

Marketing Health—Why it's Necessary and How it's Done *

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Is Health Really Priceless?

The history of "social marketing" is usually traced back to 1952 when G.D. Wiebe asked the famous question: "Why can't you sell brotherhood like you sell soap?" (Ref. 1) Mr. Wiebe was not wondering whether he couldn't package brotherhood, put a pricetag on it, and become a rich man--although that is what we usually associate with the word "sell." In fact, the somewhat sleazy image of a Madison Avenue salesman, fast-talking an innocent consumer into giving up hard-earned money for a questionable product, is exactly what many of us associate with the concept of marketing.

But Mr. Wiebe's question was somewhat more high-minded. If people can be talked into spending money on practically any commercial product, why can't they be convinced to do things which are inherently good for them? Even more to the point, why do people have to be "sold on" things which are of almost inestimable value to themselves and to society, and which often are even "free"? The answer of course, is that many seemingly simple social "goods" are not free--nor are they simple. Brotherhood is an obvious example. We all know the sacrifices that our societies, our families, and we individually are not willing to make for this universal good. Health is a more problematic social good, precisely because it seems more simple. Most governments declare that their citizens have the right to good health and invest to varying degrees in this goal. Moreover, technological advances--in vaccinations, oral rehydration therapy, safe contraceptives, and so on--have made us claim "health for all by the year 2000"--should be possible. A new emphasis on primary health care, beginning ten years ago at Alma Ata, has stressed prevention and basic community services, has expanded activities in health education, and has made health care more accessible to those most in need. Access is not yet universal, and mastering the basic socioeconomic causes of disease remains a goal as complicated as "brotherhood." But that is another article. The underlying question of this article is why, even when useful services and products are available, potential clients often have to be "sold" on them.

We only have to look at our own behavior to realize that correct information is not always sufficient impetus to positive health practices. People smoke although they know it can kill them. The AIDS pandemic continues to spread even among those who

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know how to avoid the virus. People sit in cars every day without bothering to wear seatbelts. Perhaps we can guess some of the reasons these destructive health behaviors persist. But could anyone guess why a parent might not bring in a child for a vaccination which could save its life? Or why a family might choose to have a fourth or fifth child when they had little to feed the first three--and contraceptive services were available? Marketing is an alternative to guessing.

Health-related decisions are heavily influenced by cultural values, economic necessities, family needs, and various levels of personal costs and benefits which go far beyond the obvious. Marketing is particularly useful in the social realm because it supplies a system for investigating the consumer's, or client's point of view. We often think of marketing as synonymous with advertising, and a variety of techniques for supporting or exaggerating the seller's point of view. But successful modern marketing views the consumer as the center of all decision making. The consumer's needs, preferences, beliefs, resources, and alternative options define the "market." Marketing helps identify the complicated trade-offs in an exchange, and investigates the significant resistance points (Ref. 2) which might prevent a consumer from taking an action. It also provides methods for developing appropriate messages and communicating these to the consumer.

"Selling" What Cannot be Seen

Social marketing as applied to public health, then, consists of different stages of research and strategy development, designed to promote the adoption of beneficial health behaviors among a particular group. It draws upon a number of disciplines, including sociology, psychology, anthropology, and behavior analysis. It culminates in consumer interventions using mass media, instructional theory, and incentives to achieve specific short and long-term goals. "Advertising" is only a small element of this process, although it is often the most visible.

In public health programs, social marketing may involve both the selling of a commodity and the selling of an idea or practice. The focus of a program might range from a conventional product, such as a condom to be sold in grocery stores, to such complex practices as the preparation of special foods for a child during and after diarrheal episodes. In fact, social marketing almost always begins with promotion of a health-related attitude, because the resistance points to a seemingly priceless health practice are often rooted in strongly held beliefs or values. It builds upon that new attitude to make recommendations for a product or service and to provide instructions

for effective use. An AIDS education program, for example, might have to begin by raising awareness about the ways in which the virus is and is not transmitted--and then move on to promotion of specific preventive behaviors. This is why the success of a marketing program is often measured by a before and after "KAP" survey, showing changes in an audience's knowledge, attitudes, and practices. Social marketing recognizes that new behaviors may be easy to try once but harder to maintain over time, and focuses on sustained behavior change.

