAKING

Learning Objectives:

1. You be able to describe the three buying situations--routinized response behavior, limited problem solving, and extensive problem solving--and illustrate them with social marketing examples.

2. You will be able to name five roles in the buying process and to tell who might play each of the five roles in a given health-related decision.

3. You will c able to name the five steps in the buyer decision process and to explain what the social marketer can do to assist the consumer at each of the five steps, using a social marketing situation as an example.

4. You will be able to demonstrate your understanding of the expectancy value model (Reading #2, pp. 289) and the health belief model (Reading #3, pp. 247-275), by explaining each of the two models and providing health related examples, and by explaining the implications for actions by social marketers.

5. You will demonstrate your understanding of the concept of decision-making unit by providing an example and explaining the relevance of the cooncept to social marketing programs.

6. You will be able to list the stages in the adoption process nd explain infuences on the rate of adoption of inovations, using a social marketing example to illustrate.

Session Overview:

Consumers differ in many ways. These differences influence what people buy, what health practices they adopt, and many other aspects of their consumer behavior. While the texbook examples presented in the readings are from the United States, as you read the assigments please think of Indonesian situations and examples based on your own experience, observation, or reading.

Class Preparation:

Reading:

1. MrCarthy, Bab 6, "Konsumen Akhir dan Tingkahlaku Pembelian Mereka", pp. 137-167.

2. Kotler, Bab 6, "Pasar Konsumen: Proces Keputusan Pembeli," pp. 277-305.

(NOTE: There is some overlap of content between Readings #1 and #2. You may find the repetition helpful in grasping these new concepts; or may wish to skim those parts that are repetitious.)

3. Kotler, Philip, and Clarke, Roberta N., Marketing for Health Care Organizations, Englewood Cliffs, NJ: Prentice-Hall, 1987, pp. 274-279.

Issues to consider:

1. Suppose a couple is trying to decide what to do about family planning.

(a) What are the five steps in the "buying" process--in this case, the steps in the process of deciding what family planning action to take--and how might a couple move through the five steps? Prepare a brief description for a typical couple.

(b) Explain who plays each of the five "roles in the buying process" in the decision described above.

(c) Why would we describe the husband and wife as a "decision-making unit"? How does the concept of decision-making unit help us to better understand the process?

2. Prepare an illustration of the expectancy value model (Reading #2, pp. 288-290) for this couple's situation. Begin by preparing a diagram like Table 7-1. Instead of cameras A-D, you will put family planning methods A-D. Instead of camera attributes, list four attributes a couple might use to evaluate family planning methods. Assign ratings and weights as shown in the example. Based on your Table, which family planning method would your couple be most likely to choose?

3. Suppose some physicians are reluctant to support the use of ORT and continue to prescribe antibiotics. How would you apply what you know about the adoption of innovations (Reading #1, pp. 161-162, and Reading #1, pp. 289-302) to understanding and influencing this situation?

Session 7

MARKETING RESEARCH

Learning Objectives:

1. You be able to explain the importance of marketing research in designing, implementing, and evaluating social marketing programs.

2. You will able to describe the process of doing a behavioral analysis of a health-related situation and/or a proposed health practice, and to tell the importance of doing a behavioral analysis as part of planning a social marketing program.

3. You will be able to design a focus group study and to explain the value of focus group research in social marketing.

4. You will be able to describe at least four of the six research techniques described in Reading #1, pp. 32-38, including the advantages and disadvatages of each.

5. You will be able to explain the importance of utilizing several different research techniques in the procrss of designing a social marketing program.

Session Overview:

Marketing research helps social marketers to understand consumers and thus to plan better social marketing programs. Social marketing applies research techniques from several social science disciplines, including anthropology, sociology, and psychology, so several of the research methods in the readings may already be familiar to you, while others are new.

Class preparation:

Reading:

1. Rasmuson, pp. 32-38, pp. 12-15, pp. 24-26, p. 44, and pp. 31 and 56.

2. Pratomo, Hadi, "Aplikasi Fokus Grup Diskusi (A Qualitative Marketing Research Technique) dalam Bidang Kesehatan Masyarakat dan Kependudukan), Medika, May 30, 1988 (vol. 14, no. 5), pp. 457-462.

Issues to consider:

1. Carry out a behavioral analysis related to the subject of of your social marketing project.

2. Describe the marketing research techniques you plan to use in carrying out your course project. Explain why you selected the techniques you did, and explain why you will use more than one technique.

I. Describe a focus group study you would conduct as part of your course project. Include the following information and be prepared to present and explain your plan to the class:

Purpose of the focus group study (what topic area, what issue)

Description of the people you would include in your focus groups (Provide as complete a description as you possibly can---age, sex, income, community type, etc., and explain why you made this selection.)

Location (or type of location) where you would hold the focus groups

How you would structure the interview environment (arrangement of chairs, people, equipment, etc.---a sketch would be helpful)

Problems that might arise and how you might prevent or deal with them

A preliminary list of questions you would ask in the focus group interview.

Session 8

SEGMENTATION, TARGETING, AND POSITIONING

Learning Objectives:

1 You will be able to define segmentation and to explain why market segmentation is an important step in developing marketing strategy.

2. You will be able to list the four broad categories of segmentation variables, to give examples of variables for each category, and to illustrate with social marketing examples.

3. You will be able to name the four characteristics of a useful segment and to use those characteristics to evaluate a proposed segmentation plan for a social marketing program.

4. You will be able to define target market and explain the interrelationship between segmentation and targeting.

5. Given a social marketing situation, you will be able to suggest how you would segment the market and how you would select a target market.

6. You will be able to explain what positioning means and how the chosen positioning strategy depends on prior segmentation and targeting.

Session Overview:

Segmentation consists of dividing a market into homogenous subgroups as a basis for marketing planning and action. As you will see in the reading, there is no one way to segment a market. Marketers must select the segmentation variables which, in their judgment, will be the most useful and then use the variables to divide up the market. Marketers can then select (target) the market segments they feel would be best. Marketers then design a marketing mix which they feel will be most attractive to the selected target market or markets.