Philip Kotler describes social marketing as "the design, implementation, and control of programs seeking to increase the acceptability of a social idea or practice in a target group." (Ref. 3) Others have given primary importance to the motives of the marketer. Alan Andreasen, for example, says social marketing is "a planned effort to influence any human behavior where the change agent's motives are on balance more selfless than selfish." (Ref. 4) Social marketing is not different in theory or practice from commercial marketing; however, it does present special challenges: (Ref. 5)

- o socially beneficial products (and practices) are often more complex than commercial ones;
- o they are often more controversial;
- o their benefits are often less immediate;
- o distribution channels for social products are harder to utilize and control;
- o the market for social products is difficult to analyze;
- o audiences for social products often have very limited resources;
- o the measure of successful "sales" or adoption of social products is more stringent than for commercial ones;

These challenges, combined with the low budgets and lack of continuity that often face social programs, mean that the research and planning stages of a social marketing effort must be particularly sound.

Social marketing was not pursued systematically until the early 1970s. Many of the most innovative uses of marketing in the public health sector have occurred in the developing world over the last two decades. This article will make use of examples from several programs--in child survival, nutrition, family planning, and AIDS education--conducted by ministries of health and other public and private organizations in Latin America and elsewhere.¹

¹The projects described in this article are all funded by the U.S. Agency for International Development, Bureau of Science and Technology.

The First Steps

Simply put, the important steps of social marketing are: 1) problem definition and goal setting, 2) audience segmentation, 3) market research, 4) strategy development and materials/message design, 5) intervention, and 6) monitoring and evaluation. The first step may seem obvious. But if a goal is too broad (for example, "reduce infant mortality due to diarrheal disease") marketing activities will have too little focus to be effective. If the goal is too narrow (for example, "design an ad to promote brand x condoms") marketing will be deprived of its research base. The task of **refining a health practice goal**--in terms of target audience, specific steps required, and expected behavior maintenance--drives the entire marketing program.

Research begins with **audience segmentation** (Ref. 6) a process of identifying subgroups and determining which media are most prevalent and appropriate to each. Even in a small, seemingly homogeneous country, there really is no "general audience." A uniform communication program would inevitably speak to some groups, offend others, and be incomprehensible to yet others. Marketers use the results of demographic, socioeconomic, and epidemiological research to determine:

- o The **primary target audience** for the health promotion--those whom the program hopes will actually perform the new health practices;
- o The **secondary audiences** for the program--those who influence the primary audiences (e.g., health care providers, family and friends, and popular public figures);
- o The **tertiary audience**--decision-makers, financial supporters, and other influential people who can make the program a success.

The roles of different audience groups are not always immediately apparent. In Niger, for example, ethnographic research helped a nutrition education program² determine that, although women prepare and serve the family's meals, they have little control over the family's food budget. Since the men make these decisions, they become the "primary audience" for a nutrition communication program. Husbands are often a highly influential secondary audience as well. In Honduras, a breastfeeding campaign³

²The Nutrition Communication Project (1987-1992) is a project of the Academy for Educational Development, a nonprofit organization based in Washington, DC.

³The Mass Media and Health Practices (MMHP) Project (1978-1985) was a project of the Academy for Educational Development.

sought support from men, because their views about what makes a "good mother" profoundly influence women's own perceptions. Initial radio spots featured men discussing the importance of breastfeeding, and print materials reinforced the image of a loved and loving mother. Mothers were later targeted more specifically, through both print materials and a radio course.

Sometimes the role of a secondary audience is initially the most important one. In Mexico,⁴ a child survival communication project began its promotional activities with a secondary audience--doctors--because of their influence on mothers' opinions. The program's goal was to introduce and promote a new oral rehydration product for diarrheal dehydration. Research showed that physicians and health workers were unenthusiastic about ORS, although it had been available in Mexico for many years. The program offered a clinical training course with the latest information about management of diarrhea, and provided instructions on how to set up oral rehydration units in hospitals. It also created a training video for medical students. After gaining the support of the medical community, the new ORS product was launched nationally through a campaign directed at mothers.

The politics of a given program may mean that special attention should be given to keeping a **tertiary audience** informed of program achievements. The social, cultural, and sometimes religious implications of public health programs--to say nothing of their financial requirements--demand that activities be firmly supported by a range of public leaders. The press, moreover, can raise the public consciousness of a particular health objective, and add legitimacy to promotional activities.

Mastering the Marketing Mix

Social marketing conceives of the consumer, or primary audience, as the center of a process involving four variables: product, price, place, and promotion. (Ref. 7) **Market research** focuses on each variable of this **marketing mix** and helps provide a strategy for assuring they interact smoothly.

A proposed **product** (whether a commodity, idea, or health practice) must be

⁴Training was supported by the Communication for Child Survival (HEALTHCOM) Project, and the Pan American Health Organization. HEALTHCOM (1985-1990) is a project of the Academy for Educational Development and four subcontractors, including Applied Communication Technology, the Annenberg School of Communications at the University of Pennsylvania, PATH/PIACT, and Porter Novelli.

defined in terms of the users' beliefs, practices, and values. For example, a new weaning food will have little success among an audience which sees no need for it, or has no taste for it. An ORS product will have little appeal if it is described to mothers as preventing dehydration, and they have no concept of the condition. When faced with exactly this problem, a social marketing project in Honduras⁵ promoted the ORS product (called Litrosol) as a "tonic to restore appetite and energy" during diarrhea. Market research had shown that mothers were concerned about their children's loss of energy during diarrhea, and were inclined to rely on tonics. "Product position" is the term social marketing uses to describe the mental and market niche created for each promoted item to distinguish it from competing products or ideas.

Price can refer to a monetary expenditure, an opportunity cost, a status loss, or a consumer's time. The fact that a rural woman pays no money for a vaccination, for example, does not mean that it costs her nothing. Indeed, the day of travel, the inconvenience to family, or the risk of a child's reaction may seem too costly relative to perceived benefits. The price of a particular product is never fixed; it varies according to the target audience segment, and often according to the individual. Nutrition programs which develop new recipes for weaning foods are careful to determine both the actual cost of ingredients, and the time required to cook a new food. Programs which rely heavily on face-to-face interaction (such as prenatal counseling or AIDS prevention) make sure their providers are well trained so that the consumer's experience is reinforcing rather than punishing. Often the "hidden costs" to a consumer can be the highest ones.

The concept of **place** refers to the points at which products and services are offered to users. Product distribution may involve not only retail and wholesale supply systems, but the efforts of health providers, volunteer workers, friends and neighbors. "Place" may be a store, a health center, or even a person--such as a traditional birth attendant who carries a supply of ORS. An important planning task in social marketing programs is the choice of powerful channels for bringing products to intended audiences. In the Gambia and Swaziland,⁶ national programs promoted a simple water-sugar-salt solution to prevent dehydration due to diarrhea. Although this product could

⁵Mass Media and Health Practices Project.

⁶Mass Media and Health Practices Project.

be made in the home and was not for sale, program planners provided a "place" for the product by training individual mothers in different communities to be sources of information and help, and to provide instructive mixing flyers. In both countries these volunteers were identified by colorful flags outside their compounds.

Promotion involves more than simple advertising. It requires a comprehensive strategy to combine appropriate messages and media so that they are understandable and mutually reinforcing. Promotion also often means extensive consumer education to assure appropriate use of products. While public health programs use marketing tools to increase the impact of promotional efforts, they also draw from principles of instructional design to teach complicated consumer skills. Various motivational strategies can also encourage adoption of new ideas and social products.

Three Examples of Market Research Success

Two broad categories of research help plan elements of the **market mix**, as described above. (Ref. 8) These are 1) quantitative techniques: to count and measure--including a variety of surveys and publicly available indicators such as clinic records and sales data; and qualitative techniques: to investigate opinions, practices, and beliefs--including focus group discussions, in-depth interviews, ethnographic studies, and behavior observations. Examples from three countries' efforts in the areas of child nutrition may help illustrate how selected techniques are used to conduct market research.