Class Preparation:

Reading:

1. Rasmuson, pp. 40-43.

2. Population Reports, "Potential Customers," pp. J779-780.

3. Kotler, Bab 10, "Segmentasi Pasar, Menetapkan Pasar Sasaran dan Menenukan Posisi Pasar," pp. 381-419.

Issues to consider:

1. What bases for segmentation could you use to segment the market for family planning products and services? Try to include appropriate variables from each of the four broad categories in Kotler (demographic, etc.).

2. Now consider the social marketing situation you are working on for your course project. What segmentation variables would be most appropriate and useful? What segment or segments would you target? Explain your reasoning.

3. In the example in Rasmuson, p. 40, the program planners decided to include physicians as a target market, even though the ultimate users would be mothers. Explain the reasons for their decision. Can you suggest one or more other situations in which it would be important (even necessary?) to target more than one group?

4. Rasmuson, pp. 43, presents an excellent example of "repositioning" a basic human behavior, breastfeeding, to encourage mothers who might think breastfeeding isn't "modern." Explain the elements of the positioning strategy--what position the planners selected, how they conveyed this position, etc.

5. The example mentioned above showed how breastfeeding was repositioned for mothers--primarily lower-income mothers--in Honduras. To illustrate the importance of planning a positioning strategy in relation to your target segment, how would you propose to encourage low-income mothers in Indonesia to breastfeed their babies? How might your positioning strategy differ if you were targeting mothers in Jakarta? In a rural area?

6. How is the concept of positioning applicable in your course project?

Session 9

PRODUCT DECISIONS

Learning Objectives:

1. You be able to define a "product" in terms of the three levels of a product (Kotler, pp. 432-432) and to give examples illustrating that you understand how this concept applies in social marketing.

2. You will be able to explain why "product" is a basic element of the marketing mix.

3. You will be able to explain the four classes of consumer goods and to describe the marketing implications of each product class with reference to social marketing examples.

4. You will be able to explain why brand names are used on commercial products and services, and why brand names are also important in social marketing.

5. You will be able to evaluate brand names based on the characteristics of a good brand name listed in McCarthy, page 246.

6. You will be able to explain the functions of packaging and apply this to social marketing products.

7. You will be able to explain why product pretesting is essential and to describe ways to do product testing.

Session Overview:

Products may be tangible goods (such as oral rehydration salts) or services (such as infant weighing) or health-related behaviours (such as breastfeeding and handwashing). Whether a social marketing program offers a tangible product, a service, or a health-related behavior to its target market, the "product" helps the target consumers to solve some problem.

Kotler illustrates the problem-solving role of products in terms of the three "levels" of a product. The "core product" is the real benefit the consumer seeks to obtain. For example, the mixture of ORS and water is a treatment for diarrheal dehydration--that is the core benefit and thus the "core product."

While an educational approach often stresses providing information and encouragement, social marketers try to identify the best possible products to help people to adopt new behaviors and to solve their problems. For example, social marketers try to identify and offer tangible products that will help consumers to practice family planning--appropriate contraceptive products to meet a variety of needs.

A product is a combination of attributes, including brand name and (in the

Session 10

PRICING DECISIONS

Learning Objectives:

1. You will be able to explain the monetary and nonmonetary components of the "price" people pay when they buy a product or adopt a new health practice.

2. You will be able to explain the principle of exchange and why it is central to modern marketing and to social marketing.

3. You will be able to illustrate your understanding of exchange by preparing and appropriately labeling an exchange diagram, showing monetary and nonmonetary aspects of the exchange. (Note that intangible things such as appreciation, recognition, respect, etc. are often highly valued, even though they have no monetary value.)

4. You will be able to explain the significance of consumers' perceptions of price, and how consumers are likely to perceive differences in monetary price for the same or similar products.

5. You will be able to explain the advantages and disadvantages of charging one price for a "bundle" of good and/or services.

Session Overview:

Price is one of the four elements of the marketing mix. The social marketer wants to make the offering as attractive as possible to the target market, so that they will seek out the product (such as contraceptives or immunizations) and/or adopt the health behavior (such as the use of ORT or the practice of breastfeeding). Reducing the "price"---monetary and/or nonmonetary---is often one way to increase the perceived value of the offer and to increase the likelihood that target consumers will select it.

To make good decisions about pricing, social marketers need to understand the whole "price" and how this price is perceived by present and potential consumers. Some people will pay more for convenience, trading money for time and effort. Others will travel greater distance or put up with some inconvenience to save money.

Furthermore, some people use the price of a good or service as an indicator of its "quality." This often happens when people have little or no information or experience on which to base an objective appraisal of quality. For this reason contraceptive social marketing programs typically charge something for their products (but usually less than the full cost), so that consumers have confidence in the contraceptives quality.

Class preparation:

Reading:

1. Lovelock, Christopher H., and Weinberg, Charles B., Marketing for Public and Nonprofit Managers. New York: John Wiley, 1984, Chapter 3, "Exchanges in Nonbusiness Marketing," pp. 43-57; and Chapter 13, "Developing Monetary Pricing Strategies," pp. 349 -352, and p. 375.

2. Fox, Karen F. A., "Time as a Component of Price in Social Marketing," in Marketing in the 80's. Chicago, IL: American Marketing Association, 1980, pp. 464-467.

3. Population Reports, "Pricing," pp. J786-J788.

Issues to consider:

1. The family planning clinic in Jakarta has the following list of family planning products and services posted in the waiting room:

Contraceptive Pills	
Noriday	No charge
Microgynon-30	1,250 Rp.
Microgynon-50	1,500 Rp.
Otherpill	2,000 Rp.
Injectables	
Depo-Provera	3,000 Rp.
Noristerat	2,500 Rp.
IUDs	
Lippes Loop	1,000 Rp.
Multi-Load	3,000 Rp.
Copper-T	5,000 Rp.

What are the possible inferences and interpretations a prospective customer might make based on this list? (NOTE: The inferences might be incorrect, but list them anyway.)

2. Mothers in a recent study commented that there were two places where they could take their children for immunizations. One place was a private clinic which was open six days a week from 8 AM to 7 PM. The other place was the local posyandu which was open one day each month and where immunizations were free; however some days the posyandu does not open on schedule or there is no one to administer the immunizations. Compare these two options in terms of "price," using the broad definition of price presented in the readings.

3. The YKB Clinic offers a screening program for primary school children to detect the presence of worms. The parents pay 1000 Rp. per year, which covers two stool examinations and, if the child is found to have worms, appropriate medication. The annual charge is 1000 Rp. whether the child is found to have worms or not. What are the advantages to the program and to the child's family of offering this "package price"? Under what circumstances would it be appropriate to "unbundle" the two services--diagnosis and treatment--and to charge separately for them?

4. Some people assume that the higher the doctor's fee, the better the doctor must be. Some also assume that an expensive medication is better than a less expensive medication. What are some reasons why people might assume that higher price means better? (Hint: How can a consumer evaluate a pill? A physician's advice?) How can a social marketer help to correct these assumptions, particularly for people who do not have the financial resources to pay such high prices?

5. Draw an exchange diagram to illustrate each of the exchanges involved in your social marketing project. (Keep in mind that you may want to facilitate exchanges with more than one target market, so the exchange with--for example--physicians will be different that the exchange with--for example--mothers of small children.)

Session 11

DISTRIBUTION DECISIONS

Learning Objectives:

1. You will be able to explain why place decisions are an essential part of the marketing mix.

2. You will be able to explain the advantages and disadvantages of direct and of indirect channels.

3. You will be able to explain the criteria that marketers use to determine the best channel system.

4. You will be able to explain why distribution channels, once selected or created, need to be managed effectively.

5. You will be able to explain why there is often some conflict in the marketing channel system, and to suggest ways in which to deal with the conflict.

Session Overview:

A social marketing program almost always has to distribute or deliver a product, a service, some form of information or instruction, or often a combination of several of these. Condoms need to get to stores and family planning clinics so people can buy them; immunization services need to provided where people can come to be immunized; and information about breastfeeding and nutrition--in brochures, posters, radio broadcasts, classes or some other form--need to reach the people who need it.

To get these things to those who will use them, social marketers try to select or--if necessary--to create effective distribution systems. For example, the Posyandu Program was established to make important health promotion services easily accessible to poor families, by establishing many posyandu (for convenience) and staffing them with trained volunteers (to provide effective services at low cost). The posyandu kaders are trained to perform services that do not require medical personnel. Establishing new distribution systems usually involves training the service providers and also training consumers in how to use the new distribution system.

When the social marketing program involves physical products, the distribution system must eventually get the products to the customers. In planning a distribution system marketers often enlist intermediaries to take on some of the necessary tasks. For example, ORS packets must be delivered to clinics, which requires transportation. Condoms must get to pharmacies, which often involves going through warehouses.

As you prepare for this class session, consider how the idea of distribution affects your own project.

Class Preparation:

Reading:

1. McCarthy, Bab 11, pp. 277-301.

2. Population Reports, "Distribution," pp. J791-J793.

3. Rasmuson, pp. 62-65.

Issues to consider:

1. Imagine you had a perfect product, which you offered for sale at a very attractive price, and which was effectively advertised. The only problem was that the product was located on the Moon and no one could get there to buy it. Explain how this story relates to the first learning objective above.

2. Reading #2 describes the importance of distribution systems in contraceptive social marketing around the world. Why do most such programs use commercial channels of distribution? Why do most programs also distribute through noncommercial channels as well?

3. Suppose that a contraceptive social marketing program decided to set up its own distribution system, starting with the factory where the contraceptive products are produced and ending when the products are in the hands of the counsumers. What distribution activities would the program have to undertake in order to be successful? What kinds of backgrounds and/or training would the staff need to have to be successful?

4. "Distribution" may also meaning getting training programs to those who need them. Most social marketing programs make some use of existing "channels of distribution" such as schools, universities, government agencies, and professional associations (medical associations, etc., among others. Suppose you wanted to train mothers about the symptoms of diarrheal dehydration and how to mix and use ORS. What existing channels would be worth considering? What new channels might be worth setting up?

5. In the question above you considering existing versus new channels of distribution. What are the advantages and disadvantages of using existing channels? Of creating new channels? What criteria could you use to decide which approach to use?

6. What are the basic reasons why there is often some natural conflict in channels of distribution? Would you expect such conflict even in channels of distribution that aim to serve the health and wellbeing of the public? Explain.

Session 12

PROMOTION DECISIONS

Learning Objectives:

1. You will be able to explain the importance of promotion in the marketing mix.

2. You will be able to list the various promotion methods described in McCarthy, and to explain what each method is and how it is used.

3. You will be able to explain how promotion methods are selected for use.

4. You will be able to draw a simple diagram of the communication process, to label it correctly, and to explain the model.

5. You will be able to explain the AIDA model and relate it to the adoption process.

6. You will be able to explain how a marketer determines which promotion methods to use in a particular situation.

7. You will be able to explain what sales promotion is and how it is relevant to social marketing.

Session Overview:

We have now come to the fourth of the four elements in the marketing mix. As you will see in preparing for this class session, promotion is not restricted to advertising. Promotion includes advertising, publicity, personal selling, and sales promotion (including incentives, coupons, gifts, etc.). All of these tools are used in social marketing, although not all programs will use all four tools.

This session gives an overview of the field of promotion, while the next session deals specifically with advertising.