Feeding habits, perhaps more so than any other health-related practice, are grounded in firmly held traditions and are particularly difficult to influence. The principles of anthropology and behavior analysis are especially useful in helping determine what consumers currently do, which practices most closely resemble a desired new behavior, and which might be susceptible to change. In Niger, the Ministry of Health is conducting a project to improve child nutrition.⁷ The first step of their **market research** was an in-depth look at what foods women currently use to wean their children, and at what age. They conducted a "rapid ethnographic assessment" using two qualitative research techniques. Eight interviewers, led by an anthropologist, spent three weeks in a total of 20 villages studying the weaning practices of the Zarma ethnic group. In each village, they began with "key informant interviews." Influential village members, including the village chief, male religious leaders (called marabouts), female

⁷Nutrition Communication Project.

midwives (or matrones), and village health workers answered a group of broad, open-ended questions about local weaning practices. These individual interviews were designed to elicit the support of the village hierarchy, and also to gather information from those who might have special knowledge. Afterwards, the interviewers gathered observational data, spending time within family compounds and noting how and what children are actually fed, how they interact and share.

Research revealed information about the stages of weaning, the importance of millet as a central family commodity, male/female interactions and responsibilities concerning food acquisition, and interesting discrepancies between what people do, and what they say they do. These insights which will be essential in later message design.

In Nigeria, the Kwara State Ministry of Health and the University of Ilorin are managing a project⁸ to address the vicious cycle of malnutrition and diarrhea/dehydration, which is one of the prime causes of death among children under five. The Ministry and project collaborators conducted extensive community-based research in Kwara State, Ilorin, to identify a common food which could be fortified with nutritious ingredients and promoted for use during weaning. (Ref. 9) Research revealed that mothers in both urban and rural areas use a traditional weaning food made of fermented corn or sorghum pap. They purchase the food, called EKO, from local women called ogi makers. A second stage of market research, using focus groups and recipe trials, helped formulate a new recipe. The focus group is an especially useful social marketing technique which brings together eight to ten respondents typical of an intended target audience. A trained interviewer uses a prepared list of questions to elicit as much diversity as possible about a group's vocabulary, attitudes, or practices related to a health problem. Focus groups with both mothers and EKO sellers helped screen a list of possible new ingredients and gauge the credibility of fortifying the pap. Recipe demonstrations were then conducted among mothers to test possible ingredients and cooking procedures. Finally, an in-home product test narrowed the likely ingredients down to cowpea flour and palm oil.

The new recipe proved inexpensive and acceptable to mothers, babies, and EKO sellers. It was named "EKO-ILERA" (Ilera means "health") and positioned as a "food for

⁸The Dietary Management of Diseases (DMD) Project (1985-1988) is a project of the Johns Hopkins University and subcontractors, including the Academy for Educational Development, Charles R. Drew Postgraduate Medical School (Los Angeles) and the American Public Health Association.

better growth." The food has been promoted at the community level with a flip chart and leaflet, and through trained "teaching moms" in 12 communities. An evaluation will measure both the level of recipe adoption and the nutritional impact of the product.

In Peru, a similar project⁹ developed a weaning food called SANQUITO, based upon a traditional recipe containing wheat flour and sugar. Quantitative and qualitative studies of 2,500 mothers examined infant feeding practices, local definitions of illness, women's work roles, and the concept of a healthy child. (Ref. 10) Focus groups and recipe trials provided the basis for a new recipe fortified with pea flour, carrots, and oil-ingredients found commonly in households and which mothers consider good for diarrhea. Clinical studies addressed the issues of digestibility, absorption, and effect on stool output. SANQUITO was positioned as a product for use during and after diarrhea episodes to strengthen the child and prevent weight loss and paleness--problems identified as of special concern to mothers. The new product takes half the time to prepare that traditional weaning foods do, and has a dry consistency which makes it easy to take to the field.

SANQUITO was promoted among mothers in low socioeconomic groups, primarily through demonstrations at public markets and through about 2,000 Mother's Clubs. Radio dramas supported the face-to-face activities. In addition, a popular local singer promoted the product with a new song, and a picture of her giving SANQUITO to a young child appeared on a widely distributed calendar. SANQUITO was also promoted among an important secondary audience of physicians and health workers. After a six-month intervention, preliminary results show high levels of awareness of SANQUITO among surveyed mothers, and substantial first trial of the fortified food.