Class Preparation:

Reading:

1. McCarthy, Bab 14, "Promosi,-Perkenalan," pp. 349-367.

2. Population Reports, pp. J793-J797.

3. Rasmuson, pp. 45-52, pp. 66-68, and pages 130-131 and 135.

Issues to consider:

1. Why would a social marketer want to consider each of the four major promotion methods when planning the promotion component of the marketing mix? In your answer be sure to consider the strengths and weaknesses of each method, the promotion objectives, etc.

2. The last pages from Rasmuson show posters, signs, diplomas, flyers, and radio spots. For each of the seven examples, explain which of the four promotion methods is being used and why that method is appropriate. (Appropriateness will depend on the target audience, the objective, etc., not simply an appraisal of attractiveness, etc.) Also give your suggestions for improvements or additions, explain your suggestions with reference to principles of effective promotion.

3. How can commercial sales promotion activities be tailored for use in social marketing programs? Give examples from your reading and, if possible, your experience, your reading, and/or from your imagination.

4. Point-of-purchase materials (including displays) are discussed in Reading #2. What are point-of-purchase displays and what can they contribute to a social marketing campaign?

5. Many social marketing campaigns use a spokesperson to represent the program. What characteristics should a spokesperson have to enhance their credibility? How might this characteristics differ if the cause were (a) condoms, (b) ORS, or (c) breastfeeding? Why do you think the credibility of the communication source is even more important in social marketing programs than in commercial marketing situations?

Session 13

ADVERTISING AND OTHER MASS MEDIA COMMUNICATION

Learning Objectives:

1. You will be able to explain when the various kinds of advertising (McCarthy, pp. 396-399) are useful, giving examples from social marketing situations.

2. You will be able to explain how to choose the most appropriate medium to use to communicate your message.

3. You will be able to relate the AIDA model to one or more social marketing examples.

4. You will be able to describe how advertising effectiveness is measured.

5. Based on your reading of Manoff, you will be able to explain the important role of message design in obtaining the desired response.

6. You will be able to describe how you will employ advertising in your social marketing plan.

Session Overview:

Students in public health have had previous study of communications principles and in design of communication materials. The readings for this course will be usefully primarily in illustrating how commercial advertisers apply these principles. Richard Manoff was for many years president of a leading United States marketing and advertising firm in New York City, Richard K. Manoff Inc. The reading from his book illustrates how he applied his commercial advertising skills to convey an important nutrition message.

For this session it would be ideal to have a guest speaker with a strong advertising background who has worked with social marketing programs in Indonesia.

Class Preparation:

Reading:

1. McCarthy, Bab 16, pp. 393-410.

2. Manoff, Social Marketing, Chapter 9, "Designing the Message," pp. 187-217.

Issues to consider:

1. How will you employ advertising in your social marketing program? Describe the target audiences, objectives, messages, media, etc., using Manoff's chapter as a guide.

2. Some people think that advertising is expensive and probably wasteful. If you were in charge of a social marketing program, how might you respond to someone who made that claim?

3. How could you tell if the critic in Question 2 was correct--that is, how could you tell if the advertising for your own project was effective or ineffective?

3.

Session 14

IMPLEMENTING THE SOCIAL MARKETING PLAN

Learning Objectives:

1. You will be able to explain the relationship between the following social marketing tasks: Formulating the problem, studying consumers, designing the social marketing plan, and implementing the program.

2. You will be able to describe the implementation steps of at least one social marketing program currently taking place in Indonesia.

3. You will be able to describe the steps you and your group colleagues would need to undertake to implement your planned program.

Session Overview:

Planning is important, but implementation--effectively, organized implemention--is what translates the program from paper to practice.

Within a 20-week academic term it is difficult if not impossible to plan and carry out even a small social marketing program. Instead you have spent your time reading about actual social marketing programs, listening to speakers describe their own experience in social marketing, and preparing a plan for a social marketing plan.

In preparation for this week's class you will, with your group, visit a social marketing program where you can get an overview of the program and how the social marketers have gone through the reseach, planning, and implementation steps presented in this course.

Class Preparation:

You will visit a social marketing program in the Jakarta area. In most cases this program will address the same issue as your group report. More details will be given to you in class, including the name of the contact person for each project who will help you arrange your visit.

Session 15

EVALUATING THE SOCIAL MARKETING PROGRAM

Learning Objectives:

1. You will be able to explain why evaluation is an important component of a social marketing program.

2. Drawing on your previous research courses and your reading for this session, you will be able to list some appropriate criteria for evaluating the effectiveness of a social marketing program in your area of interest.

3. You will be able to prepare an evaluation plan that you would use if you carried out the social marketing plan you are preparing for this course.

Session Overview:

Social marketing is the application of marketing tools and concepts to promote beneficial social change. As you now know very well, social marketing aims to serve customers by appealing to their self-interest (such as their desire to be healthy, to space births, etc.). At the same time, social marketing aims to produce a benefit for the society at large, by decreasing health care costs, increasing productivity, improving conditions to assure physical and psychological wellbeing, and other benefits.

A social marketing program can be evaluated on the extent to which it produces the desired individual and societal benefits AND on the cost-effectiveness of the program, the extent to which the desired benefits were obtained at a reasonable cost in time and effort.

When we consider benefits, we need to consider both immediate and ultimate benefits. For example, the ORT program in Egypt aims to reduce infant mortality from diarrheal dehydration. The ORT program has reduced the use of intravenous rehydration by 90 percent, saving the government health system a substantial amount of money that can be devoted to other health problems. The long-term benefit will be in greater wellbeing and productivity as these children grow up.

In addition to benefits, an evaluation looks at costs. Social marketing programs that poorly planned and implemented or simply ineffective are wasteful. So the evaluation of a social marketing program needs to consider the individual and societal benefits in relation to the costs of social marketing.