Strategy Development—Messages and Materials

A social marketing program, of course, does not always have the opportunity to develop new products for a target audience. Often the program is limited to creating packaging, or instructional materials, or establishing an audience-appropriate "product position" for an already existing commodity. In this sense, few social marketing programs are "pure." The next stage of marketing is the more familiar one. It involves the development of strategies to promote a product. The selection of media, and the design of promotional messages and materials,

⁹Dietary Management of Diarrhea Project.

also rely heavily on research with the target audience.

The choice of a communication medium is determined by two variables: reach and frequency. "Reach" is the number of those in the target audience who see or hear a message during an established period of time. The reach of a medium is determined through quantitative research of appropriate audience groups. "Frequency" is the average number of times the target audience hears or sees a specific message during that period of time. A third factor, of course, is the relative cost of different media. Planners may supplement media having the necessary reach and frequency with channels which are culturally appropriate with a given audience and are especially powerful.

Messages must be consistent from one medium to another. Moreover, they must be developed not only for the consumer, but with the consumer, through careful pretesting. Two quite different programs using social marketing methods to support family planning and AIDS prevention, respectively, help illustrate this stage.

A contraceptive social marketing project¹⁰ has been active in Mexico since 1986, concentrating on promotion of a government-supported brand of condoms, known as PROTEKTOR. The target audience includes both men and women in mid to low socioeconomic groups. Consumer research showed that contraceptive use was a taboo topic among this group, that lack of communication between partners was an obstacle to use, and that condoms were associated with various negative connotations. Separate focus group discussions with men and women helped determine that the product could be associated effectively with concepts such as "love, confidence, compassion, understanding, and communication among couples," but were negatively connected with "machismo, prostitution, sexuality, and extramarital affairs."

Promotional efforts focused on developing advertising themes for radio reflecting the above sensitivities, and designing several posters and other point-of-purchase materials to be used in grocery stores and at other distribution points. Focus groups of men and women pretested several advertising themes. The winning ones were:

"Planning with your partner and gaining a better future."

"PROTEKTOR: a secret for two."

"PROTEKTOR for the couple that controls the situation."

"The contraceptive only for men, preferred by women."

¹⁰The Social Marketing for Change (SOMARC) Project, (1984-1994) is a project of The Futures Group and three subcontractors, including the Academy for Educational Development, John Short and Associates, and Porter/Novelli.

Artists then worked with these themes as the bases for rough sketches of posters. In a social marketing program, promotional materials are created in close consultation with consumers and tested in different stages for attractiveness, understandability, acceptability, and other factors. Pretesting, either in groups or individually, usually begins with "concept tests" of rough drafts, which help artists refine a successful piece. The PROTEKTOR artists came up with four initial designs which were tested in focus groups. Two of the designs were most appealing to the group, and communicated the desired messages effectively. The first was an image of two clasped hands (a man's and a woman's) resting next to a rose and a package of condoms. The second showed a man and a woman embracing affectionately. Both posters also contained product attributes. After 1 1/2 years of promotion, PROTEKTOR is the number two product on the market, out of a total of 40 competitors. (Ref. 11)

A related but quite different social marketing program in Mexico demonstrates the importance of message design. CONASIDA, The National AIDS Committee, is engaged in a project¹¹ to promote condom use by those who are at high risk for contracting AIDS. Recently the project designed promotional materials directed at female sex workers. Consumer research based upon focus groups with 300 women found that a combination of two different appeals would be successful. Female sex workers who are mothers reacted positively to a message emphasizing the protection of their future children. Another group reacted more positively to the image of a modern, upscale woman, and the message, "It's for both of our protections." Quite different tones proved effective for the two messages. The first was conveyed through a softly comical tone, the second with very sophisticated images.