Class Preparation:

Reading:

1. Bloom, Paul N., "Evaluating Social Marketing Programs: Problems and Prospects," Marketing in the 80's, 1980.

2. Population Reports, "Market Research and Evaluation," pp. J788-J791.

3. Bloom, Paul N., and Novelli, William D., "Problems and Challlenges in Social Marketing," Journal of Marketing, Spring 1981 (vol. 45, no. 2), pp. 79-88.

Issues to consider:

1. Why is evaluation an important component of a social marketing program? Suppose a social marketing program decided to do no evaluation. What reasons would you give to encourage them to change their decision?

2. Reading #2 mentions several techniques commercial marketers use to determine the effects of their efforts, including intercept studies, tracking studies, and retail audits. All of these have been used in social marketing programs. Describe how you might use each of these three techniques as part of a social marketing program.

3. According to Bloom (Reading #1), what are the major problems confronting the person trying to evaluate social marketing programs?

4. Prepare a plan for evaluating your own proposed program. What measures will you use? What research design will you use? Other aspects?

5. As you read each of the short examples in Bloom, identify the problems. Can you think of similar examples from your own experience or reading?

6. Bloom and Novelli (Reading #3) write about eight broad areas that present challenges to social marketers. Now that you are in the process of completing your own social marketing plan, which of these challenges have you encountered in preparing your social marketing plan? (Do you feel better knowing that you are not alone in grappling with these problems?)

APPENDIX C:
Social Marketing Seminar Series

APPENDIX C

SOCIAL MARKETING SEMINAR SERIES
Facultas Kesehatan Masyarakat

FOCUS GROUP INTERVIEWS January 7, 198

Karen Fox, Santa Clara University

The Nature of Focus Group Interviews

Focus group interviews are one technique for collecting qualitative data.

Focus group interviews have five ingredients: (a) people, who (b) possess certain characteristics, (c) provide data (d) of a qualitative nature (e) in a focused discussion.

People: Each focus group is typically composed of seven to ten people, but the size can vary from as few as four to as many as twelve. The group size should be large enough to provide a range of perceptions, yet small enough so that everyone has an opportunity to participate in the discussion.

Participants should be relatively homogeneous in background. Ideally the participants will not know each other well.

The moderator should be a person who is not associated with a particular position or role. For example, a boss should not try to conduct a focus group of his/her own staff.

Data Collection: The purpose of a focus group is to obtain information of interest to researchers. Focus groups are useful to determine the perceptions, feelings, and manner of thinking of customers/audience members about products, services, health practices, etc. Focus groups are NOT intended to reach consensus or to make decisions or plans.

Qualitative Data: Focus groups provide qualitative data--the attitudes, perceptions, and opinions of participants. This data is obtained by asking open-ended questions and from observing the respondents in a group discussion.

Focused Discussion: Sometimes the term "focus group" is applied to any open-ended group discussion. But for a true focus group, the discussion topics are carefully predetermined and sequenced. Preparing the discussion guide is a demanding task, requiring much preparation.

The Uses for Focus Groups

Focus groups can be used to provide information for various types of needs:
>To obtain preliminary information in order to design a survey questionnaire
>To identify needs
>To learn how people think about a particular topic
>To learn how people go about making decisions
>To test ideas for new programs
>To test communications (posters, radio ads, booklets, etc.) which are being developed
>To assess a product or service

Organizing and Conducting a Focus Group Study

I. Planning Steps

1. Determine the purpose.
   Why should the study be conducted?
   What types of information are of particular importance? (NOTE: Focus group interviews cannot yield quantitative information.)
   Who wants the information?

2. Determine whom to study.

3. Develop a plan and estimate resources needed.

II. Setting Up the Focus Group

1. Selecting participants

2. How many groups?

3. Mechanics
   a. Invitations (convenient time, contact in advance, send personalized invitation, reminder calll, incentives)
   b. Location
   c. Recording

III. Moderating the Focus Group
   a. Selecting the right moderator (listening, adequate subject background, clear communicator, appear like participants
   b. Moderator team
   c. Mental preparation (alert, listening and thinking, questions memorized)
   d. Purposeful small talk and presession strategy
   e. Physical location and environment (arrangement of chairs, equipment, distractions)
   f. Recording the discussion
   g. Beginning the discussion
      (1) The welcome
      (2) The overview and topic
      (3) The ground rules
      (4) The first question
   h. Pointers on leading FG discussions
      (1) Anticipate the flow of the discussion
      (2) Encourage expression of different points of view
      (3) The five-second pause
      (4) The probe--request for additional information
      (5) Responding to participants' comments--value-neutral
   i. Concluding the focus group

IV. Analyzing the Focus Group Results

1. Raw data->Descriptive statements->Interpretation
2. Analysis done by moderator or moderator team
3. Immediate debriefing and preparation of summary
4. Steps in the analysis

a. The researcher reads all the summaries at one sitting and makes notes of potential trends and patterns

b. If transcripts are available, the researcher then reads each transcript.

(1) Marks transcript to match key questions.

(2) Marks "quotable quotes"

c. The researcher listens to the tapes or reads the transcripts concentrating on one issue at a time.

(1) Consider the word--actual words and their meanings.

(2) Consider the context: the question asked, the tone of voice, etc.

(3) Consider the internal consistency. (Do individuals change their positions?)

(4) Consider the specificity of responses.

(5) Find the big ideas.

(6) Consider the purpose of the report.

SOCIAL MARKETING SEMINAR SERIES
Facultas Kesehatan Masyarakat

THE NATURE OF SOCIAL MARKETING 11 January 1989

Karen Fox, Santa Clara University

What Is Social Marketing?

Social marketing is the application of marketing tools and concepts to promoting beneficial social change.

Social marketing involves the design, implementation, and control of programs seeking to increase the acceptability of a social idea or practice.

Can Marketing Be Useful?

Commercial marketing is often equated with aggressive ADVERTISING and SELLING, trying to get people to buy things--sometimes even things that are harmful or at least useless.

But the best modern marketing is far more sophisticated. Modern marketing relies on thorougly understanding consumers (through marketing research) and providing the right products or services to them at prices they can and will pay through convenient channels.

The assumption underlying this modern approach to marketing is EXCHANGE based on a CONSUMER ORIENTATION.

Social marketing grows out of this more sophisticated view of marketing. To encourage people to adopt new behaviors or change old behaviors, the social marketer works to understand the consumer in great detail.

Socialmarketing is not the first or only approach to encouraging social change:

Authority
- Religion
- Tradition
- Laws
- Political power

Information
- Education
- Mass Communications
- Advertising

Exchange
- SOCIAL MARKETING

SOCIAL MARKETING SEMINAR SERIES
Facultas Kesehatan Masyarakat
Universitas Indonesia

THE CONSUMER IN SOCIAL MARKETING

Karen Fox
Santa Clara University

The Centrality of the Consumer

Effective social marketing relies upon a fundamental **Consumer Orientation.** The consumer (or user or audience) is not only the primary focus of the program, but is also the measure of whether activities are appropriate, desirable, and successful.

The social marketer must consistently seek to understand problems from the perspective of the people he/she seeks to influence. The successful social marketer regards members of the target audience with great respect, recognizing that attempts to impose a message or a proposed solution to a health problem on them is quite likely to be unsuccessful. Instead the social marketer spends considerable time identifying the nature of the health problem, observing how people currently deal with the health problem, interviewing them about the extent of the problem, and in many other ways seeking to "get inside the head" of the consumer.

Marketing Is Based on Exchange

The consumer is at the center of the marketing process because the marketer's activities are all designed to encourage the consumer to engage in an **exchange** with the marketer.

By definition, exchange must be voluntary. An exchange can only take place in a situation in which each party to the exchange can act freely (i.e., decide whether or not to exchange) and in which each party (the marketer and the consumer) has something to offer to the other. Furthermore, people engage in exchange because they both expect to be better off as a result of the exchange.

Several examples of exchanges will be illustrated in the seminar.

A frequent question is how does exchange apply in social marketing when, for example, the social marketer wants to encourage mothers to recognize the signs of diarrheal dehydration and to correctly administer ORS. The mother gains because she helps protect her child -- and may even be saving the child's life. But what about the social marketer? What does he/she gain?

In social marketing the benefit typically does not pass directly to the social marketer. The benefit is for the individual who changes or adopts a new health behavior **and** for society at large. That is why most applications of social marketing in Indonesia, the United States, and other countries are in the field of health and family planning.

How do consumers decide whether or not to engage in exchange -- to adopt a new behavior? Most consumers make rational decisions based on their appraisal of the **costs and benefits** of adopting the new behavior. If they perceive that the benefits are greater than the perceived costs, they are likely to engage in exchange.

Consumer perceptions are very very important. All human beings -- including the social marketer -- make decisions and act based on what they **perceive** to be true. The social marketer starts by understanding the perceptions of the target consumers and then employs the elements of the marketing mix to fulfill the existing preferences of the target consumers or to modify the consumers perceptions. For example, a couple may say that they are not interested in family planning because they want to have several children. They may be interested in temporary use of contraceptives when they see that family planning includes birth spacing, and that birth spacing helps assure the health of the mother and of the children.

Selecting the Target Market

The social marketer selects the group or groups with which to engage in exchange. Marketers refer to the selected group as a target market or target audience because the marketer's efforts will be directed at or targeted to that market.

Selecting a target market is typically done in the following steps:

- Do a careful preliminary analysis of the health problem under study.

- Determine what groups have -- or might have -- a part in solving the problem. For example, to be effective, an oral rehydration therapy program must reach mothers and others who care for young children; physicians and other health care workers, including volunteers; and physicians in training.

- In many cases the groups identified need to be segmented -- divided into homogeneous subgroups -- before making a plan to appeal to them. For example, an ORT project might consider dividing the total set of all mothers into segments based on the ages of their children. Thus they might select that segment of mothers who have one or more children under the age of 5. (Many other criteria can be used to segment a market -- such as age, sex, place or residence, past usage, etc.)

- This process of selecting the most important segment(s) is called **targeting**. In the case of ORT the social marketer might choose to target mothers with one or more children under age 5; medical students; physicians and nurses; and traditional healers. The social marketer will develop a separate marketing program for each target market segment, realizing that physicians may gave different concerns and information needs than will mothers, etc.

Summary

Social marketing is based on the principle that people engage in exchange -- and change their behavior -- because they perceive that they will be better off as a result. The marketer selects which subgroups of the population to emphasize, by first dividing the market into subsegments on important and relevant criteria, then select the segments to target. The marketer then does further research on each target market as a basis for designing a marketing strategy directed at each target market.

SOCIAL MARKETING SEMINAR SERIES
Facultas Kesehatan Masyarkat
Universitas Indonesia

DESIGNING THE SOCIAL MARKETING PROGRAM 17 January 1989

Social marketing involves the application of marketing tools and concepts to the promotion of beneficial social change. Effective social marketing programs are carefully designed based on consumer research. The programs integrate all aspects of the "marketing mix"--product, price, place (distribution), and promotion--rather than relying on only one or two elements.

The planning of social marketing programs in health, nutrition, and family planning typically includes the following steps:

> Defining the problem clearly from the consumer's point-of-view.

> Identifying the target market (or markets)--those groups who need to adopt a behavior change--through research, segmentation, and targeting.

> Defining the proposed behavior change in clear, precise terms.

> Identifying the resistance points--social, cultural, economic, and other factors which militate against the desired behavior change.

> Developing the marketing mix:
Designing the product
Choosing or establishing distribution systems
Assessing media availability and developing communications (This is the topic for the seminar on 19 January)
Determining the price--monetary and nonmonetary--that the consumer must "pay" to adopt the new behavior

> Pretesting of the elements of the marketing mix with members of the targeted market(s), to assure their feasibility, appropriateness, and attractiveness--and making modifications as needed.