Message design, then, deals not only with objective content, but with creation of an audience-appropriate appeal (either emotional, rational, educational, scientific or traditional), a clear image (urban, modern, traditional, sophisticated, folksy), and a definite mood/tone (humorous, serious, family-oriented, scientific). A product is often associated as well with a particular "sponsor"--such as the popular singer in Peru who promoted SANQUITO. Although the examples here pertained to print materials, the importance of pretesting applies equally to broadcast media.

¹¹The AIDS Technical Support Public Health Communication Component (AIDSCOM) is a project (1987-1992) of the Academy for Educational Development, and four subcontractors, including the Johns Hopkins University, Porter/Novelli, the Annenberg School of Communications, and the PRISM Corporation.

A Special "Medium"—Personal Contact

Although we tend to think of product promotion as advertising--and advertising as print, radio, or TV materials--social marketing efforts usually place great emphasis upon systematic face-to-face communication. This is particularly important in areas where the "mass media" reach only a percentage of the masses. Often, messages and services are given little credibility if they are only broadcast through mass media; credibility is based on verification by local opinion leaders and support groups. Moreover, the impact of communication messages can be multiplied when a combination of media--print, radio, television, interpersonal--are integrated and timed to reinforce each other.

A new social marketing effort in Ecuador¹² to promote family planning services integrates the use of print, broadcast, and face-to-face channels. The Ecuador contraceptive social marketing project is collaborating with a local research firm, a local advertising agency, a pharmaceutical company, and the local Family Planning Association to integrate family planning education activities with the "selling" of a low-dose birth control pill. The central focus of the program is training efforts for three distinct groups which come into contact with potential consumers. The first group included doctors and pharmacists. The pill's manufacturer has given these providers with an in-depth training program to help them both promote and explain the product to consumers. The second level of training is directed at field workers associated with the local Family Planning Association's community based distribution system, (CBD) which reaches areas not served by pharmacies or health posts. These CBD field workers currently view themselves as educators; the training will help them promote products as well. The third level of training will be directed at medical personnel within actual employment sites.

Training, reinforced by TV and radio spots and print materials, shows initial success. Since the program began its training program for pharmacists, sales have gone up 45 percent per month. (Ref. 12)

An AIDS prevention program in Uganda¹³ is also relying heavily upon face-to-face communication with the target population. The Ministry of Health, AIDS Control Program (ACP) is working with the Federation of Ugandan Employers to reach both men and women at their places of employment. The Federation of Ugandan Employers includes member organizations having anywhere from 20 to 5,000 employees. A pilot

¹²SOMARC Project.

¹³AIDSCOM Project.

project is working initially in two small companies, two medium ones, and two large ones. Background consumer research showed that the target audience considered the lack of easy communication between the sexes to be an obstacle in adopting practices which can prevent AIDS. The project is therefore training AIDS experts--at least one man and one woman per work site--to work separately with male and female employees, providing information about AIDS and promoting communication between partners, as well as safe practices. These peer educators are supported by print materials and a training video.

Intervention--Coordinating the Media Mix

A social marketing program is not just a media event or a training effort. The program must ensure that messages reach a target audience in the proper stages, and that products and services are available as demand for them increases. The intervention itself is the culmination of various strategies--the product strategy, the behavior strategy, the distribution and training strategy, the message and creative strategy, and the media channels strategy. Several examples will show how challenging this synchronization can be.

An oral rehydration therapy (ORT) project in The Gambia¹⁴ faced several special challenges, and met them with an ingenious combination of activities and media. Government policy promoted a home-mix ORT recipe to prevent dehydration. The recipe used local ingredients and mixing containers: "eight Julpearl soda bottle caps of sugar, one Julpearl bottle cap of salt, and three Julpearl bottles of water as clean as you can find." This fairly complicated series of messages required intensive media promotion. However most women in The Gambia are not literate and have difficulty interpreting pictures. Radio is prevalent, but women generally only listen between seven and eight at night, and only if their husbands give permission.