> Implementing the program, including creating communication materials, preparing products, obtaining distribution of products needed to support the new behavior (e.g., ORS packets), training program staff, health workers, and others.

> Tracking the effectiveness of the social marketing program while it is in progress, and making modifications as required for maximum effectiveness.

> Evaluating the outcomes of the program.

SOCIAL MARKETING SEMINAR SERIES
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Universitas Indonesia

THE COMMUNICATION PROCESS IN SOCIAL MARKETING 19 January 1989

Social marketing employs marketing tools and concepts tc promote beneficial social change. Social marketing programs are based on extensive marketing research, followed by segmentation and targeting of the most appropriate audience(s), and then the design, testing, and implementation of the best possible "marketing mix"--product, price, place (distribution/delivery), and promotion.

Today's seminar on communications in social marketing will focus on issues related to marketing and social marketing applications.

The following topics will be addressed:

1. The components of the communications process (sender, encoding, message, media, decoding, receiver, response, feedback)

2. Steps in message design
   - Identifying the target audience
   - Determining the response sought
     (awareness, knowledge, liking, preference, conviction, purchase)
   - Choosing a message (content, structure, format)
   - Choosing media
   - Selecting source attributes (source credibility)
   - Collecting feedback

3. The four components of the promotion "mix"
   - Advertising
   - Personal selling (personal contact)
   - Sales promotion (coupons, contests, samples, premiums, incentives, point of purchase, etc.)
   - Publicity

4. Selecting the right mix of promotional tools:
   - Pull strategy=Build up consumer demand, consumers ask retailers, retailers ask producers for the product
   - Push strategy=Use promotion (advertising and sales effort) to encourage retailers to stock the product, retailers promote to consumers

Relating promotion to stages in the buying process (problem recognition, information seeking, evaluation of information, decision, purchase, post-purchase satisfaction) and using the AIDA model (awareness, interest, desire, action)

5. FAB: A tool for planning persuasive communications
   (Features/Advantages/Benefits)

6. The special problems of promoting "intangibles"

7. The importance of pretesting

8. Censorship issues

SOCIAL MARKETING SEMINAR SERIES
Facultas Kesehatan Masyarakat
Universitas Indonesia

MAJOR ISSUES IN SOCIAL MARKETING 24 January 1989

Prof. Karen Fox, Santa Clara University

This fifth and last seminar in the Social Marketing Seminar Series addresses major issues in social marketing. While the previous four seminars gave an overview of social marketing and presented the techniques involved in putting social marketing into practice, this seminar addresses larger issues in the use of social marketing as an approach to social change.

Who should be the beneficiary of social marketing programs--who should benefit?

Customer orientation
Well-being of society
Exchange principle

Who should sponsor social marketing programs?

Government
Nongovernmental organizations
Commercial enterprises

Who should formulate the social marketing problem?

Who decides what problems will be addressed?
Who decides which are the priority problems?
Who formulates the problems?
Who decides what should be done about the problem?

What are the sources of resistance to social marketing?

Change threatens the status quo.

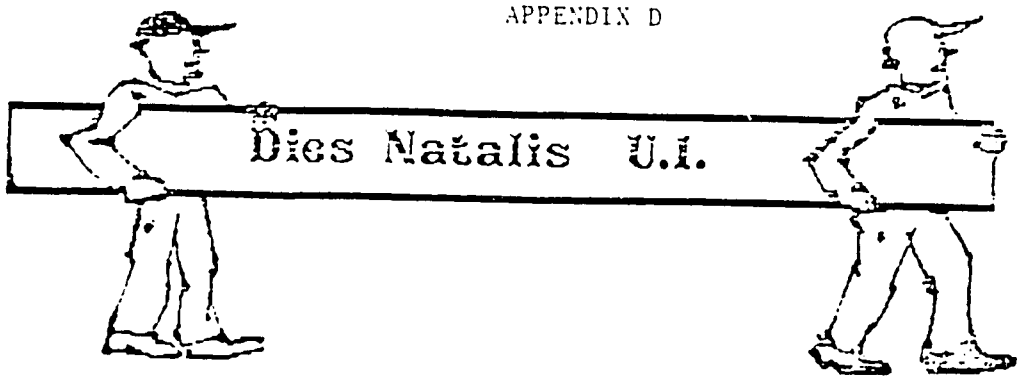
Traditional birth attendants versus family planning

Physicians versus oral rehydration therapy

How does one learn to be a social marketer?

APPENDIX D:
Invitations to Seminars

APPENDIX D

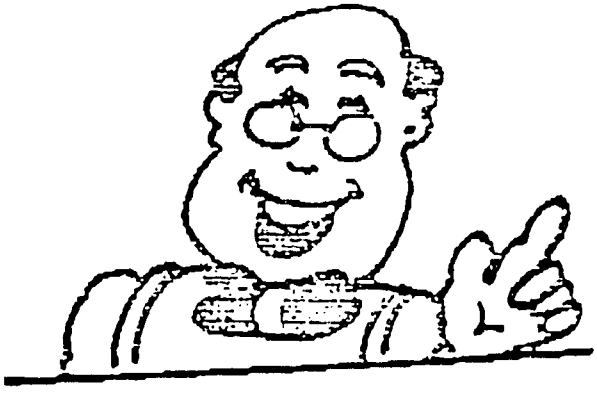


SEMINAR PEMASARAN SOSIAL
KAMPUS FKM-UI, DEPOK, JAWA BARAT

" SOCIAL MARKETING PERSPECTIVES PUBLIC HEALTH & FAMILY PLANNING "

27 Januari 1989
Jam 09.00 - 11.30
Ruang 1.3.1 Gedung A

Pembicara : Dr. Karen Fox
Santa Clara University, USA



Acara ini terbuka
untuk semua yang
berminat

DEPARTEMEN PENDIDIKAN DAN KEBUDAYAAN
UNIVERSITAS INDONESIA
FAKULTAS KESEHATAN MASYARAKAT
KAMPUS BARU UNIVERSITAS INDONESIA DEPOK TELP 7270014 - 7270037

No. : 57/FKMUI-I/D/1989

17 Januari 1989

Dengan hormat,

Dalam rangka memperingati Dies Natalis Universitas Indonesia yang ke 40, maka Fak. Kesehatan Masyarakat U.I akan menyelenggarakan serangkaian kegiatan seminar.

Kami mengundang Saudara atau Staf Saudara untuk hadir dalam Seminar Pemasaran Sosial yang akan diselenggarakan pada :

waktu : Jum'at, 27 Januari 1989
jam 09.00 - 11.30

tempat : Ruang 1.3.1 Gedung A
Kampus FKMUI, Depok, Jawa Barat

topik : "Social Marketing Perspectives on Public Health and Family Planning"

pembicara : Dr. Karen Fox - Santa Clara University, USA

Terlampir kami sertakan kerangka acuan untuk acara seminar dan juga poster sederhana untuk menyebarluaskan acara seminar ini agar dapat dihadiri oleh Staf Saudara lainnya. Mohon bantuan untuk sekiranya dapat diumumkan di instansi Saudara.

Jika diperlukan keterangan lebih lanjut, silahkan menghubungi staf kami : dr. Adi Sasongko, MA melalui telpon 727-0037 atau 829-6337.

Atas perhatian dan kehadiran Saudara kami ucapkan terima kasih.

FAKULTAS KESEHATAN MASYARAKAT
UNIVERSITAS INDONESIA
Dekan

dr. H. Fahmi D. Saifuddin, MPH

KERANGKA ACUAN SEMINAR PEMASARAN SOSIAL
DALAM RANGKA DIES NATALIS UNIVERSITAS INDONESIA
27 JANUARI 1989

Sejak beberapa tahun terakhir ini pendekatan Pemasaran Sosial mulai digunakan dalam bidang Kesehatan dan Keluarga Berencana. Tujuan dari penggunaan pendekatan ini adalah untuk lebih memasyarakatkan lagi "tehnologi" atau "produk" Kesehatan dan Keluarga Berencana, sehingga membantu upaya peningkatan derajat kesehatan masyarakat dan pelembagaan norma keluarga kecil bahagia dan sejahtera.

Secara historis dan akademis, maka akar dari pendekatan Pemasaran Sosial adalah dari bidang keilmuan "Marketing". Hal ini menyebabkan adanya keraguan tentang penggunaan pendekatan ini di bidang Kesehatan dan Keluarga Berencana. Ada kekhawatiran bahwa penggunaan pendekatan ini akan menyebabkan "produk" Kesehatan dan Keluarga Berencana beralih fungsi sepenuhnya menjadi suatu "komoditi dagang", dan jika demikian halnya maka upaya pelayanan Kesehatan dan Keluarga Berencana akan berubah perannya menjadi usaha "bussiness" dan kehilangan misi sosialnya.

Dilain pihak, dirintisnya penggunaan pendekatan Pemasaran Sosial dalam bidang Kesehatan dan Keluarga Berencana berawal dari suatu keinginan bahwa pendekatan ini akan mampu lebih memasarkan "produk" dan "tehnologi" Kesehatan dan Keluarga Berencana dan dengan demikian akan membantu tercapainya derajat kesehatan yang optimal serta melembaganya norma keluarga kecil, bahagia dan sejahtera.

Pembicara dalam seminar ini adalah Dr. Karen Fox, seorang ahli dalam bidang Pemasaran yang sekaligus juga ahli Pendidikan. Keterlibatannya dalam berbagai program Kesehatan dan Keluarga Berencana akan mendasari pembahasannya tentang *"Social Marketing Perspectives on Public Health and Family Planning"*. Dalam uraiannya, pembicara akan memberikan bahasan tentang sejauh mana potensi dan kemungkinan penggunaan pendekatan Pemasaran Sosial di bidang Kesehatan dan Keluarga Berencana serta bagaimana pokok-pokok penerapan pendekatan Pemasaran Sosial dalam bidang Kesehatan dan Keluarga Berencana.

Dr. Karen Fox saat ini membantu pengembangan kurikulum mata ajaran Pemasaran Sosial dalam kurikulum pendidikan di FKMUI, bekerjasama dengan Jurusan Pendidikan Kesehatan dan Perilaku. Mata ajaran ini telah mulai diberikan sejak tahun 1988 dengan penanggung jawab dr. Adi Sasongko, MA.

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APPENDIX E:
List of Materials Provided

APPENDIX E

LIST OF MATERIALS PROVIDED

The following materials have been delivered to Prof. Adi Sasongko as resources for teaching Social Marketing at the Facultas Kesehatan Masyarakat, Universitas Indonesia:

Kotler, Philip, and Andreasen, Alan, Strategic Marketing for Nonprofit Organizations

Kotler, Philip, and Clarke, Roberta, Marketing for Health Care Organizations

Kotler, Philip, Dasar-Dasar Pemasaran (2 volumes)

McCarthy, E. Jerome, Dasar-Dasar Pemasaran

Krueger, Focus Groups: A Practical Guide for Applied Research

Manoff, Richard K., Social Marketing: A New Imperative for Public Health

Rasmuson et al, Communication for Child Survival

Johns Hopkins University, Population Reports, Contraceptive Social Marketing Programs: Lessons from Experience

Israel, Ronald, Operating Guidelines for Social Marketing Projects in Public Health and Nutrition, UNESCO

Haaland, Ane, Pretesting Communication Materials, UNICEF (Rangoon)

NIH, US Dept. of Health and Human Services, Pretesting in Health Communications

Mager, Robert, Goal Analysis

Mager, Robert, Preparing Educational Objectives

Mager, Robert, Measuring Instructional Results

In addition, I am providing photocopies of about twenty journal articles on social marketing.