The Ministry of Health came up with the idea of a national contest, the "Happy Baby Lottery," which would give simple prizes to any women who could correctly mix the recipe. A colorful mixing picture was the entry blank for the contest. Over 150,000 women managed on their own to get a ticket from a local leader or a health center. Special radio programs, broadcast in the evening in four languages, taught mothers to read the pictures on recipe tickets. Each of the ingredients was color coded, so radio announcers could indicate which ingredient was which. In addition, 840 community

¹⁴Mass Media and Health Practices Project.

volunteers were trained to distribute and explain the mixing flyer. They were identified by red flags outside their homes. Community health nurses and health inspectors also received a five-day training workshop, supplemented by a technical manual.

Finally, village mixing contests were held all over the country--72 villages participated; 11,000 women came together to mix and watch their friends mix the new recipe. The contest gave away 1,500 simple prizes, such as bars of soap and plastic cups. Winning mothers' names were included in a later drawing for 15 radios. Each week the village turning out the most mothers for the contest also received a special prize: a 50-kilo bag of sugar and a 100-kilo bag of rice.

Eight months after the start of radio broadcasting, the number of mothers who reported using water-sugar-salt solution to treat their children's diarrhea rose from 48 to 72 percent within a sample of 750 households. WSS displaced virtually all previous home treatments (many of which were ineffective or possibly harmful). And the percentage of diarrhea cases treated at a health center dropped from 76 percent to 47 percent, indicating a savings for mother in time, and for the Ministry of Health in terms of demand on health facilities.(Ref. 13)

The diagram on page x shows the complex design of a quite different ORT intervention in Honduras.¹⁵ (Ref E) The program took place between 1980 and 1982 and was divided into four discrete message cycles timed to coincide with the peak seasons of diarrhea. The primary audience included rural mothers and grandmothers, and primary health care workers called guardianes. The secondary audience included health care providers, fathers with children under five, rural school teachers and school children, and regional health promoters. The tone of the intervention was serious, and sought to support what mothers were already doing while adding several new components to "being a good mother." ORT was presented as the latest achievement of modern science, and as a remedy for appetite loss and an aid to recover.

Phase I stressed face-to-face training of health workers and medical professionals. Phase II, during the first diarrheal peak, shifted to a media-based mass campaign directed at rural mothers and grandmothers. Messages focused on diagnosis of dehydration, administration of ORT, and a few prevention concepts. Phase II shifted to a prevention focus, while reinforcing certain treatment messages. Phase IV, during the second peak diarrheal time, reemphasized ORT treatment.

¹⁵Mass Media and Health Practices Project.

The program reached different audience groups through different combinations of media. (Ref. 14) Radio was the principal means of initial contact with most rural mothers. Simple print materials such as posters and graphic pamphlets supplemented extensive radio spots and radio novella. Interpersonal contact for mothers through guardianes, local alcaldes, rural clinics, and children's hospitals in Tegucigalpa added credibility to the messages. The guardianes were reached by an intensive preliminary training effort and supported through regular bi-monthly meetings, radio broadcasts, and simple print materials. The program reached secondary audiences such as physicians, nurses, and health promoters through print media and through regular news items. Over a two-year period, the program broadcast over 20,450 radio spots in conjunction with distributing 200,000 print materials and 150,000 packets of ORS.

Within six months of the start of broadcasting, a survey of 286 mothers in Health Region I showed that recognition of LITROSOL, the new ORT product, had risen to about 75 percent. Over a third of mothers reported having used LITROSOL to treat diarrhea at least once. By the end of the campaign, this percentage rose to 63 percent. Two years after the start of the intervention, the proportion of deaths involving diarrhea in any way among children under five fell 40 percent. (Ref. 15) A 1987 resurvey revealed that awareness of ORT has continued to climb as the intervention evolved from a pilot project to a national program. The proportion of mothers who have ever used ORT has risen to 85 percent. (Ref. 16)

A contraceptive social marketing program in the Dominican Republic¹⁶ demonstrates the power of integrating different media, as well as the importance of cooperation among different interests in the health sector. Promotion of a commercial low-dose contraceptive pill, Microgynon, achieved dramatic success with its target audience.

PROFAMILIA, the local family planning association, agreed to sponsor the product and to provide extensive promotional activities for a potentially huge market--lower socioeconomic groups who could afford contraceptive products but not at prevailing rates. The product's distributor, Schering Dominica, agreed to take a risk and cut the pill's price by 50 percent--thereby increasing its attractiveness to that audience. The product was initially promoted within the medical community through 763 educational/promotional meetings. Microgynon was placed in 83 percent of the country's pharmacies, using Schering's established sales network. Schering also promoted the pill

¹⁶SOMARC Project.

among pharmacists through traditional, medical detailing--including over 700 orientation/training sessions. (Ref. 17)

Microgynon was promoted at point-of-purchase through display posters, stickers, matchbooks, memo pads, and so forth. Press releases also publicized the campaign. Finally, a local advertising agency developed a television ad to promote the product as a safe, effective, easy, and inexpensive contraceptive.

After four weeks of airing the television ad, monthly sales of Microgynon rose from approximately 2,200 cycles a month to 11,000. By 1987 December after a second month-long run, monthly sales exceeded 20,000 cycles. (Ref. 18)

Monitoring and Evaluation

No program, no matter how carefully designed, will proceed exactly according to plan. Social marketing relies upon extensive mid-project monitoring to detect flaws and oversights in messages or products, and to make refinements in a timely way. An example of one important mid-project "discovery" demonstrates the importance of monitoring.

The national PREMI child survival campaigns in Ecuador combined vaccinations, distribution of ORS packets, and growth monitoring for children up to two years old. Each of the four campaigns required extensive nationwide promotions. One highlight of the promotion was a vaccination diploma. Each mother whose child completed the three-vaccination cycle during the campaign received a diploma signed by the Ministry of Health. Calendars, posters, and TV and radio spots promoted the diploma, along with the message, "each child needs three visits for completing protection." Approximately 153,000 mothers received a diploma on the mobilization day. However, program monitoring showed that women were often bringing in older children for vaccinations, but not their under-one-year olds. This age is most vulnerable to vaccine-preventable diseases. The diploma was therefore refined to motivate mothers to bring in their youngest children. Any mother whose child was vaccinated by the age of one received a gold star on the diploma. The program also changed its logo to emphasize the new target age group. Whereas the original logo showed a boy and a girl of grammar school age, the revised image added Carlitos, their under-one-year brother. Carlitos eventually became the hero of a newspaper cartoon and a school workbook.

Monitoring measures midprogram outputs. A summative evaluation at the end of the project determines whether the project objectives were actually met. It is not enough to know that radio programs were broadcast, products distributed, health workers trained, or even that programs were listened to and acted upon. The ultimate goal is

people changing their behavior, and improving their own or their children's health as a result. The major research device used in summative evaluations of social marketing programs is usually a large-scale survey conducted both before and after the intervention to measure changes in a group's knowledge, attitudes, and practices related to the targeted health problem. However, this is not the only nor necessarily the best technique. Contraceptive social marketing programs, for example, can make good use of product sales data and consumer intercept studies. Clinic data can supply information about certain health practices. Observational studies are often useful to confirm self-reported data. Every program, however, needs some measure of its success to justify the investment by funders and consumers alike.

Conclusion

Although this article began with the praises of marketing because of its emphasis upon consumer's needs and practices, it seems appropriate to end by pointing out the limitations and the drawbacks of this focus.

Social marketing's primary goal is an assessment of consumer needs, and the **promotion of practices** beneficial to their health. This must be balanced, in the public health field, by **provision of products and services**. Social marketing, and the creation of consumer demand, is not appropriate if vaccinations are not available, if health centers are frequently closed, if technologies are unreliable, and so forth. In other words, products must be appropriate, services must be available, and basic structures must be operational before we tell consumers the burden of good health lies on their own shoulders.

In addition, social marketers must be careful not to expect consumers to overcome the limits of their environments. We may be placing an impossible burden upon a woman, for example, when we expect her to work all day in the fields, breastfeed each child until six months of age, cook special foods when they are sick, walk miles to the local health center to have their growth monitored, etc. etc. Certainly she has the right to correct information about valuable health practices. But those who support consumer-oriented programs also have the responsibility to consider the benefits, as well as the price of changing her environment. Disease prevention--clean water and air, sanitation, and basic socioeconomic security--are complementary routes to the priceless commodity of good health.

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